International Journal of Research in Medical Sciences
Herlimus FT et al. Int J Res Med Sci. 2021 Feb;9(2):607-610
www.msjonline.org
pISSN 2320-6071 | eISSN 2320-6012
DOI: https://dx.doi.org/10.18203/2320-6012.ijrms20210060

Case Report

Unspecified severe mental and behavior disorder associated with puerperium (postpartum psychosis) in posterior reversible encephalopathy syndrome: a case report

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Received: 31 December 2020
Accepted: 07 January 2021

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ABSTRACT

Postpartum psychosis (PP) is the most severe peripartum mood disorder. PP incidence is rare and affecting about 0.1-0.2% of postpartum mothers. Many factors aggravate the mental condition of the mothers after the labor, including posterior reversible encephalopathy syndrome (PRES) that can cause the new mother suddenly become shocked. In this case report, a 21 years old married housewife was referred from Mangusada regional general hospital with complaints of sadness and restlessness (screaming). During history taking, the patient often screamed that she wants to see her child, she feels uncomfortable, and wants to die if it continued like this (unable to see and move at all). These complaints occurred at 8 days post-cesarean section. The patient couldn't sleep, had any appetite, and restless for 2 days. The patient had much thought about her child's condition and herself, but not clearly understood. Neurological examination found GCS E4V5Mx, visual acuity 1/300 ODS and weakness on all four extremities. The mental status examination found improper general appearance, looks sad, inadequate eye contact, mixed type insomnia, hypobulia, and raptus. The patient was diagnosed with unspecified severe mental and behavior disorder associated with puerperium (postpartum psychosis), given haloperidol tablet 0.75 mg every 12 hours orally and the non-pharmacological therapy was family psychoeducation and supportive psychotherapy. PRES can cause a mother stressful enough to manifest PP, it should be treated as early as possible to achieve complete recovery.

Keywords: Posterior reversible encephalopathy syndrome, PRES, Postpartum psychosis, Puerperium

INTRODUCTION

Becoming a mother after given birth to a child is a dream and a happy moment for every married woman. However, if the mother experiences a mental disorder after the labor, this situation will turn into suffering for herself, her baby, and her husband. This mental disorder occurs about 1 to 2 out of every 1.000 birth which will cause the mother to have a mental disorder post-partum.[1]

Mothers with severe mental disorders, such as schizophrenia, schizoaffective disorder, and bipolar disorder are at risk of having recurrences of their disorders during the peripartum period.[2] The mental disorders related to puerperium are listed in the guidelines of classification and diagnosis of mental disorders in Indonesia III (Pedoman Penggolongan dan diagnosis Gangguan Jiwa di Indonesia III/ PPDGJ-III).[3] The sooner this post-partum mental disorder is treated, the better the outcome will be.

Posterior reversible encephalopathy syndrome (PRES) is a syndrome characterized by headache, altered consciousness, altered mental status, visual disturbances,

and seizures with radiological findings of vasogenic edema involving bilateral parietal-occipital lobes of the brain.[4]

CASE REPORT

A 21-years old, high school graduate, married, Islam, housewife was referred from Mangusada regional general hospital. The chief complaint was restlessness (screaming) and sadness after the childbirth. The patient was interviewed together with her husband and her parents in the lying position and her hair was tied. She was not wearing any clothes, but her body was completely covered by a blanket. An intravenous (IV) access was attached on the right side of her neck with her face looks sad. The patient said that she feels pain at the IV site on her neck. The patient said that she also feels sad. During the interview, the patient often screamed that she wants to see her child who was just born 8 days ago. The patient did not look into the examiner's eyes and keep looking in the other direction during the interview. She also said that she felt uncomfortable in the hospital. She just wants to go home so she can meet and see her child.

The patient could say her name, where she is, and who is with her during the interview. Not long after that, she began to shout again saying that she wants to see her child. She also said that if this condition continues and she was not allowed to go home to see her child, she would rather just die. She also said that she feels worthless with her condition that could not see anything and was separated from her child. She said that she could not since giving birth to her child and she could only see shadows, hand waving at close range, and blue and white color vaguely.

