Psynusitis: Psychiatric Presentation of an Otorhinolaryngological Disorder

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Introduction

Psychiatric symptoms have often comorbid or secondary to other organic illnesses, which if overlook can increase morbidity or hamper quality of life. Sometimes systemic and disease of other systems may present entirely with psychiatric symptom. Many a time in this r of growing awareness to psychiatric problems in the world, undue cognizance when imparted to due distressing psychiatric symptoms, the classical diagnostic symptoms of the ibid systemic illness or diseases of the other organs often get masked or are difficult to be picked up. Though psychiatric symptoms have been common in neurological and endocrinological disorder, finding these symptoms of significance in a case of chronic sinusitis in our day-to-day practice have been rare. Some studies have found significant fatigue and bodily pain in patient with chronic rhinosinusitis. Some ENT text book suggest fatigue as minor criteria for chronic rhinosinusitis. One study reported comorbid anxiety and depressive symptom to be as high as 23.5% and 13% respectively. This case which presented to peripheral hospital with primarily psychiatric symptoms, subsequently revealed to have essentially sinusitis is being discussed herewith for the nature of presentation, novelty of the case and management of the illness.

Case Report

25-year-old male with no past or family history of mental illness, past history of having witnessed sudden death of his roommate in an freak electric accident last year, manifested with insidious onset gradually progressive giddiness, undue fatigue, episode of restlessness and anxiety more in the evening prior to sleep, disturbed sleep with vivid nightmares, unrefreshed mood, decreased interest at work, poor confidence and reduced biodrives. He was referred to this hospital by peripheral hospital for psychiatric evaluation. Relevant physical examination on admission was unremarkable. Routine metabolic and hematological parameters were within normal limit. Mental Status Evaluation revealed mildly reduced psychomotor activity, low tone speech, anxious and dull affect and reduced biodrives in a clear sensorium. Routine hematological parameters were within normal limit. NCCT cranium revealed mucosal thickening in right maxillary, ethmoidal and frontal sinuses suggestive of sinusitis. Directed interview added occasional headache, heaviness in head, nasal blockade and difficulty in breathing. Otorhinolaryngological examination revealed congested septum, hypertrophy of bilateral inferior turbinate, spur left nasal cavity, deviated nasal sinus right nasal cavity and frontal sinus tenderness. He was managed with antibiotics (flouroquinolones), NSAIDS, antihistaminic and decongestant nasal drops. He responded rapidly to these measures and within five days all his symptoms including his referral psychiatric symptoms disappeared. Subsequent ward observation and serial evaluation did not revel any active psychopathology. He remains asymptomatic and euthymic thereafter.

Discussion

This individual primarily presented with undue fatigue which apart from being common in many a systemic and psychiatric disorder is one of the most common and severe minor symptoms in sinusitis. Anxiety and depressive symptom have been noted by some researchers with high frequency in these
High anxiety levels were associated with more frequent physician visits and high level of depression was associated with increased antibiotic use, missed workdays, and physician visits. Our patient had significant anxiety and depressive symptoms in the background of his sinusitis, which caused significant distress to the individual and undue psychiatric hospitalization. Depressed patients reported significantly worse pain and energy level and difficulty with daily activities than erstwhile sinusitis patient. Patient in mention too had psychomotor retardation and impairment in activities of daily living. Individual responded adequately to medication, observed for three weeks for any residual features and was subsequently discharged from hospital. This case here sensitizes professionals to the presence of psychiatric symptoms and need for remedial attention in a case, of systemic illness or disease and dysfunction of other organs. This psychiatric presentation of otorhinolaryngological disorder though was a revelation by serendipity but a glaring realization of existence of emotional component in a bodily disorder, resonating the need for emphasis equally to the suffering as to the pain.

References