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LETTER TO THE EDITOR

Psychotic reaction as a cardinal first clinical manifestation in a patient with Crohn's disease

Dear Sir,

It has been suggested that patients with Crohn's Disease (CD) exhibit a higher prevalence of psychiatric disorders compared to the normal population.[1] Psychiatric disturbances and stress could be psychological factors participating in the exacerbation of inflammatory bowel disease (IBD).[2] Patients with IBD are thought to be at a rather increased risk for suicide.[3] So far, psychosis appearing as a cardinal clinical manifestation preceding diagnosis of CD has not been described.

We report a patient with extensive small bowel CD, who was admitted to the hospital because of psychiatric disorder resembling acute psychosis. This young woman aged 21 was referred to the psychiatric department because of severe psychotic reaction accompanied by suicide tendency. During the next days and after the initial clinical and laboratory evaluation as well as successful confronting of the psychiatric symptomatology, the patient was transferred to the gastroenterology department in order to investigate accompanying chronic diarrhea. Digestive symptoms started 5 to 6 months previously with diarrhea and abdominal pain, abdominal distention, low fever and loss of weight. It must be emphasized however, that accurate details of medical history were almost impossible to be obtained as the patient refused to provide clinical information. She also exhibited severe suicide tendency requiring intense follow-up on 24 h basis. Physical examination revealed a distended and painful abdomen. Colonoscopy and ileoscopy up to 10 cm as well as histology of the small and large bowel were not helpful. She received intravenously fluids and electrolytes and empirical combination of metronidazole and ciprofloxacine. During the next days the situation was further deteriorated and she referred for surgery because of signs of obstructive ileus. On operation two stenotic areas of the ileum >8 cm producing almost complete obstruction of the lumen and distention >7 cm of the proximal ileum were seen. A segmental enterectomy and end-to-end anastomosis were performed (Fig. 1). Histology revealed CD as the cause of stenotic bowel areas. Postoperative course was uneventful and she discharged with complete absence of psychotic symptoms. Nine months after the operation a new flare-up appeared. She responded well to adalimumab administration being asymptomatic during the subsequent year of follow-up.

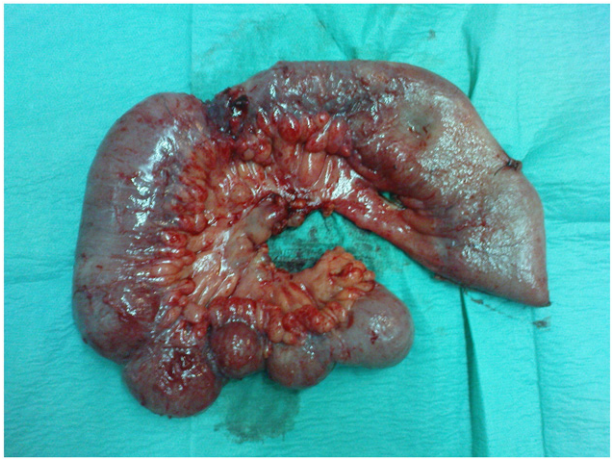

Figure 1 Surgical specimen showing the excised stenotic ileum segment.

There is no obvious explanation concerning the appearance of psychotic clinical picture in this young woman. However, in patients with established CD, attention and understanding of their inner psychological structure may be an important step to assist them to adjust to the aversive symptoms of bowel disease.[4] On the contrary, non-recognition of a possible psychiatric disorder may lead to unnecessary and aggressive interventions.

We suggest that CD patients could have severe psychotic reaction as a first clinical manifestation, leading them to the emergency psychiatric ward. Successful confronting of the underlying CD could result in complete disappearance of psychiatric symptoms.

Conflict of interest statement

None.

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