



Hallucinatory male presented with abdominal pain: A case report in Bangladesh

Dear Editor,

The term psychosis historically received a number of different definitions and being customized differently in different aspects. The narrowest definition of psychosis is restricted to the symptoms of delusions and/or prominent hallucinations; with the hallucinations occurring in the absence of insight into their pathological nature. A broader definition includes other positive symptoms of Schizophrenia (i.e., disorganized speech and grossly disorganized behavior) along with delusions and hallucinations [1,2]. Presentations of symptoms in psychiatry vary on different backgrounds such as culture, education, religion, and personal beliefs as values [3]. Hallucination is considered as symptom of major psychiatric disorders, and wide ranges of presentations can be shaped by different variables [4,5]. Here, we report an unusual presentation of hallucination manifested as abdominal pain.

Mr. X, 45 years male, married, graduate, service holder, hailing from urban background admitted in the medical university hospital with complaints of abdominal pain and discomforts for last 1 month. The pain was low grade, continuous in nature, spreading all over the abdomen, having no specific identifying disease pattern, no relation with food, no specific aggravating and relieving factors, not responding with analgesics and antispasmodics. After evaluating necessary history, detailed physical examination and meticulous investigations revealed nothing contributory in favor of the diagnosis of the pain. As the general and systemic examinations, as well as the laboratory investigations even computed tomography scan revealed nothing contributory to the abdominal pain, he was referred for the psychiatric evaluation considering the problem as “functional.” His mental state examination revealed auditory hallucination in the form of command hallucination, somatic hallucination in responses when he refused to comply the voice, delusion of persecution, delusion of reference, passivity phenomena, irritable, and depressed mood. There was no cognitive impairment; assessed clinically in repeated times, and he thought that the experiences were not true.

Somatic presentations of psychiatric disorders are more common in Southeast Asia [3] than the western countries, and people are more concern with the somatic complaints. Although our case has good educational and occupational status with good insight, he consulted the internal medicine department and the problem was not even considered as psychiatric. The abdominal pain was in response of the stimulations, originated from outside

the world; due to the somatic hallucination and as his insight was partially present, he became depressed and irritable to cope the unusual experiences. Even before considering the psychiatric evaluation meticulous investigations were performed to find out the etiology of the abdominal pain. This is very indicative of the lack of sufficient awareness regarding the somatopsychic aspects in clinical practice in a country like Bangladesh. After exhaustive investigations, psychiatric aspect was considered up to the level of somatization. This case may open the necessity of in-depth psychiatric assessment in somatic symptoms in a country like Bangladesh as well as may create an insight regarding the cultural variation of presentation of psychotic symptoms.

**Mohammad S. I. Mullick,
Md. Hafizur Rahman Chowdhury,
S. M. Yasir Arafat**

Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

Address for correspondence:

S. M. Yasir Arafat, Department of Psychiatry,
Bangabandhu Sheikh Mujib Medical University, Dhaka,
Bangladesh. E-mail: arafatmc62@gmail.com

Received: November 29, 2016

Accepted: January 21, 2017

Published: ***

REFERENCES

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Text Revision. Washington, DC: American Psychiatric Association; 2000.
3. Cowen P, Harrison P, Burns T. Shorter Oxford Textbook of Psychiatry. 6th ed. Oxford: Oxford University Press; 2012. p. 818.
4. Sadock BJ, Sadock VA, Ruiz P. Synopsis of Psychiatry. 11th ed. New Delhi: Wolter Kluwer (India) Pvt. Ltd.; 2015. p. 1470.
5. Semple D, Smyth R. Oxford Handbook of Psychiatry. 3rd ed. Oxford: Oxford University Press; 2013. p. 1056.

© **EJManager**. This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted, noncommercial use, distribution and reproduction in any medium, provided the work is properly cited.

Source of Support: Nil, Conflict of Interest: None declared.