

Obsessive Compulsive Disorder with onset following fecal incontinence and perineal tear

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ABSTRACT

Dirt and obsessions with regards to feces and urine have been widely reported in patients with obsessive compulsive disorder (OCD). Many patients with OCD develop an obsession with regard to feces and compulsions to wash and clean thereafter. We report herewith a case of OCD that developed following delivery when the patient has surgical complications like a perineal tear and fecal incontinence.

Key words: *obsessions, compulsions, perineal tear, feces, OCD.*

INTRODUCTION

Obsessive compulsive disorder is one of the most complex and atypical anxiety disorders seen in psychiatric patients. The characteristics features include repeated thoughts which are intrusive and inappropriate (obsessions) followed by acts that are performed to negate the bad effects of such thoughts (compulsions) [1]. One of the commonest obsessions reported in patients with OCD is that of dirt and contamination along acts of excessive cleaning and washing as the compensatory compulsion [2]. OCD has been reported in neuropsychiatric conditions like parkinsonism, tourette's syndrome and certain forms of developmental disabilities [3]. Some cases of OCD are known to have their onset in the post partum period within a few weeks following delivery [4]. We present here a case of OCD that developed in a lady following a normal delivery but related to a surgical complication of fecal incontinence and perineal tear that she developed during the course of the delivery.

CASE REPORT

A 38 year old Hindi speaking housewife, married since the past 25 years with 4 children, educated till 6th grade was brought by her husband with chief complaints of a continuous uncontrolled feeling of getting contaminated after the act of defecation that led to persistent washing of the anal region, hands and scalp hairs. She also had

persistent ruminating thoughts with regard to the treatment of faecal incontinence. All the symptoms had an onset when the patient was 20 years old and delivered her 2nd child via a vaginal delivery. During labour, she developed a perineal tear around anal region leading to faecal incontinence while passage of urine. She continued with her symptoms of incontinence and had two more deliveries in the years to come. She kept visiting multiple doctors to seek relief from her incontinence for around 4-5 years. She was then surgically operated in the year 2000. Her faecal incontinence still persisted and she underwent two more surgeries during the period 2005-2007. The patient was relieved for about 5-6 years after those surgeries upto 2013, when she started complaining of faecal incontinence while passing urine.

Meanwhile she developed psychological symptoms when she started with the feeling that her faeces not being completely washed out from the anus after defecation and it still remained within. She would keep trying to wash it out repeatedly. She then started washing her anal region by using a 5 litre capacity container 4-5 times a day for about an hour each time and more so after every defecation act. She claimed that she used to perform this activity for an hour till she got completely exhausted and was sweating profusely. She also mentioned that whenever she noticed a mosquito sitting over her scalp in the toilet, she got a dreadful feeling that her hair was contaminated with faecal matter and then after passage of stools she would wash her hair with 8-10 sachets of shampoo to get rid of the feeling of contamination. She also felt that her hands were contaminated and she kept on washing her hands with soap for 10-12 times (around 40 minutes) after defecation. Later whenever she touched any household object; she develops feeling of contamination with faeces washed her hands multiple times in a day. She used to bath after every act of defecation and the bath lasted for about 30-60 minutes. Her washing activities consumed 6-8 hours in a day. She was then treated by a private psychiatrist in Ranchi where she was given medications (details not known) and she improved 80-90%. Later she stopped medication within a year of treatment. She moved to Mumbai with her husband and redeveloped faecal incontinence recently since 5-6 months prior to presentation and was referred to sion hospital. There was a sphincter tightening surgery performed in 2014 and her OCD symptoms resurfaced thereafter. She was the referred to our department considering her past psychiatric history. All symptoms in the previous episode were present though washing was less (2-3 hours a day) and thoughts about contamination with faeces thwarted the patient all day. After a thorough evaluation she was diagnosed with Obsessive Compulsive Disorder (with fair insight) secondary to her underlying surgical illness (i.e. faecal incontinence) A Yale Brown Obsessive Compulsive Scale (YBOCS) was applied and a score of 29 suggesting severe OCD was noted. She was started on Fluoxetine (20mg once a day in the morning), Clomipramine (25mg at night) and Etizolam (0.25mg at night) to relieve her anxiety. After 15 days of starting medicines, she claimed some improvement. Her obsessions were reduced while her washing was less as well. Washing has reduced to currently 1 hour a day and the YBOCS score on a monthly follow up was 22. She is currently following up with us regularly.

DISCUSSION

According to classic psychoanalytic theory, OCD is considered as regression from oedipal phase to anal psychosexual phase of development [5]. In our case the symptoms were related to an anal pathology and developed following a surgical complication. Females being more prone to develop a perineal tear due to obstetric complications and need special attention to rule out any psychological sequel that may

develop. A study has shown that patients with colorectal complications are more prone to develop obsessive symptoms with an equal sexual preponderance [6]. Obsessions and compulsions have also been reported in the context of anorectal disorders [7]. It is essential that OCD be evaluated regularly in patients with such surgical complications as these complications may serve as a trigger to the development of OCD.

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