

# An atypical case presentation of obsessive-compulsive disorder of a young girl: treatment challenges and outcome

Rezwana Habiba,<sup>1</sup> Sayed Sharif Ul Alam,<sup>2</sup> Susmita Roy,<sup>3</sup> Md Humayun Kabir,<sup>4</sup> Abdullah Sayed,<sup>5</sup> Tawfima Islam<sup>6</sup>

<sup>1</sup>Assistant Professor of Psychiatry, Sylhet MAG Osmani Medical College (SOMC), Sylhet, Bangladesh; <sup>2</sup>Assistant Professor, Department of Anaesthesia, SOMC, Sylhet, Bangladesh; <sup>3</sup>Professor of Psychiatry, SOMC, Sylhet, Bangladesh; <sup>4</sup>Consultant of Psychiatry, Shahjalal Medical Services, Sylhet, Bangladesh; <sup>5</sup>Associate Professor of Psychiatry, North East Medical College, Sylhet, Bangladesh; <sup>6</sup>Assistant Professor, Department of Community Medicine, SOMC, Sylhet, Bangladesh.

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## Correspondence

Rezwana Habiba  
Mobile: +8801816482830  
E-mail: rezz1700@gmail.com

## Summary

Obsessive-compulsive disorder (OCD) is a psychiatric condition characterized by intrusive thoughts, images and behaviors. Atypical or unusual presentations of OCD can lead to diagnostic challenges, especially in pediatric populations.

The aim is to present a case of atypical OCD in a 12-year-old girl and discuss the challenges in diagnosis and treatment. The patient's clinical course, including symptoms, treatment modalities and response to therapy, was documented through interviews, observations, and follow up. The patient presented with complaints of irritability, impulsiveness, and restlessness, along with impulsive speech involving religiously sensitive words. Treatment with sertraline and haloperidol led to significant improvement, with a reduction in symptoms and restoration of normal functioning.

Atypical presentations of OCD require careful consideration for accurate diagnosis and effective treatment. A comprehensive approach, including pharmacotherapy and proper counselling, is essential for managing such cases in pediatric populations.

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## Introduction

Obsessive-compulsive disorder (OCD) is a chronic and debilitating psychiatric disorder characterized by intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions).<sup>1</sup> OCD affects approximately 1-3% of the population, with onset typically occurring in childhood or adolescence.<sup>2</sup>

In Bangladesh, Rabbani et al. found the rate of OCD among child and adolescents was 1.3% among community sample.<sup>3</sup> There is a great deal of heterogeneity in the presentation of OCD symptomatology.<sup>4</sup> Atypical and unusual presentation in children and adolescents may lead to misdiagnosis or delays in diagnosis which leads to greater functional impairment and poor outcomes.<sup>5,6</sup> A child with atypical presentation of OCD has been presented here

## Case summary

A 12-year-old Muslim girl, a sixth-grade student from a rural background, presented with the complaints of impulsivity, restlessness and occasional aggressive behavior for 6 months. On further query, her mother reported deterioration in her academic performance and poor sleep for the same duration.

She had no previous history of any medical or psychiatric illness. Her childhood was uneventful, with normal developmental milestones. She was an extrovert child and had previously maintained good academic performance. No abnormalities were found on general and systemic examinations.

On mental state examination, there was difficulty in establishing rapport with the patient. She was agitated and irritable. When asked questions, she repeatedly stated sentences such as, "no one will understand my problems" and "nobody will understand the issues". Therefore, her thoughts and perception could not be adequately evaluated at that time.

With the above complaints, she had sought consultations from different psychiatrists and had been receiving risperidone 8 mg and trihexyphenidyl hydrochloride 4 mg daily in divided doses. However, there was no significant improvement. Therefore, for proper diagnostic evaluation, she was advised to be admitted to the hospital.

After admission, relevant investigations were conducted. She was started on haloperidol 5 mg, sertraline 25 mg, valproic acid 200 mg and trihexyphenidyl hcl 2 mg daily, along with a benzodiazepine.

After few days of treatment, there was improvement of her symptoms, and a repeat mental state examination was performed.

At that time, she eventually disclosed that certain thoughts came to her mind spontaneously and were very much distressing to her. Sometimes, during prayer, she would impulsively utter words such as 'Kaali', 'Devta', which subsequently made her feel guilty. There were no delusions or hallucinations. Her cognition and insight were intact. Based on clinical assessment, she was diagnosed as a case of obsessive-compulsive disorder (OCD).

Following the diagnosis, sertraline was gradually increased to 100 mg, while the antipsychotic and other medications were gradually withdrawn. Over time, patient showed improvement in her symptoms, with reduced restlessness and aggressive behavior. She was discharged with advice to undergo behavior therapy and regular follow up.

After a few months of treatment, her parents reported significant improvement in her overall condition, and she was able to resume regular school attendance.

## Discussion

This was a case of unusual presentation of OCD. One of the reasons why unusual presentation of OCD can lead to diagnostic difficulties is the scarcity of adequate information and awareness regarding this condition. Another possible reason for an unusual presentation of OCD may be the presence of obsessions with few or no compulsions. Approximately 5% of the patients have obsessive thoughts with few or no compulsions.<sup>7</sup>

In such patients, the obsessions are often characterized as somatic, aggressive, religious, or sexual contents.<sup>7</sup> Previous literature described OCD in children and adolescents being misdiagnosed as psychosis and treated with antipsychotics, which was similar to the initial management in the present case.<sup>8,9</sup>

Children and adolescents may have limited insight into their obsessions, and our patient initially manifested agitation and behavior disturbance in response to her distressing thoughts and impulses. Differentiating OCD from a manic episode or any other behavioral disorder was another challenge that physicians faced.<sup>10</sup> She was presented with irritability, impulsiveness, agitation, poor sleep, all of which were resembled with a manic like episode.

There was evidence that rage attacks (i.e. recurrent episodes of explosive anger or aggression triggered by minor provocations) could accompany OCD in children and adolescents.<sup>11</sup>

This case report highlights the challenges in diagnosing and treating obsessive-compulsive disorder (OCD) with atypical clinical presentation. Recognizing unusual presentations is particularly important in children and adolescents to avoid misdiagnosis and facilitate appropriate treatment and early intervention.

## Conclusion

This case illustrates the unusual presentation and diagnostic challenges of OCD in a child. Clinicians should be mindful about the atypical presentations in this population to minimize the risk of misdiagnosis and facilitate accurate diagnosis and early intervention for this common psychiatric condition.

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