Case Report

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ABNORMAL PSYCHOLOGY IN UNUSUAL DENTAL PRESENTATION: A CASE SERIES

Biswa Ranjan Mishra[1], Naina Pattnaik[2], Preeti Lath[3], Sangram Patro[4], Swarnav Patnaik[5]

1. Associate Proffesor, Department Of Pychartic, Aiims, Bhubaneswar,Odisha.
2. Assistant Professor,Department Of Periodontics, Hi-Tech Dental College & Hospital, Bhubaneswar,Odisha.
3. Professor, Department Of Periodontology, Hi-Tech Dental College & Hospital,Bhubaneswar, Odisha
4. HOD & Professor, Department Of Oral & Maxillofacial Surgery , Hi-Tech Dental College & Hospital, Bhubaneswar,Odisha.
5. Associate Professor, Department Of Oral & Maxillofacial Surgery, Hi-Tech Dental College & Hospital, Bhubaneswar, Odisha.

ABSTRACT:

Factitious disorder is featured by intentional production or feigning of physical signs and symptoms, with the motive to assume sick role, which can lead to significant morbidity. Gingivitis artefacta is one of such strange and dramatic presentation where there is self-inflicted physical injury to the gingival tissues. We are presenting an interesting case series of 2 patients with Gingivitis artefacta, whose unusual clinical presentation and psychological management should be a learning experience for the dentists. Prompt psychological evaluation and intervention can be effective in reducing the occurrence of such cases.

Key words: Factitious disorder; Gingivitis artefacta; Cognitive Behaviour Therapy

INTRODUCTION

In clinical practice, infrequently patient presents with unusual, dramatic signs and symptoms that defy conventional medical or surgical understanding. There might be emergence of new symptoms, when the other symptom resolves, and to our surprise, they may not respond to usual treatment or medications, however, there would be paradoxical trust on part of the patient and eagerness to undergo investigations or to recount symptoms. Such presentation should raise the suspicion of a psychological construct known as factitious disorder or Munchausen's syndrome or hospital hopper syndrome. Patients with this disorder intentionally induce, simulate, or aggravate physical signs and symptoms with the motivation of assuming sick role and receive medical attention, regardless of whether they are ill or not.[1] The presentation can be wide ranging from dermatological,gastrointestinal, gynaecological, neurological, unexplainable pyrexia, bacteriuria, and haematuria to unusual dental signs and symptoms. [2]Gingivitis artefacta is one of such strange and dramatic presentation where there is self-inflicted physical injury to the gingival tissues.[3] We intend to present an interesting case series of 3 patients with Gingivitis artefacta, whose presentation and psychological management should be a learning experience for us.

CASE DETAIL:

Case 1

*Corresponding Author Address: Dr. Naina Pattnaik Email: drnainapattnaik@gmail.com

A 18 year old female presented with complaint of unremitting bleeding and pain in gums in mandibular incisor region since 15 days. There was sensitivity and irritation in the gingival area which would lead her to scratch the particular area with matchsticks (Fig 1). There were multiple dental consultations and regular conservative treatment, however the lesions remained unhealed. Physical examination revealed that she was scrawny and weak. Intra oral examination suggested inflamed gingiva, nearly 1mm of gingival recession with profuse bleeding on probing in relation to tooth # 31. In view of the unusual, medically unexplainable presentation following a psychological precipitant, a possible psychological morbidity involved in the presentation was considered. The patient was referred to a Psychiatrist, detailed history was collected and psychological evaluation done. In view of unusual clinical presentation, recurrence of gingival lesions, and frequent doctor shopping, a diagnosis of gingivitis artefacta was considered and psychological interventions were started. A thorough scaling and root planing (SRP) was performed followed by antiseptic mouthrinse (Colgate Plax sensitive , Colgate Palmolive, India) to be used twice daily for a week. Antidepressant was given to the patient, cognitive restructuring was done by non-confrontational approach by the treating Psychiatrist, and several behavioural strategies were advocated using double-bind technique. The gingival lesions were found to be healed following one month of aggressive psychopharmacological and psychotherapeutic approaches (Fig 2). The patient refused for any surgical intervention, she did not turn up for the subsequent appointment and inspite of several attempts, patient could not be followed-up.

Case 2

A 20 year old female presented with complaint of pain and sensitivity in mandibular incisor region since10 days. Her intraoral findings showed 2mm of gingival recession in #31 and #41 with presence of local factors like plaque and calculus in mandibular anterior region (Fig: 3). The patient had undergone multiple dental consultations; however, she would poorly comply with medications/ dental instructions and seek for in-patient treatment. On further cross questioning, she divulged that she would frequently scratch her lower gingiva many times with fingernails in the past one year, particularly when alone or unnoticed. A diagnosis of gingivitis artefacta major was made based on her history and clinical findings, and a psychiatry consultation was taken. A thorough scaling and root planning (SRP) was performed followed by antiseptic mouthrinse (Colgate Plax sensitive , Colgate Palmolive, India) to be used twice daily for a week. Following a detailed psychological assessment, it was revealed that the patient used to be frequently abused by father in childhood, with lack of attention by mother. Cognitive restructuring was tried in a non-confrontational, sympathetic, and insight

oriented approach. The patient refused for any surgical intervention, she did not turn up for the subsequent appointment and inspite of several attempts, patient could not be followed-up.

