The Beautiful Mind: A Case Report.

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Abstract

Caring for a family member diagnosed with schizophrenia will not only impart a lifetime of emotional distress but also social and financial challenges. Failure to anticipate and cope with the burden of care responsibilities will add unnecessary risk to permanent injury resulting in substandard management of the patient and even death. We describe a case of successful removal of nine (9) constricting rings from the finger of both hands in a poorly taken care of an abusive relapse schizophrenia patient using an oscillating saw and ring cutter under procedural sedation combined with wrist block in the emergency department (ED). Early recognition and definitive treatment are of paramount importance to avoid irreversible ischemia and gangrene. The possible risk of negligence should be kept in mind bearing a link with depression among members caring for schizophrenia.

Keywords: Schizophrenia, Emergency Department, Negligence, Early recognition

Introduction

Schizophrenia is a disabling and debilitating chronic psychiatric disorder that poses a constant challenge to both primary healthcare providers (PCP) and family members. Improving the family environment helps to reduce relapse and ease the burden of care (Glynn S.M., 2012). Certain personality traits increase the risk of burden and depression in caregivers looking after family members with a mental illness (Lautenschlager et al., 2013; Kim et al., 2017).

PCP is occasionally responsible for the immediate removal of the constricted rings from patients' fingers. When choosing a method one must take into account not only the material to be removed, the severity of the fingers involved, and the availability of tools but also the age, the premorbid illness, and the cooperation of the patient.
Case Reports
A middle-aged male with underlying treatment-resistant schizophrenia, with a history of recurrent admission and frequent defaulters, came to a psychiatric clinic for follow-up and was found to sustain a constricted ring with swollen fingers at both hands associated with pus discharged last month. He claimed the rings is giving him a superpower and aggressively refused removal. Further history revealed that he was admitted to the Orthopaedic ward about six months ago due to disarticulation of the right little finger associated with gangrene secondary to the constricted ring but he absconded from the ward and claimed self-amputated followed by daily dressing at the health clinic.

Initial assessment showed an uncooperative, poorly kept medium built gentleman with no features of sepsis. A mental state examination (MSE) showed active psychotic features with no aggressive behaviour. Examination of the right hands revealed five rings stuck on fingers in which one at the thumb, one at the index, and three at the middle finger respectively. There was also foul smelly pus discharge from the middle fingers and the fingers are grossly swollen. Whereas at the left hand; there was one ring on the ring and little finger respectively and two rings stuck on the middle fingers (Exhibit 1). A radiograph of both hands reveals a soft tissue swelling, however, no subcutaneous air was seen (Exhibit 2). Other systemic examinations were unremarkable. Baseline investigations were normal and blood culture was negative after day five.

Attempted removal of the ring using an oscillating ring cutter had failed and the patient became aggressive. Procedural sedation (PSA) using a titrated dose of midazolam and fentanyl combined with wrist block was then used. All nine rings were successfully removed (Figure 3). He was later admitted to an orthopaedic ward for proper wound debridement and management. The patient was discharged well on the fifth day of admission after psychotic symptoms are controlled. The family members were advised and counselled regarding the need for family support in the management of the patient.
Results and Discussion

There is no such case of a neglected schizophrenia patient presented with constricted rings involving both hands in the literature search at present. Patients with severe psychiatric illnesses have a greater risk of deliberate self-harm (DSH), hence is a major cause of morbidity and mortality as compared to the general population (Osborn et al., 2008; Singhal et al., 2014). The family members involved in the co-management of schizophrenia often feel distressed, overwhelmed, and corrosive to family interactions thus may lead to negligence of the patient.

It was suggested that individuals with schizophrenia are exquisitely sensitive to environmental stress (Nuechterlein and Dawson, 1984; Van Os et al., 2010). Individuals with the disorder whose relatives express high levels of critical comments and/or high levels of self-sacrificing behavior have a significantly greater likelihood of relapse within the subsequent 9 months (Butzlaff et al., 1998; Ma et al., 2021). As the family environment significantly influences prognosis in schizophrenia therefore it served as the impetus for interventions needed to support the patient’s recovery and prevent a similar risk of injury in the future.

PSA using a titrated dose of midazolam and fentanyl combined with wrist block was used in this case. Midazolam either alone or in combination with an opioid analgesic (e.g. fentanyl, morphine), is a common combination for its beneficial effects such as amnesia, anticonvulsant, anxiolytics, and sedation (Miner et al., 2013). The fentanyl was chosen because of its prompt and short duration with good analgesia, sedative, and minimal cardiovascular depressive effect. Furthermore, both are easily reversed by an antidote. A wrist block will ensure multimodal pain management and improve patient satisfaction. PCP should obtain consent in writing because ring-removal procedures can result in accusations and claims by patients against practitioners (Whitcher J., 2008).

A supportive family is vital to prevent future recurrence. PCP should provide an assessment to explore their own needs and discuss their strengths and views about the care responsibilities. A feedback mechanism is mandatory for communication and reviewing collaboration difficulties between the caretaker and PCP. A focused education with a constant-instill positive message about recovery or support program should be started early which may be part of a family intervention for psychosis and schizophrenia (Taylor and Perera, 2015)
Conclusion

Patients with psychiatric illnesses have a greater risk of DSH. As the family environment significantly influences prognosis in schizophrenia therefore it served as the impetus for early interventions needed to support the patient’s recovery and prevent a similar risk of injury in the future. In line with better communication and understanding of family members, the risk of negligence is minimized hence the recovery and recurrent incidents will be improved.

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References


