

Rowan University

Rowan Digital Works

Rowan-Virtua Research Day

28th Annual Research Day

May 2nd, 12:00 AM

Chronic Schizophrenia Presenting with Psychogenic Polydipsia Masking Stage IV Uterine Adenocarcinoma

Dakota B. Pastore
Rowan University

Kamayel Jaludi
Rowan University

Angelo Sica
St. Josephs University Medical Center

Follow this and additional works at: https://rdw.rowan.edu/stratford_research_day



Part of the [Bioethics and Medical Ethics Commons](#), [Female Urogenital Diseases and Pregnancy Complications Commons](#), [Internal Medicine Commons](#), [Neoplasms Commons](#), [Obstetrics and Gynecology Commons](#), [Pathological Conditions, Signs and Symptoms Commons](#), [Psychiatric and Mental Health Commons](#), and the [Psychiatry Commons](#)

Let us know how access to this document benefits you - share your thoughts on our [feedback form](#).

Pastore, Dakota B.; Jaludi, Kamayel; and Sica, Angelo, "Chronic Schizophrenia Presenting with Psychogenic Polydipsia Masking Stage IV Uterine Adenocarcinoma" (2024). *Rowan-Virtua Research Day*. 3.

https://rdw.rowan.edu/stratford_research_day/2024/may2/3

This Poster is brought to you for free and open access by the Conferences, Events, and Symposia at Rowan Digital Works. It has been accepted for inclusion in Rowan-Virtua Research Day by an authorized administrator of Rowan Digital Works.

Chronic Schizophrenia Presenting with Psychogenic Polydipsia Masking Stage IV Uterine Adenocarcinoma

Dakota B. Pastore, MPH¹, Kamayel Jaludi, MS¹, Angelo Sica, MD²
(1) Rowan-Virtua SOM, Stratford, NJ (2) Department of Psychiatry St. Joseph's Medical Center, Paterson, NJ

Background

- Psychogenic polydipsia (PPD) is a condition with excessive water intake and water seeking behavior.
- PPD has a 6-20% prevalence among patients with psychiatric illnesses, most commonly Schizophrenia.¹
- PPD often can lead to hyponatremia and later water intoxication marked by abdominal pain, nausea, vomiting, seizures, delirium, and coma.²
- While it is known that PPD may arise in the setting of schizophrenia, it is unknown how often concomitant disease can mask other more serious conditions, and the impact of psychiatric patients having physical symptoms disregarded or minimized in context of mental illness exacerbation.

Aims

- To identify gaps in care in the psychiatric patient population.
- To evaluate the patient care continuum and determine the pitfalls in multidisciplinary collaboration in a psychiatric patient.

Case

- The patient is a 58-year-old Hispanic female with chronic schizophrenia complicated by multiple hospitalizations for hyponatremia secondary to PPD.
- The patient often endorsed command auditory hallucinations to ingest water, take over the counter (OTC) analgesics and laxatives to “rid of evil spirits” in her stomach.
- The patient was partially controlled on Abilify aristada long-acting injectable, Ativan and Ambien until her initial presentation to emergency department (ED) in February of 2016 for abdominal pain.

Case

- Patient’s symptoms were deemed consistent with schizophrenic exacerbation and did not include robust medical workup, rather discharge to follow-up outpatient psychiatry.
- Over the next several years, the patient was readmitted seven times from 2020 to 2023, with two suspected aspirin overdoses, an Ambien overdose, and several visits to the ED.
- The patient consistently complained of needing to rid of spirits resulting in ingestion of water or OTC medications.
- In 2021 the patient was found to have severe iron deficiency anemia, and an initial ultrasound of the abdomen was completed revealing normal results.
- In 2022 tumor marker tests were collected providing abnormal results including a CA125 85.9/50.1, CA19-9 >10, and a CEA of 0.3.
- A pelvic ultrasound was completed in 2022 after another three ED visits, revealing an infiltrative uterine mass measuring up to 5.6 cm.
- The patient was diagnosed with Stage IV Uterine Adenocarcinoma via CT abdomen and pelvis (Figure 1).

