Open Access Journal

Indian Journal of Medical Research and Pharmaceutical Sciences

February 2015; 2(2) ISSN: 2349–5340

BULIMIA NERVOSA INDIRECT SIGNS IN PATIENTS WITH DIABETIC DECOMPENSATION. CASE REPORT

Lopez Marco D*, Gomez Poveda AJ

*Department of Child and Adolescent Psiquiatry. Cartagena(Murcia).Spain
Department of Oral and maxillofacial Surgery. H. Sta Lucia. Cartagena(Murcia).Spain
Email: loezpo@gmail.com

Keywords:
bulimia, dental erosion.

Abstract

A case of a diabetic patient of 32 years with uncontrolled hyperglycemia refractory to usual antidiabetic treatment whose diagnosis of bulimia nervosa is achieved by indirect clinical signs of the disorder at the time required multiple dental extractions is presented. First, the psychopathology of this eating disorder is explained. Second, the clinical signs of bulimia nervosa and its functional implications and, thirdly, the clinical case are explained. The purpose of this article is to present the diagnostic difficulties of this eating disorder because of the refusal of patients recognize their illness or lack of awareness of it. This sometimes causes the diagnosis is performed by the presence or indirect signs and symptoms of the disease consequential.

Introduction

Bulimia nervosa involves more marked metabolic disturbances in patients with pathology base. Faced with unexplained metabolic or hormonal disorders should be suspected eating disorders as a cause thereof and to patients who deny these behaviors should seek indirect signs.
Disorders of eating behavior (TCA) have become in recent decades a major focus of interest for basic and clinical research. The deepening of the different TCA has revealed its tendency to chronicity, its resistance to different therapeutic strategies, high comorbidity with other psychopathology and even the high mortality rate that accompanies chronic cases. Russel (1979) coined the term Bulimia Nervosa (BN) to sindrómicamente describe a group of patients in whom the condition is focused on the presence of: a) urgent and uncontrollable desire to overeat; b) avoidance of fattening effects of food by self-induced vomiting and abuse of diuretics and / or laxatives, and c) a morbid fear of gaining weight. A predisposing factos (sociocultural, family and individual) are described in psychopathology; triggers such as behavioral most common dietary precursor is due to an unsatisfactorily lived overweight; and perpetuating whose main factor is the persistence and severity of the disorder predisposing factors. According to current DSM-V criteria described as recurrent episodes of binge eating, characterized by ingestion, in a given period of an amount clearly superior to most people would eat during a similar period in similar circumstances or shortness control who ingested during the episode, recurrent inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting, use of laxatives, diuretics, prolonged fasting or other drugs; binge eating and inappropriate compensatory behaviors occur on average at least once a week for three months; self-evaluation is unduly influenced by the constitution and body weight. The study of the clinical picture must be completed with considerations about the medical complications of this specific symptoms, psychopathological alterations nonspecific often appear within the frame or in some cases precede, and personality disorders that underlie many cases and are logically very decisive in the course of the condition.

Physical signs and symptoms, and medical complications are related to the presence of vomiting and abuse of laxatives and / or diuretics. The most common physical signs are usually the following: a) sign Russel, who are calluses on the ball of the foot as a result of repeated introduction of the fingers to induce vomiting, b) salivary gland hypertrophy in chronic vomitadores, which may be in connection with hyperplasia by irritation and nutritional deficits c) oral disorders such as gingivitis, glossitis, decay and erosion of tooth enamel.

Indian Journal of Medical Research and Pharmaceutical Sciences
February 2015; 2(2) ISSN: 2349–5340

Description of event

The case of a 32-year average sociocultural level with several entries in the ICU for diabetic ketoacidosis with blood glucose levels of 500 mg / dl and many others in endocrinology plant without finding causes of poor control is presented and multiple tooth extractions dental policaries, unexplained origin was decided, but that could determine these figures. During the surgery signs of bulimia were discovered as are dental caries in palatal ladle in all lower jaws and incisor teeth with cutting edges (fig1), palatal collapse Focus on the left by fingerprint (fig2) and scarring of knuckles dominant hand (fig3), call sign Russel. After surgery, patients were advised to serve to adjust the insulin-endocrinology and nutrition therapy according to the probable diagnosis of bulimia nervosa as a possible cause of diabetic decompensation and of psychiatry for monitoring and treatment. During the clinical interview with the patient after the surgery he discussed the findings as indirect signs of bulimia nervosa, being denied by the patient, but without finding explanation or the policaries or fingerprint palate and if recognizing that reached sd require psychiatric treatment for anxiety-depression, due to labor problems, some years before a significant weight loss that had to temporarily stop living with his partner and children and go live with their parents until they regained the weight and stabilized emotionally.