The patient also had a sleeping disorder and a lack of appetite due to her current condition. She said that she wanted to die but never wanted to attempt suicide. She could not think clearly, like she had lots of thoughts, since several days after giving birth. She only wants to see her child and know her child's current condition. She felt afraid if she could not see anymore, confused about how to take care of her child, and keep thought about the future of her child. She daydreamed more, did not talk much, and felt weak and fatigue.

Based on the heteroanamnesis of her husband and her parents-in-law, the patient was referred from the Mangusada regional general hospital and was brought by the family to Sanglah general hospital after giving birth to her child by section cesarean 4 days before the hospitalization. Her child was still at the Mangusada regional general hospital. It was said that her child was healthy and in a good condition, but had not been brought home because the family member was still busy taking care of the patient who was referred to Sanglah general hospital.

The patient never had experienced anything like this before giving birth. After the labor, she suddenly could not see anything and could not move nor feel anything on all of her limbs. Her family said that she was restless and often screamed that she wants to see her child during the hospitalization. She was angry even though she had been explanation.

The patient was also said to had sleep disturbance and often stay awake until late at night. The patient also often daydreams, so her husband and her parents-in-law had to call her so many times to get her attention. The patient was never found talking to herself during the hospitalization. The patient became quieter than usual.

During her pregnancy, the patient underwent routine antenatal care, but at the time of delivery, the patient was said to have high blood pressure without seizures. After giving birth, the patient was said to be more sensitive and often told her husband that no one else felt what she was feeling at the moment. However, when she was asked further about her feeling, the patient only said that no one could understand her.

The patient is said to be an open person, she discussed everything with her husband. If there is a problem, she immediately discussed it with her husband and the person with whom she got problems. The patient is also a hard worker and did not want to trouble her parents. Previously, the patient worked in the property department and once work at a therapeutic spa. The patient is also a religious person, she prays 5 times a day and always try not to miss her prayer hours. The patient is the second child of 2 siblings. The patient had no history of previous psychiatry disorder and serious medical illness.

The physical examination revealed a blood pressure of 110/80 mg, internal examination revealed surgical scars on the suprapubic side. From the neurological status the GCS was E4V5Mx, visual acuity of 1/300 ODS, weakness in all four extremities (power 3-3-3-3 in both upper and left lower limbs while in the right lower limb had 1-1-1-1). From the psychiatric status, the patient had an improper appearance, appear depressed, tend not to look at the examiner, and often screamed. Verbal contact was adequate and visual contact was lacking. The patient was restless and screamed asking to see her child, she had weakness in all four limbs, and was blind. The patient was cooperative, willing to answer the examiner but was interspersed with screaming. The mood was sad, shallow affect, inappropriate, non-logical non-realist form of thought, coherent flow of thought, thought content: an obsession with the idea of death. Instinctual drive: mixed insomnia, hypobulia was present, raptus was present. The patient's understanding of her disease had an insight level of 1.

The supporting examinations that have been carried out were the PANSS-EC examination, with the score of 2 and

the ocular fundoscopy examination was within the normal limit.

The patient was diagnosed according to Pedoman Praktis diagnosis Gangguan Jiwa (PPDGJ) III multiaxial diagnosis, from axis I: mental and behavior disorder related to postpartum period classified elsewhere (postpartum psychosis) (F53.1), axis II: anankastic personality, acting out defense mechanism, axis III: SP1001 post section caesarean day 8, congestive heart failure (CHF) et causa suspected peripartum cardiomyopathy (PPCM) with ejection fraction (EF) of 38%, suspected posterior reversible encephalopathy syndrome (PRES), return of spontaneous circulation (ROSC) post-cardiac arrest during surgery, severe pulmonary embolism, partial hemolysis elevated liver enzyme low platelet count syndrome, hypertensive encephalopathy et causa suspected PRES, axis IV: her illness problem, axis V: the global assessment of functioning (GAF) during examination 40-31 (multiple disabilities concerning reality and communication, severe disability in multiple functions). Best GAF in the past 1 year 90-81 (minimal symptoms, functioning well, quite satisfied, no more than usual daily problems).

