**Bangabandhu Sheikh Mujib Medical University Journal** 2025;18(2):e79006
ISSN 2074-2908 | eISSN 2224-7750 |

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## Review report

**Final title: Conversion disorder with psychogenic vomiting and coexisting organic etiology in an adolescent: A case report**

**Title at submission: When vomiting is not organic: A complex case of conversion disorder in an adolescent**



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**Publication history**
Received: 8 Jan 2025
Accepted: 9 Mar 2025
Published online: 20 Apr 2025

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**Keywords**
*psychogenic vomiting, glucocorticoid-induced-adrenal insufficiency, conversion disorder*

**Ethical approval**
Ethical approval was not sought because this is a case report. However, written informed assent and consent was obtained from the patient for publication of this case report and any accompanying images.

**Funding**
None

**Trail registration no.**
Not applicable



**Reviewer: Md Rashedul Islam**, ORCID: 0000-0002-8164-5905

| | | |
|---|---|---|
| 1 | **Comment** | Title:<br>Conversion disorder, also known as functional neurological symptom disorder, is characterized by neurological or physical symptoms that cannot be explained by underlying medical conditions. The patient had two identifiable causes of vomiting; adrenal insufficiency and gastritis, despite that the title is psychogenic vomiting/ vomiting due to non-organic cause which is difficult to justify. Title can be revised. |
| | **Response** | The title has been revised |
| 2 | **Comment** | Key message/abstract could be like this.<br>This case report highlights the diagnostic and therapeutic challenges associated with conversion disorder along with organic causes in an adolescent presenting with persistent vomiting. A comprehensive evaluation was done and the diagnosis was established based on clinical criteria and proper psychological assessment. Multidisciplinary intervention, a combination of different drugs, along with psychotherapy and stress management techniques led to successful outcome. This report emphasizes the importance of early identification and holistic management of conversion disorder to avoid unnecessary medical interventions. |
| | **Response** | Key message/abstract<br>Changed, Line: 34-41 |
| 3 | **Comment** | This is not an isolated case of conversion disorder rather coexistence of organic causes was there that was contributing to non-responsive vomiting. Introduction can be organized based on these points that highlighting the coexistence of conversion disorder, PNES and organic causes altogether. |
| | **Response** | Slightly modified in favor of conversion disorder. Line: 45-52 |
| 4 | **Comment** | Case description could be more precise, no description of symptom analysis is there particularly negative points were not mentioned in the history. Clinical examination findings should be mentioned. Please specify the investigations eg metabolic panel, did you do all metabolic parameters? What Radiographic investigations were done here? Did you do USG of whole abdomen and gastric emptying study which was very important in this case. Low ACTH and low basal cortisol indicate pituitary case, other pituitary hormone analysis was mandatory. Did you do dynamic pituitary MRI for this? How can you justify ACTH injection here? This patient had developed seizure mentioned in the history, was it true seizure? Or pseudo seizure? If it was true seizure, how can you diagnose her as PNES?<br>Symptomatic treatment was given from psychological point of view. But was about the treatment of gastritis and adrenal insufficiency. You didn't mention of steroid card.<br>No adverse eveants were reported during treatment (correct spelling). Give a detailed follow up plan.<br>Follow up plan could be like this: After -- months of treatment, the patient achieved improvement of symptom. She returned to full-time school attendance and demonstrated improved social interactions and emotional well-being. Follow-up sessions confirmed sustained symptom remission. |
| | **Response** | The required answer was added and modified according to the instruction. Line: 60-73, 82-84,86-88, 91-95, 97,99-104,109-112 |
| 5 | **Comment** | Correct spelling mistakes. Focus on psychogenic vomiting with associated other two conditions particularly adrenal insufficiency which is a very important and easily missed causes of persistent vomiting. |
| | **Response** | Corrected spelling mistakes and modified according to the instruction. Line: 120-129 |
| 6 | **Comment** | It could be like this. This case illustrates the complexity of psychogenic vomiting when associated with other concomitant conditions. Early recognition of psychological influences is crucial for timely and comprehensive management, highlighting the need for a multidisciplinary approach. |
| | **Response** | Changed according to the instruction. Line: 155-158 |

7 **Comment** Use recent ones. 5 was from 1982! Correct 3, 5, 6, 7,8

**Response** Corrected 3, 5, 6, 7, 8. Line: 190-193, 196-208

8 **Comment** Use MRI, EEG images of endoscopy images if you want. The figure included here does not appropriately represent the context of the discussion.

