

Gardener Diamond Syndrome: diagnosis and treatment.

Richa Shree,² Dr. A. K. Singh,³ Dr. V. K. Chauhan,
¹(Clinical Counselor & Psychotherapist), ²M.Ch.(Neuro Surgeon), ³M.D. (Medicine)
^{1,2,3} Life Line Hospital and Research Center, Azamgarh, U.P., India.

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.

Date of Submission: 17 September 2014



Date of Publication: 30 September 2014

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 sensitization¹. A number of reviews²⁻³ 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 time 3 minutes, prothrombin time 12 sec., are within normal range. Her Hematology were HB-11.6gm/dl, TLC (total leukocyte count)- 9900/cm, DLC (diff. leukocyte count)-poly morphs-60%, lymphocytes-35%, eosinophils-10%, monocytes-02%, basophils-00%.

Other investigations were RBS (Random blood Sugar) - 75mg/dl, S. Urea- 25.5mg/dl, S. Creatinine- 1.1mg/dl, S. Sodium-136mmol/l, S. Potassium-4.2mmol/l.

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)

Eye Contact- proper
 Mood- restlessness
 Perception- subjective
 Affect-

Defense	Conflict
Conversion	Oedipal area

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 published⁵⁻⁶, 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:

- [1] Rees MM, Rodgers GM. Bleeding disorders caused by vascular abnormalities. In: Lee GR, Foerster J, Lukens J, Paraskevas F, Greer JP, Rodgers GM, editors. *Wintrob's clinical Hematology*. Vol. 10th ed. Baltimore: Williams & Wilkins, 1998, 1633-47.
- [2] Ratnoff OD. The psychogenic purpuras: a review of autoerythrocyte sensitization, autosensitization to DNA, "hysterical" and factitial bleeding and the religious stigmata. *Semin Hematol* 1980; 17:192.
- [3] Uthman IW *et al*. Auto erythrocyte sensitization (Gardner- Diamond) syndrome. *Eur. J. Haematol.* 2000; 65:144.
- [4] Gardner FH and Diamond LK. Auto erythrocyte sensitization: a form of purpura producing painful bruising following auto sensitization to red blood cells in certain women. *Blood*, 1955; 10:675.
- [5] Ratnoff OD. Psychogenic purpura (auto erythrocyte sensitization): an unsolved dilemma. *Am J Med* 1989; 87:16N.
- [6] Ratnoff OD and Agle DP. Psychogenic purpura: a re-evaluation of the syndrome of auto erythrocyte sensitization. *Medicine (Baltimore)* 1968; 47:475.
- [7] Zhou L, Kardous A, Weitberg A. Psychogenic purpura. *Med. Health R I* 2001; 84:299.
- [8] Klein RF, Gonen JY, Smith CM. Psychogenic purpura in a man. *Psychosom. Med.* 1975; 37:41.
- [9] Bartralot R, González-Castro U, Repiso T, Castells Rodellas A. [Auto erythrocyte sensitization syndrome (psychogenic purpura)]. *Med Clin (Barc)* 1995; 105:117.
- [10] Stocker WW, McIntyre OR, Clendenning WE. Psychogenic purpura. *Arch Dermatol.* 1977; 113:606.
- [11] Koblenzer PJ, Koblenzer CS. Psychogenic purpura: a most distressing case. *Cutis* 1990; 45:60.
- [12] Lindahl MW. Psychogenic purpura: report of a case. *Psychosom Med* 1977; 39:358.
- [13] Lozano M, Avila JJ, Denia M, Munoz E. Analysis of the family structure in a case of psychogenic purpura. *Gen Hosp Psychiatry* 1986; 8:205.
- [14] Archer-Dubon C, Orozco-Topete R, Reyes-Gutierrez E. Two cases of psychogenic purpura. *Rev Invest Clin* 1998; 50:145.
- [15] Boussault P, Doutre MS, Beylot-Barry M, et al. [Painful bruising syndrome: a psychogenic disease]. *Rev Med Interne* 2005; 26:744.
- [16] Behrendt C, Goos M, Thiel H, Hengge UR. [Painful bruising syndrome]. *Hautarzt* 2001; 52:634.
- [17] Alvin P. [Gardner-Diamond syndrome and psychogenic purpura. Case report of a 16-year-old adolescent]. *Ann Pediatr (Paris)* 1988; 35:333.
- [18] Anderson JE, De Goff W, McNamara M. Auto erythrocyte sensitization (psychogenic purpura): a case report and review of the literature. *Pediatr Emerg Care* 1999; 15:47.
- [19] Sorensen RU, Newman AJ, Gordon EM. Psychogenic purpura in adolescent patients. *Clin. Pediatr. (Phila)* 1985; 24:700.
- [20] Campbell AN, Freedman MH, McClure PD. Auto erythrocyte sensitization. *J. Pediatr.* 1983; 103:157.
- [21] Puetz J, Fete T. Platelet function disorder in Gardner-Diamond syndrome: a case report and review of the literature. *J. Pediatr. Hematol. Oncol.* 2005; 27:323.
- [22] Meeder R, Bannister S. Gardner-Diamond syndrome: Difficulties in the management of patients with unexplained medical symptoms. *Paediatr. Child Health* 2006; 11:416.
- [23] Bostwick JM, Imig MW. Gardner-Diamond Syndrome: bruising feeling. *Mayo Clin. Proc.* 2008; 83:572.
- [24] Yucel B, Kiziltan E, Aktan M: Dissociation identity disorder presently with psychogenic purpura. *Psychosomatics* 2000, 41: 279-281.
- [25] Boussault P *et al*. Painful bruising syndrome: a psychogenic disease, *Rev. Med. Interne.* 2005; 26: 744-747.
- [26] Meeder R, Bannister S. Gardner-Diamond syndrome: difficulties in the management of patients with unexplained medical symptoms, *Paediatr. Child. Health*, 2006; 11, 416-419.
- [27] Eleni Sotiriou *et al*. Case Report: Psychogenic Purpura, *Psychosomatics*, 2010, 51, 274-275.