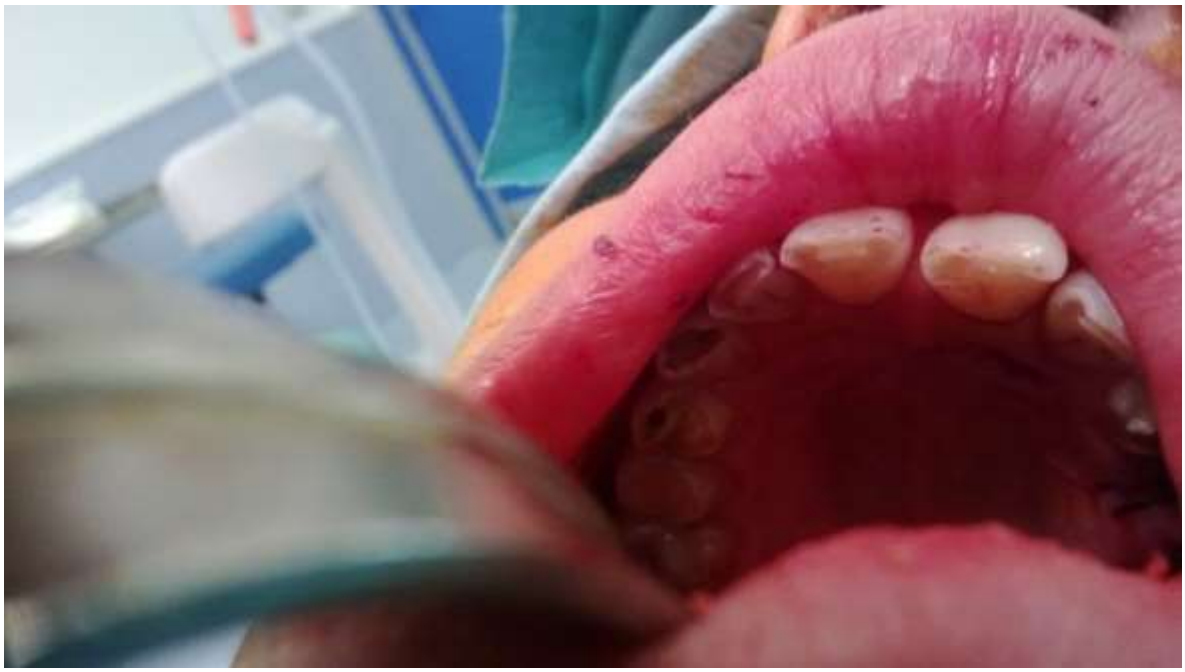

Fig1. Policaries in dental maxillary palatal surfaces.