The patient was given pharmacological and non-pharmacological therapy. Pharmacological therapy consisted of haloperidol 0,75-milligram tablet every 12 hours orally. The patient was also given family psychoeducation and supportive psychotherapy.

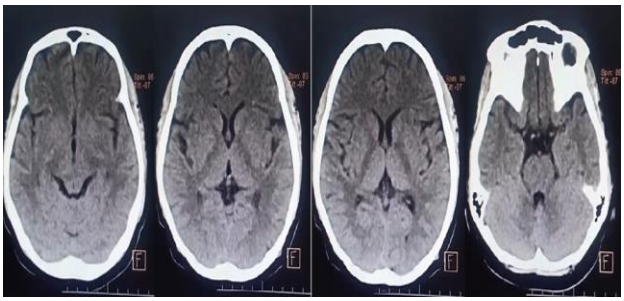

Figure 1: Patient CT scan.

DISCUSSION

Postpartum psychosis occurs in 1 to 2 out of 1000 mothers however, the incidence rate will increase in mothers with schizoaffective disorder or bipolar disorder by 25-50%, and mostly occurs in mothers with a history of PP or bipolar disorders who have a family history of PP, reaching to 50-70%.[5] Mothers with a history of bipolar and family history of PP have a higher risk. Childbirth is one of the most complex life experiences. A mother who has just given birth is prone to all psychiatric disorders, especially when there are physical ailments and hormonal changes. If treated as soon as possible, a mother with PP may respond better to therapy compared to baby blues syndrome or postpartum depression. Most patients with PP will have a complete recovery after treatment however if, left untreated, they may develop into schizophrenia and schizoaffective. Usually, mother that got PP must be separated temporarily with the newborn.[6]

Female, 21 years old, housewife, married. She had many thoughts about the condition of her child and how she will treat her child because of her disability because of her physical condition which diagnosed with PRES. One of the PRES syndrome is altered mental status and visual disturbances.[4] PRES will be a stressor for a mother who just give birth due to its characteristics, the visual disturbance. This visual disturbance will make the mother not mentally ready to accept this condition that will be interfering with newborn care. This much stressor for primigravida mother is too hard to handle and lead to PP. In case like this we must treat both condition of PP and PRES simultaneously as fast as possible to achieve complete recovery. PRES is a reversible process in the majority of cases, failure to recognize the syndrome and correct the underlying cause can result in severe central nervous system injury or death. [7]

CONCLUSION

One of the mental and behavioral disorders associated with the postpartum period is the mental and severe behavior disorder related to the postpartum period classified elsewhere (F53.1) (postpartum psychosis). This classification is used only for mental disorders associated with puerperium period (onset of 6 weeks after delivery) that do not meet the criteria for other disorders in PPDGJ-III, due to insufficient information or is considered to have additional distinctive clinical features, thus classification in another category is not appropriate.[3]

Postpartum psychosis if left untreated, they may develop into schizophrenia and schizoaffective. In this patient we treated her as early as possible and she got full remission for mental status problem. PRES can result in severe central nervous system injury or death if not recognized and treated fast, she got treated from neurology department and the symptom got better fast after it.

ACKNOWLEDGEMENTS

Author would like to thank all that participated in this case report. More specifically, we would like to acknowledge Sanglah hospital to provide and permit us to do this case report.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Herlimus FT, Wardani IAK, Widyadharma IPE. Unspecified severe mental and behavior disorder associated with puerperium (postpartum psychosis) in posterior reversible encephalopathy syndrome: a case report. Int J Res Med Sci 2021;9:607-10.