

Hysterical Mutism –A Case Report

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I. Introduction

Conversion disorders comprise many clinical pictures, including hysterical mutism. Hysterical mutism has emerged as a clinical entity that remains difficult to diagnose, and whose treatment is poorly codified. Hysterical mutism is a disorder of the vocal function without changing the integrity of the body, resulting in loss of voice. Identified at all times, hysterical mutism entered the medical field in the late nineteenth century, under the direction of Jean-Martin Charcot. Since then, although the disorder has emerged as a clinical entity, it remains little known.

II. Case report:

a female patient 21 years old was brought to the RIMS psychiatry OPD with the complaint of not speaking, for the last 2 months and 24 days. Since the patient was not speaking she was observed at the OPD, in the mean time the mother and some close family members who know her illness well were interviewed. According to the mother and the close family members, this patient had a very close love affair with one man to whom she had given body and soul, but this man did not value her love, instead he ditched her and went with another girl. Following the break-up she never spoke to any one, she never showed any interest in watching TV and playing though these are her past pleasurable activities, and always confined herself to bed. Parents, siblings and relatives tried their best to talk to her but she never spoke to them. This has made the parents so worried so they brought her to RIMS psychiatry OPD.

patient was admitted in the ward for evaluation, in the ward catatonia, psychosis, neurological disorder were not detected in the patient. In the ward efforts were made to develop rapport of patient. By day 4 in the ward patient started telling three numbers when prompted, by day 6 patient can count 1 till 10, from day 8 she spoke one full sentence when prompted, from day 15 she spoke 4-5 sentences and responded verbally to queries, from day 17 patient is talking spontaneously and was discharged. All routine investigations were normal, NECT-brain was also normal. Patient was treated with escitalopram and mirtazapine in the ward. After 1 month following discharge she came for follow-up at OPD and was speaking spontaneously.

Past history- no significant history of psychiatric and neurological illness

Family history – no significant history

Mental status examination:-

Day 1

Speech-Mute

Affect=Sad(Objectively)

Thought And perception cannot be elicited since the Pt is Mute

On Day Of Discharge :-

Speech :- Relevant & Coherent

Affect :-Happy (Objectively+Subjectively) And No Psychopathology Detected

Ent Cosultation- No Abnormality Detected

III. Discussion

Significant stressor was present, since this patient loved her boyfriend so deeply but he did not value her love. There is a possibility that the patient had comorbid depression and never wanted to talk to any one, but she never expressed in words. Hysterical mutism belongs to category of conversion disorder in DSM-IV TR, AND

DSM-5^[1].hysterical mutism is rare about 5% of functional dysphonia^[2].this disorder has raised little interest.to better understand this disorder and improve the care of patients who suffer ,renewed interest is needed.

References

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