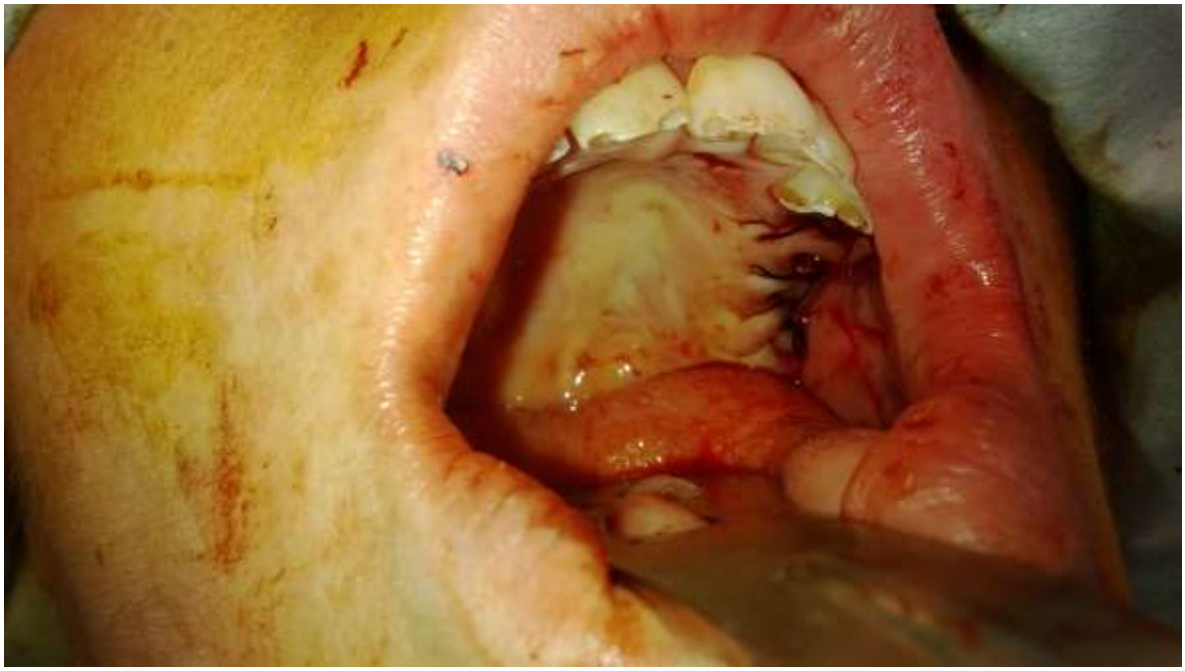

Fig2. Fingerprint on left rear palate (intraoperative)

The endocrinology adjust antidiabetic treatment and would apply the protocol diabetics with eating disorder with regular weighing and psychological assessment.

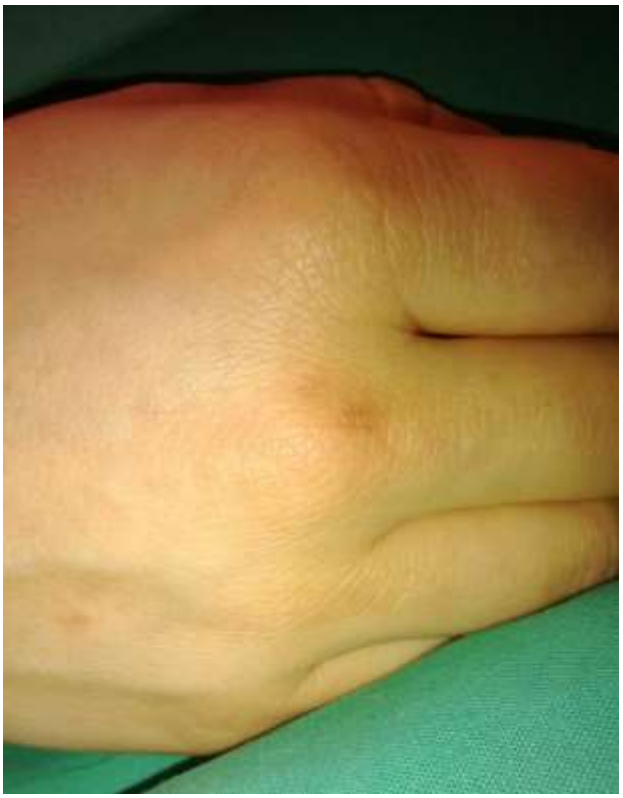

Fig3. Russel sign (see the two parallel linear scars on the knuckle of the middle finger of his right hand.)

Diagnostic procedures and data of the following
The main diagnostic tool was the Clinica History, by indirect signs of BM and were erosion and dental caries in palatal maxillary teeth "spoon" with high blood glucose levels in diabetic decompensation despite a follow extricto by the endocrinology, together with the sign of Russel on the knuckles of dominant hand, caused by the friction in the area of cutting edges by erosion of the lower incisors and cleft deformity caused by digital pressure.