DISCUSSION:

The intentional production or feigning of physical or psychological signs and symptoms with the motivation of assuming the sick role of the patient and getting medical attention are the defining features of factitious disorder. The presentation of dramatic, or strange physical or psychological symptoms, which defy conventional medical understanding or when they do not respond to usual medical or surgical treatment should trigger the suspicion of factitious disorder in a clinicians mind. Munchausen's syndrome is a form of factitious disorder in which there is chronic presentation of predominantly physical signs and symptoms.[1] There is usually a childhood history of parental separation or abuse by parent figure. These patients have a fair knowledge regarding the medical investigation, procedures and they constantly seek for medical care and hospitalization. They have also been described as hospital hoboes or addicts, professional patients. The clinical signs and symptoms can be fabricated, feigned, induced or aggravated, wide ranging involving various body systems.[1, 2]

Gingivitis artefacta is a form of factitious disorder in which there is self-inflicted physical injury to the gingival tissues.[3] Stewart (1976) further divided them into: Minor and Major. Gingivitis artefacta minor is more common and may be due to a pre-existing locus of irritation, like rubbing or picking the gingiva using the fingernail, or perhaps from abrasive foods such as crisps, and most commonly have an intraoral site. The major form is more severe, can involve the deeper periodontal tissues and have a bizarre configuration.[4] In the cases described, there was history of childhood parental neglect, with subconscious psychological gains from previous medical services. The nature of the recurrent, non-healing lesions were dramatic and clearly questioning medical logic. Most of these lesions were consciously self-inflicted by the patients when they were unobserved, with the sole intent to reach out for medical services repeatedly, without any clear intent for getting cured. In all the described cases, the symptoms were precipitated following a conflict of psychological nature.

Simply considering factitious disorder in such atypical presentation is the first step towards proper management. A review of past medical records may reveal inconsistencies. Similarly, collateral information from family members and friends may not be corroborative. The level of distress may wax and wane depending on when the patient thinks clinicians are observing. The basic aim of the management should be minimize harm by curtailing unnecessary investigations and interventions. The patients should be steered towards psychiatric treatment in an empathic, non-confrontational, face-saving

approach. In psychotherapy, the targets should be cognitive restructuring, along with addressing coping skills and emotional conflicts. [5,6]

CONCLUSION:

The case series highlights the importan of suspecting the involvement of abnormal psychological processes while encountering patients with atypical and dramatic physical signs and symptoms. Prompt psychological evaluation and intervention can be effective for harm reduction. Dentists must be aware of this self-inflicted gingival injury, its features and a psychiatric associations.

REFERENCES:

1. Bhugra D. Psychiatric Munchausen's syndrome: Literature review with case reports. Acta Psychiatr Scand. 1988; 77:497.
2. Eisendrath SJ. Factitious physical disorders: Treatment without confrontation. Psychosomatics. 1989; 30: 383.
3. Armitage GC. Development of a classification system for periodontal diseases and conditions. Ann Periodontol. 1999; 4:1-6.
4. Stewart D J, Kernohan D C. Self-inflicted gingival injuries gingivitis artefacta, factitial gingivitis. Dent Practitioner 1972; 22: 418–426. Stewart DJ. Minor self-inflicted injuries to the gingivae: gingivitis artefacta minor. J Clin Periodontol. 1976;3:128–132
5. Eminson DM, Postlethwaite RJ: Factitious illness: Recognition and management. Arch Dis Childhood. 1992; 67 (12): 1510.
6. Patnaik S, Mishra BR, Mohanty I, Nayak S. Foamy discharge on the scalp of the infant: munchausen syndrome by proxy. Indian J Dermatol. 2013; 58(5):410.

FIGURES:

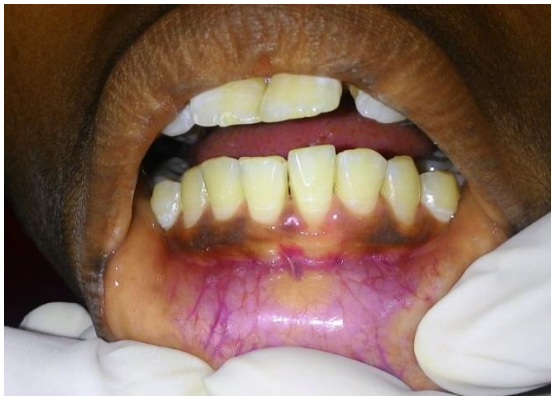

FIGURE. 1 JPG: CASE-1: Inflamed gingiva, nearly 1mm of gingival recession in relation to tooth # 31

FIGURE. 2 JPG CASE-1.:HEALING OF gingival lesion #31.

FIGURE. 3 JPG: CASE-1: Inflamed gingiva, nearly 1mm of gingival recession in relation to tooth # 31