CASE REPORT

A Case of Sexual Abuse Presenting as Recurrent Vomiting

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Abstract:

History taking in medicine is an important step and integral part towards reaching diagnosis. Sometimes, it becomes necessary to evaluate history in more detail and essentially, beyond usual steps in diagnosis particularly, when medico-legal, psychological and behavioral aspects are concerned, which becomes very important to reach a final decision in diagnosis and hence in further management; this implies particularly in case of adolescents presenting with recurrent disorders. Sexual abuse can present as recurrent or chronic headaches, recurrent abdominal pain and sleep disturbances.

Keywords: Sex Abuse, Recurrent Vomiting, Adolescent

Introduction:

Vomiting is a common but often nonspecific symptom that may be acute, chronic or recurrent. There are many causes of vomiting in pediatric age group. Organic causes of recurrent vomiting are cyclic vomiting, abdominal migraine, urea cycle defects, and diabetic ketoacidosis [1]. Very rarely, recurrent vomiting may present as psychological or psychiatric disorder such as sexually abused children, thus a detailed evaluation in them is necessary for such rare causes.

Case Report:

A 15 year old female reported to pediatric Outpatient Department (OPD) on 21/8/2018 with a c/o vomiting two to three times per day, for the previous eight days, she was treated on OPD basis with conventional anti-emetics, however, she again visited OPD on 23/8/2018 with complaints of persistence of vomiting associated with fever and headache, hence she was admitted in pediatric ward for further investigations and detailed evaluation. She had a similar past history of vomiting for few days 3 months back. Some treatment for that was taken. No other significant history was available from the attendants at that time. She was in 9th standard, good at studies and badminton. Vomiting was not episodic, not associated with food intake and was not associated with nausea, vertigo, lethargy or abdominal pain. She was vaccinated till age. Her menarche started at the age of 11 years and menstrual cycles were regular. General physical, systemic examination and were normal; she was in SMR stage IV, height-154 cm, BMI-18.98 kg/m^2. Blood investigations, Hb-9.8 ,TLC-13700, Hematocrit-31.4, MCV-73, MCH-22.8, platelet count-4.61, Differential Leukocyte Count-Neutrophil -58%, Lymphocyte-32%, Monocyte-8%, Eosinophil-1%, Basophil -0 %. Other tests, serum Widal, SGPT, SGOT, urine examination, Chest X-ray were normal. Due to complaint of repeated and persistent vomiting, she was referred to Gynecology and Surgery Departments, however, no gynecological or surgical cause for vomiting was found. She was then referred to child psychologist, for detailed history and psychological evaluation which

revealed that she had complaint of headache and vomiting for last 5-6 years, off and on and she was sexually abused by her closed relative (real uncle) staying with the family, repeatedly at the age of 7 years and as a result of which, she had repeated thoughts of the traumatic incidences and that made her vomit. Parents were also enquired in to and it was found that, they were aware of the sexual incidence, however, no complaint was lodged in police station due to defamation of the family in society. Further psychiatric consultation and evaluation revealed that she had sleep disturbances, sad moods at times irritability, crying spells, nightmares and suicidal death urges. She was referred to psychiatric department for further treatment which included reassurances, counseling, benzodiazepines and antipsychotic drugs, she was followed up after few days when her complaint of vomiting subsided and she felt better.

Discussion:

Organic causes of recurrent vomiting are frequent in young children, however, evaluation of psychological aspect in adolescent becomes important as this age group is now included in pediatrics. Child sex abuse is defined by WHO as "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society"[2]. The term child sex abuse includes a range of activities like intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography [3]. Child sexual abuse is evidenced by this activity between a child and an adult or another child, who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. Female sex is one of the risk factor for victimization of sexual abuse [4, 5]. Child sexual abuse is rarely reported at the time when the abuse occurs, and in many cases, it is never reported in addition, most data of sexual prevalence come from asking adults about their past experiences [6]. In this case also, the victim was a female adolescent and the family members, particularly parents avoided in reporting this case of familial sexual abuse, to police thus it is difficult to find out true prevalence of sexual abuse. Both physical and psychological health problems are associated with sexual abuse in adolescent children. Many physical health consequences follow after sexual abuse, such as chronic abdominal pain, irritable bowel syndrome, non-ulcer dyspepsia, chronic pelvic pain, dysmenorrheal and also psychological and behavioural problems such as depression, anxiety, low self esteem, substance abuse [7], however there are very few cases of sex abuse, particularly presenting as recurrent history of vomiting and headaches and if they are not thoroughly evaluated, the modality of treatment will be diverted and also true prevalence of sex abuse could not be known in society. Sex abuse is also reported as chronic headaches and sleep disturbances (such as nightmares, flashbacks) in this case also patient had complaint of nightmares and headache. Other manifestation of sexual abuse from gynaecological aspect [8, 9] include rape and trauma syndrome consisting of acute and chronic phase and post traumatic stress disorder.

Conclusion:

Children particularly female adolescents presenting with recurrent symptoms and signs such as recurrent vomiting and headaches for which no organic cause can be found should be evaluated particularly while taking history in detail as regards behavioral, social and gynecological aspects and should be referred to child psychologist to suspect sexual abuse.

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