Gardener Diamond Syndrome: diagnosis and treatment

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ABSTRACT

Gardner Diamond Syndrome is a rare and poorly understood clinical presentation of unexplained painful ecchymotic lesions, mostly on the extremities and the face. This disorder mainly occurs in Caucasian women with emotional stress or one or more concomitant mental illnesses. A 17 years old female adolescent presented with recurrent episodes of blood-oozing from the skin of both lower eyelids along with bleeding from the skin of the nails of upper and lower limbs which ceased spontaneously after a few minutes without having any in duration or oedema at the sites. The female had no systematic abnormality but she had a tendency of seeking attention. Psychological consultation and Hypnotherapy revealed that she was suffering from conversion disorder with anxiety traits. After 6 psychotherapeutic sessions (Hypnotherapy, Cognitive behavioral therapy and Counseling) she showed marked improvement and the symptoms of disorder didn’t recur.

KEYWORDS: cognitive behavioral therapy, conversion disorder, counseling, , female adolescent, Gardner Diamond Syndrome, hypnotherapy.

I. INTRODUCTION:

Recurrent spontaneous bruising or bleeding through intact skin may not be always due to organic cause. It may be due to underlying emotional stress which causes auto erythrocyte sensitization. A number of reviews and case reports reported similar episodes to occur with auto erythrocyte sensitization, DNA sensitization, factitious purpura and religious stigmata. Hypnosis, in the diagnosis of such cause, helps to a great extent, especially in the patients of illiterate society. The present report is a case of psychogenic purpura with similar cutaneous bleeding through intact skin of a 17 years old female and recovery from the disorder by hypnotherapeutic-healing, Cognitive Behavioral therapy and Psychological counseling.

Patient’s description:
Name- XXX
Age- 17 years old
Sex- Female
Education- illiterate,(basic education as class 5th, but poor knowledge).
Family history- 2 elder brothers, mother and father alive; farmers.
The patient was absolutely normal looking and intelligent. Her body weight was 42kg. Other anthropometric measurements were within the normal limits. On general survey, no abnormality was detected.

II. COMPLAINTS:
A- Organic- recurrent episodes of oozing of blood from the skin of both lower eyelids along with bleeding from the skin of the nails of lower and upper limbs. The bleeding ceased spontaneously after a few minutes without having any oedema at the sites.
B- Psychological- psychologically it was found that she had a tendency of seeking attention.

Investigation:
A- Organic- Patient’s CT-scan, EEG, ECG reports were within normal limits. Her routine blood examinations including platelet count- 2.6, bleeding time3 minutes, prothrombin time 12 sec., are within normal range. Her Hematology were HB-11.6gm/dl, TLC (total leucocyte count)- 9900/cm, DLC (diff. leucocyte count)-polymorphs-60%,lymphocytes-35%, eosinophils-10%,monocytes-02%, basophils-00%.
Other investigations were RBS (Random blood Sugar) - 75mg/ml, S. Urea- 25.5mg/ml, S. Creatinine-1.1mg/dl, S. Sodium-136mmol/l, S. Potassium-4.2mmol/l.

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Patient HBs Ag report was negative and X-ray chest showed normal lungs field. Her eye-sight were Lt/Rt-6/6.

There was no evidence in report which may reveal any malformation. The hematological and biochemical investigations were found to be normal.

B- Psychological- (The diagnosis has been made after psychological assessment and evaluation).

MSE (Mental Status Examination & Evaluation)

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<tr>
<th>Defense</th>
<th>Conflict</th>
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<td>Conversion</td>
<td>Oedipal area</td>
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Cognitive function-
~ Sensory perception- relatively fair
~ Gestalt perception- adequate
~ Attention- rather attentive but selective
~ Thought- process- conversion anxiety
~ Memory- 9.5 – immediate rating
~ Intelligence- 100 – ‘Normal’

Ego function- Undifferentiated
Marital Status- Unmarried
Insight- Well.

The clinical assessment indicates her to be a case of conversion disorder with anxiety traits. She was asked to attend psychotherapeutic sessions. During the sessions she was made aware of her conflicting areas and symptoms as attention getting behavior.

Treatment:

Organic investigations viz. CT-Scan, EEG, ECG, and X-ray reports were within normal limits. Investigations related to blood were within quite normal range. So none organic therapy was given to the patient. Psychological investigations revealed that she was a case of conversion disorder with anxiety traits. So she was asked to attend psychotherapeutic sessions. In the beginning she was made aware of her conflict and it was made realized to her that she had an attention seeking behavior. Initially the efforts didn’t suit to her mind but continuous efforts made her to understand the reality. Counseling helped up to a great extent in monitoring the susceptibility of the patient to attend psychotherapeutic sessions. When the patient agreed to attend the sessions she was treated with Cognitive Behavioral therapy and Hypnotherapy (healing process). First 3 days sessions were given each day continuously. Then 2 sessions were provided to the patient, each with a gap of one day. Lastly the 6th session was given to the patient after 4 days of 5th session. During the course she gradually recouped up from the disorder and during 6th sessions she showed remarkable improvement. After these 6th sessions she was given follow-up for 2 months with an interval of 5-7 days.

III. DISCUSSION:

The first publication concerning psychogenic purpura was by Gardner and Diamond in 19554. Since that time a number of reviews and case reports have been published64, the vast majority in adult Caucasian women7-16, although this disorder has also been described in children, adolescents and adult men17-23. In the majority of cases, lesions appear when the patients are under severe emotional stress. Ratnoff and Angle called the syndrome ‘Psychogenic purpura’ in view of its association with a psychiatric problem. Disorders associated with PP (psychogenic purpura) are depression, anxiety, guilt feeling, difficulties in handling aggression and hostility, sexual maladjustments, hysterical and borderline personality disorders and obsessive- compulsive behavior24-25. Hematological or immunological abnormalities are seldom described in these patients. The diagnosis value of an intradermal test using the patient’s blood is controversial. To date, there is no definitive laboratory test to diagnose Gardner Diamond Syndrome. The diagnosis is therefore based on the patient’s history and physical examination and through exclusion of other causes26. Numerous medications have been proposed, but better responses have been observed with psychotherapy. Although the prognosis for psychogenic purpura is good, the symptoms may remit for years and return at times of severe emotional stress. In patient diagnosed with psychogenic purpura, appropriate coordination between dermatologists and psychiatrists is essential in order to avoid patients’ deterioration and prolonged morbidity27.
REFERENCES:


