A CASE FOR SECOND THOUGHTS

Captain M. A. NAUGHTON
R.A.A.M.C.

Colonel R. MONTGOMERY
M.B., M.R.C.P., F.R.F.P.S.(Glas.), late R.A.M.C.

British Military Hospital, Kinrara

ALTHOUGH physicians are well aware that many of their patients have overt anxiety and other evidence of psychiatric disability, they still, in the main, adopt a conservative attitude and will attempt to eliminate organic causes in a vast proportion of such cases. This usually brings a sharp rebuff from the psychiatrist who demands a more positive approach to the problem.

As our colleagues who deal with the mind would find it difficult to cope with the numbers involved, most physicians try to strike a nice balance. The difficulties of this problem are only too well outlined in the following case history.

Case Report

A 33-year-old woman, the German-born wife of a British warrant officer, who had been in Malaya only a few weeks, was admitted to hospital on 9th August, 1963. She gave a history of some ten days’ low retrosternal pain and flatulence. The pain was inconstantly relieved by food and tended to radiate to the back. She also stated that the pain was aggravated by the prone position but that once she managed to get to sleep she was not awakened by pain.

Examination revealed a somewhat obese lady who was anxious and showed some emotional lability. There was a coarse tremor of the hands, but apart from some epigastric tenderness and a barely palpable liver edge there were no abnormal physical signs.

At this stage it was considered that this was an anxiety state probably due to environmental factors, and this impression was strengthened when a further history revealed she had been admitted to a hospital in Germany about a year previously as an acute abdomen, only to be discharged some few days later and referred to a psychiatrist. She had continued under psychiatric out-patient care and on “Librium” 10 mg. b.d. until coming to Malaya. Arrangements had already been made by her unit M.O. for psychiatric follow-up in Singapore. However, in spite of this, it was decided to investigate her further as the possibility of a hiatus hernia was considered. Blood results showed no anaemia and a normal white blood count. Urinalysis showed no abnormality and no porphoryns were detected in the urine. The liver function tests were all within normal range with a serum bilirubin of 0.5 mg. per cent. The serum amylase level was not raised.

The following investigations were all reported normal: (1) Barium meal, (2) cholestogram, (3) E.C.G.
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She continued on "Librium" 10 mg. b.d. while in hospital and improved on rest and a dietetic regimen. She was discharged from hospital on 22nd August, 1963, and when seen as an out-patient on 12th September, 1963, she said she felt better, but although she had no further pain she still felt slightly anxious and on edge.

She had an appointment with the psychiatrist on 17th October, 1963, and he advised a period of in-patient treatment. This was accepted and she was admitted to hospital on 28th October, 1963. She was regarded as a hysterical personality whose somatic complaints were of psychogenic origin and she appeared to improve with treatment aimed at correcting faulty eating habits, being discharged from hospital on 4th November, 1963.

On 1st December, 1963, she was readmitted to B.M.H. Kinrara with a six-day history of recurrent vomiting and abdominal pain. She was agitated and in some distress, but apart from upper abdominal tenderness with minimal rigidity there were no further signs. The temperature on admission was 99°F and the pulse rate 84. The Hb. was 10.8 gm. per cent and the W.B.C. 8,600, but the E.S.R. was 77 mm. in one hour (Westergren).

Vomiting continued, she produced a copious fluid vomitus which showed no blood-staining or bile and the condition deteriorated, necessitating intravenous fluid replacement and gastric suction. A moderate potassium depletion had to be corrected and on 5th December, 1963, she appeared to improve.

However, a further attempt at oral fluid replacement was soon followed by bouts of vomiting and the full regimen of gastric suction and intravenous therapy had to be continued as she was obviously dehydrated and in electrolytic imbalance. The picture was now one of upper intestinal obstruction due perhaps to pylorospasm.

On 5th December, 1963, she managed to swallow a little barium and some plates were taken which showed a distended stomach, but a normal duodenum and traces of barium were noted in the small intestine.

After a further period of conservative management it was decided to explore the abdomen on 12th December, 1963. Operation (Major W. J. Pryn) showed a large but normal-looking stomach. The duodenum was normal, but at the duodenojejunal junction a hard, craggy mass some 2 in. in diameter was felt. It was uncertain whether the mass was arising from the gut wall or from the pancreas, but it was attached to the aorta. Two small biopsy specimens were taken and a posterior gastro-enterostomy performed. The post-operative phase was uneventful.

The histology of the biopsy material showed it to be an adenocarcinoma probably arising from pancreatic ducts.

Comment

There is no new lesson to be learned from this case, but it serves as a reminder. Perhaps the disturbing feature is that a critical review of the earlier barium meal films of August, 1963, indicated that there might be evidence of a constriction in the distal part of the duodenum. There is little doubt that, although the investigation was fairly thorough at that time, the critical attitude of the physicians was perhaps slightly blunted by the thought that nothing abnormal would be found in a case which had obvious neurotic symptoms.
Figure 1.

Figure 2. Arrow shows constriction in distal portion of duodenum as shown through gas-filled pars media of stomach.
Summary
A lady who had a twelve-month history of gastro-intestinal symptoms was under psychiatric care on account of alleged psychiatric disability. A fairly full-scale gastro-intestine investigation had shown no evidence of disease and it was only when she presented with evidence of upper intestinal obstruction that a carcinoma involving the duodenojejunal junction was found.

HONORARY CONSULTANTS TO THE ARMY

General Practice
DOCTOR J. FRY, M.D., F.R.C.S., has been appointed Honorary Consultant in General Practice to the Army with effect from 1st May, 1964.

Forensic Medicine
PROFESSOR F. E. CAMPS, M.D., M.R.C.S., L.R.C.P., D.T.M. & H., has been appointed Honorary Consultant in Forensic Medicine to the Army with effect from 1st May, 1964.

HONORARY DENTAL SURGEON TO THE QUEEN

COLONEL F. J. MCCARTHY, B.D.Sc., B.A., late R.A.D.C., has been appointed Honorary Dental Surgeon to The Queen, in succession to Major-General H. Quinlan, C.B., B.D.S.