

Case Report

Imipramine for persistent genital stimulation in a 2 year old child – a case report

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ABSTRACT

Imipramine is a tricyclic antidepressant that has been used in a variety of child psychiatric disorders ranging from enuresis, ADHD and childhood onset depression. We present here a case of a 2 year old child who presented with persistent genital rubbing leading to penile ulcer on the tip of the penis. The child responded well to Imipramine resulting in a complete resolution of all symptoms. The case demonstrates the safety and utility of Imipramine in certain unusual psychiatric symptoms in very small children.

Key Words: Imipramine, tricyclic antidepressant, 2 year old, genital rubbing, penile ulcer.

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INTRODUCTION

Imipramine has been one of the earliest tricyclic antidepressants and has been used in a variety of indications in child and adolescent psychiatry over the past 3 decades [1]. Studies have demonstrated the usefulness of imipramine in the management of enuresis [2], ADHD [3], childhood onset trichotillomania [4] and behavioural problems in mental retardation [5] as well as childhood depression [6]. Imipramine has been used with some success in the management of psychiatric problems that are associated with autism as well as habit disorders [7-8]. We present here the case of a 2 year old boy with habitual genital rubbing or stimulation that responded to Imipramine.

CASE STUDY

A 2 year old Hindu male child born of non consanguinous marriage hailing from Uttar Pradesh staying in Mumbai was referred from pediatrics department to rule out psychogenic causes of habitual pruritis in penile region. The child was a full term normal delivery, cried immediately after birth, birth weight being 2.9kgs and no history of any complications after birth. Pre and post partum periods were uneventful. Developmental milestones were within normal limits. As per the parents he was apparently alright until 6 months of age when he started turning over his back to lie in a prone position. It was noticed by parents that child would show repeated to and fro movement in prone position, rubbing his genital region over any surface. This behaviour gradually increased in frequency and would show such activity almost continuously, whenever left by self. The child would also repeatedly touch his penis with the hand

multiple times a day. The child would stop the above activities on being stopped by parents but restart same within some time. The mother of child would use talcum powder in genital region considering it would be due to itching and even consulted a skin doctor but the activity did not stop. The child was then taken to a private physician in Bihar and started on Valparin (for reasons unknown) but on second opinion from a family doctor discontinued the same within a week.

In due course of time it was noticed that child would cry during micturition and a red lesion was noticed by mother while bathing the child on the penile tip. They shifted residence to Mumbai and the patient was brought to the pediatric department of our hospital and was diagnosed with habitual pruritis of penile region. A dermatology reference was made and the child was diagnosed with ulcer over glans penis and given treatment for the same along with anti pruritic and anti fungal medications and the continual rubbing activity was the probable cause for the ulcer. Hence a psychiatry reference was made to rule out psychogenic causes for such behaviour.

Apart from this, the child also demonstrated hyperactive behaviour in the form of continuously fidgeting with things around, shouting and screaming, running behind animals at times. There was no history of features suggestive of autism spectrum disorder. There was a history of head injury 5 months back when the child fell backwards from the stairs. He was admitted in a pediatric ICU for 3 days and neuroimaging showed no significant changes. No other significant medical or surgical history was present. No family history suggestive of any psychiatric illness is present. His temperament is playful and cheerful. On examination his weight was 10.5 kg, height 86 cm and no signs of pallor, icterus, lymphadenopathy, cyanosis or clubbing was noted. Systemic examination was normal. On mental status examination the child was sitting on the mother's lap, constantly fidgeting with papers on table, would get down and explore the room, try to open the tap but was conscious, minimally cooperative and communicative. Eye to eye contact was initiated and maintained for short spans. Rapport was not established. The child was able to tell his name, parts of body and face correctly as well as recognise common objects like pen, fan correctly.

He was diagnosed with Habit disorder and started on Imipramine 6.25 mg once at night time and asked to follow up within a week or earlier if needed after taking consent from parents to start psychotropic medications to the child. The pt followed up in 2 week and as per parents repeated behaviour of lying prone and rubbing genital area over surface decreased by around 70-80% and repeated touching the penile region decreased by around 30-40%. The medication was continued and over 6 weeks at 12.5mg of imipramine the patient has shown 95% improvement in all the behaviours previously noted.

DISCUSSION

Psychological models for habits give a range of explanations for the development and maintenance of this particular habit and behaviour. Etiological models based on the psychoanalytic perspective consider it a symbolic representation of unresolved unconscious conflicts [9], or as the result of disrupted psychosexual development [10]. Psychodynamic models based on object relations propose that BFRBs represent an effort to cope with real or threatened object loss [11]. Behavioural models for BFRBs explain how this behaviour is maintained by learning, practice, and repetition. The particular behavior is further maintained by positive or negative reinforcement [12]. Behavioural and psychological interventions may not be possible in many 2 year olds and pharmacological treatment may be the only option. The case also demonstrates the safety and efficacy of imipramine in very low doses in small children where it may be used effectively and where a clinician may be vary of using other drugs.

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