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 knows 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 breakup she never spoke to any one, she never show any interest in watching TV and playing though these are her past pleasurable activities, and always confine herself to bed. Parent, siblings and relatives tried their best to talk to her but she never spoke to them. This has made the parent so worried so they brought her to RIMS psychiatry OPD.

The 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. In day 4 in the ward patient start telling three numbers when prompt, by day 6 patient can count 1 till 10, from day 8 she speak one full sentence when prompt, from day 15 she speake 4-5 sentence and response verbally to queries, from day 17 patient is talking spontaneously and was discharged. All routine investigations were normal, Ncct-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 Elicit since the Pt is Mute
On Day of Discharge :-
Speech :: Relevant & Coherent
Affect :: Happy (Objectively+Subjectively) And No Psychopathology Detected
Ent Consultation- No Abnormality Detected

III. Discussion

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