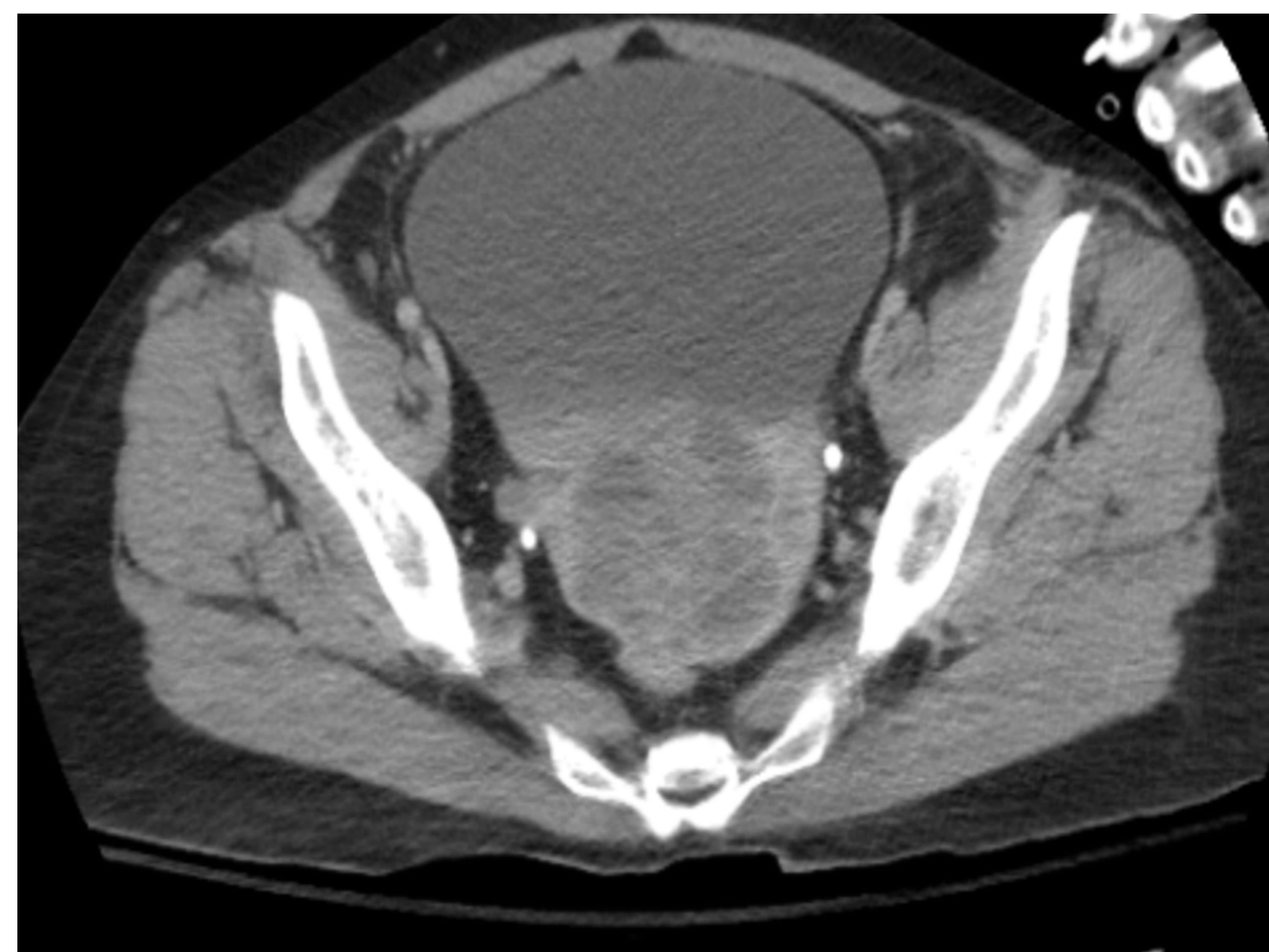


Figure 1. CT Abdomen and Pelvis

Discussion

- In this report, we address the shortcomings across various disciplines of medicine to provide early intervention in a psychiatric patient.
- This patient presented on several occasions with serial complaints of abdominal pain over the course of six years prior to receiving a pelvic ultrasound and CT abdomen and pelvis, missing opportunities for appropriate screening and allowing disease progression.
- In several of the patient’s reports, the abdominal pain was documented and attributed to PPD or conversely medication overdose, without further investigation.
- Several potential opportunities for intervention were missed in this patient including:
 1. Primary prevention as there were no recorded cancer screenings completed
 2. Inadequate physical examination and history taking on several occasions
 3. Delayed diagnostic imaging from onset of abdominal pain to diagnosis

Acknowledgements

- St. Joseph University Medical Center (SJUMC) and Dr. Angelo Sica, for their support in completed this case report.
- This study was approved by SJUMC

References

1. Komatsu H, Ono T, Onouchi Y, et al. Polydipsia and autistic traits in patients with schizophrenia spectrum disorders. *Front Psychiatry*. 2023;14:1205138. Published 2023 Jul 6. doi:10.3389/fpsy.2023.1205138
2. Bhatia MS, Goyal A, Saha R, Doval N. Psychogenic Polydipsia - Management Challenges. *Shanghai Arch Psychiatry*. 2017;29(3):180-183. doi:10.11919/j.issn.1002-0829.216106