**Response** Flowchart given. Line: 215

**Reviewer: Md Nahiduzzamane Shazzad**, ORCID: 0000-0002-8535-4259

1 **Comment** The organic etiology needs to be discussed in the Introduction section.

**Response** It has been mentioned in the discussion.

2 **Comment** The "S" at the beginning of the case description and management section does not look good.

**Response** It has been corrected

**Asst. Editor: Tahniyah Haq**, ORCID: 0000-0002-0863-0619

1 **Comment** Although it has been mentioned that all reports were normal and patient responded to antipsychotics, please state how a diagnosis of psychogenic vomiting was reached. How were non-gastrointestinal causes of vomiting eg acute intermittent porphyria excluded (patient had vomiting and seizure)? How was it differentiated from cyclical vomiting syndrome, functional vomiting, bulimia, and chronic idiopathic nausea?

**Response** There was no history of abdominal pain, and blood and urine tests were normal (Line: 64-65, 69-72). Seizures were pseudoseizures (Line: 86-89). According to Rome III criteria, it can be diagnosed and differentiated (Line: 116-117). Psychogenic vomiting and functional vomiting are similar clinical conditions.

2 **Comment** History and examinations are inadequate. More detailed history of vomiting, other gastrointestinal and psychological problems is required. No examination findings have been written. How did psychiatry reach a diagnosis?

**Response** The necessary addition has been made. Line: 58-68, 93-105, 98

3 **Comment** Please mention clinical examination findings with important negative findings. Since she is 13 years old, her height and weight percentiles need to be mentioned. BMI has been mentioned in line 105. BMI percentiles should be given in case of children under 20. Please write these after history and before investigations.

**Response** Done as instructed. Line: 60-62

4 **Comment** Was ANA done? What type of gastric emptying study was done? Can the author please provide the report findings, as this is a very important test?

**Response** ANA was done; the result was negative (not added; there were several tests done due to restrictions on word details not mentioned). Alternative test of gastric emptying study, Barium swallow test done—normal findings. Line:68

5 **Comment** Please clarify the history of adrenal insufficiency. Was the initial cortisol done before or after getting hydrocortisone? If it was done after, then was there a 12 hour gap from the last cortisol dose? What was the cortisol level after ACTH stimulation? When repeat cortisol was 14 microgram/dl, was steroid treatment continued? Why was injectable hydrocortisone given?

**Response** The initial cortisol was done before getting injectable hydrocortisone. Lines 68-70 are rearranged for clarification. After ACTH stimulation, cortisol was 9.5 mcg/dl during admission in the endocrine ward. Line:70. Inj. Hydrocortisone is given for rapid action and alleviation of vomiting. Steroid gradually tapered by endocrine OPD follow-up. Line: 75

6 **Comment** Please explain how the Rome II criteria differentiated psychogenic vomiting from other types of vomiting in this patient. Can the author explain the different types of vomiting related with psychiatry for the reader's better understanding? Also, explain clearly how a diagnosis of psychogenic vomiting was reached. Is psychogenic vomiting a component or association of conversion disorder?

**Response** The Rome III criteria are detailed in the discussion section (Lines 99-100), specifically in reference 4. Our patient vomited virtually every day for a week. There is no evidence of an eating disorder, rumination, or significant psychiatric disorder based on DSM criteria. There was no self-induced vomiting, no chronic marijuana use, and no anomalies in the central nervous system or metabolic illnesses to account for the persistent vomiting. Line 43-44 stated 2 types of vomiting patterns, although there are several types of psychogenic vomiting. But the word limit restricted these demands. Our diagnosis was conversion disorder, where psychogenic vomiting is one of the components. Line: 98-100