Discussion

This is to reflect the difficulty of diagnosis and subsequent treatment of some metabolic diseases if the origin of this dysregulation is psychosomatic but even if associated with a perceptual disorder, and a refusal by the patients recognize and accept their illness to which insists on seeking mental illness, bulimia nervosa, as a cause of medical pathology, which decompensate by nutritional disorders and maintained by causing surgical pathology, dental policaries with recurrent infections.

Whether the policaries was the cause or the consequence of diabetic ketoacidosis has been described in multiple literature (4,5,6) the form of dental erosion by vomiting, this is spoon. Should be discarded anyway and prior to diagnosis, other causes of tooth wear and attrition, abrasion, abfraction and other causes of dental erosion (7) as gastroesophageal reflux and have several indirect signs to launch the psychological confrontation relevant to a patient who denies his illness but can not hide their consequences or symptoms.
On how to cope with mental illness to an adult patient, who denies his illness, described
Finally in relation to the treatment of these patients are insists on a multidisciplinary dental treatment / surgery, psychology / psychiatry and endocrinology / nutrition and social support, if required, to meet bulimia nervosa. It leaves open the deep study of the relationship between self-induced vomiting and diabetic ketoacidosis and even the origin of the diabetes itself and the maintenance of diabetic ketoacidosis by policaries.

References

1. Vallejo J.eds.[Introduction to psychopathology and psychiatry.] 6ed.Barcelona: Elsevier Masson; 2006:295-319.
2. American Psychiatric association. [Guide to query the diagnostic criteria of DSM-5] Arlington, VA, 2013.
3. Berner E, Piñero J, Valente S.[Eating disorder: clinical signs in adolescent patients with episodes of self-induced vomiting.] Arch. argent. Pediatr. 2004;102(6): 440-444. http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S032500752004000600006&lng=es&nrm=iso >. ISSN 1668-3501.
4. Wing RR, Nowalk MP, Marcus MD, Koeske R, Finegold D. Subclinical Eating Disorders and Glycemic Control in Adolescents with Type I Diabetes. Diabetes Care; 1986: 9(2): 162-167.
5. Quick VM, Byrd-Bredbenner C, Neumark-Sztainer D. Chronic Illness and Disordered Eating: A Discussion of the Literature. Advances in Nutrition: An International Review Journal; 2013: 4:277-286.
6. Colton P, Rodin G, Bergenstal R, Parkin Ch. Eating Disorders and Diabetes: Introduction and Overview. Diabetes Spectrum; 2009: 22:138-142.
7. Sueldo GP, Pesantes LM, Martucci DG, Henostroza N. [Dental erosion or corrosion: etiology and diagnosis]. Actas odontológicas; 2010: 7(2):5-11.

Author bibliography

Deborah Lopez Marco
Specialist in Psychiatry since 2008. She studied specialty in General Hospital Reina Sofia from Murcia(Spain) from 2004 to 2008. She has worked at the Center for Mental Health Caravaca (2008-2009) and the Mental Health Center of Cartagena where he currently works as a Child and Adolescent Psychiatrist. Since 2013 he coordinates the Child and Adolescent Mental Health. She did his PhD at the Department of Forensic Medicine, University of Murcia with sufficient research on Informed Consent in Psychiatry studies.
Adress: C/tercera avenida, 16, urbanizacion parque de las palmeras,30565, Las Torres deCotillas(Murcia)SPAIN.Tfn: +34620746493.

Antonio Javier Gomez Poveda
Specialist in oral and maxillofacial surgery since 2004. He studied specialty en General Hospital Virgen de la Arrixaca from Murcia(Spain) from 1999 to 2004. He has worked in San Juan Hospital from Alicante(2004-2006), Sta Maria del Rosell from Cartagena(2006-2011), General Hospital Reina Sofia from Murcia(2012) and at present in oral and maxillofacial surgery department from Cartagena since 2013.
Adress: C/tercera avenida, 16, urbanizacion parque de las palmeras,30565, Las Torres deCotillas(Murcia) SPAIN.Tfn:626591304