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Negativism Associated Globe Vesicale: Case Report

Negativizme Bağlı Glob Vezikal: Olgu Sunumu

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Negativism associated globe vesicale

Abstract

Negativism is known as resistance to instructions, contrary comportment to what asked. Negativism is mostly associated with catatonia. Genitourinary complications like urinary retention or urinary incontinence or infections can be seen in catatonia. Negativism is mostly associated with catatonia. Here we describe a case of negativism associated globe vesicale without catatonia. We aim to call attention that globe vesicale may be associated with negativism without catatonia.

A 37 years old female patient had a history of psychotic depression for seven years. She had been on olanzapine treatment during last year until she learnt she was pregnant six weeks ago. During last ten days, the patient was not speaking, eating, drinking or sleeping so she was hospitalized in psychiatry ward. Abdominal ultrasound revealed her bladder volume was nearly 1500 cc and compressing on uterus. A urinary catheter placed and globe vesicale resolved. After seven sessions of ECT, she was in full recovery. Pulmonary complications like pulmonary embolism, pneumonia and aspiration; gastrointestinal complications like constipation due to decreased food intake and dehydration; dental complications due to decreased oral hygiene; genitourinary complications like urinary retention or urinary incontinence or infections; flexion contractures, postural nerve palsies and rhabdomyolysis due to immobilization can be seen in catatonia. Globe vesicale was associated with catatonia in literature but in our case globe vesicale was associated with negativism without full criteria of catatonia. Caution should be given to negativist pregnant woman because globe vesicale could be concealed by pregnancy.

Keywords: Catatonia, globe vesicale, negativism, pregnancy
Negativizme bağlı glob vezikal

Özet


37 yaşında bir kadın hastanın yedi yıllık psikotik depresyon öyküsü vardı. 6 hafta önce gebe olduğunu öğrenene kadar geçen yıl boyunca olanzapinle tedavi edilmiş. Son 10 gündür konuşmama, yememe, içmeme, uyuşma belirtileri ile servisimize yatırıldı. Yapılan ultrason incelemesinde mesanenin 1500 cc kadar hacimde olduğu ve uterusa baskı yaptığı görülmüş. İdrar sondası takıldı, glob vezikale giderildi. 7 seans EKT yapılan hasta salah halinde taburcu edildi. Katatonide pulmoner emboli, pnömoni, aspirasyon gibi pulmoner komplikasyonlar; yetersiz beslenme ve dehidratasyona bağlı kabızlık ve gastrointestinal komplikasyonlar; oral hıjyenin azalmasına bağlı diş çürüği ve dişeti rahatsızlıkları; üriner retansiyon ya da idrar inkontinansı, enfeksiyon gibi genitoüriner komplikasyonlar; hareketsizliğe bağlı fleksiyon kontraktürleri, postural sinir felçleri ve rabdomiyoliz gibi komplikasyonlar olabilir.

Olgumuz tam bir katatoni tablosu olmadan negativizme bağlı olarak da glob vezikale gelişebildiği ve gebelerde bu durumun gebeliğe bağlı olarak karnın büyümesiyle gizlenebileceği konusuna dikkati çekmektedir.

Anahtar kelimeler: Katatoni, glob vezikal, negativizm, gebelik
Introduction

Catatonia was first described in 1874 by Kahlbaum as a disease integrating motor features and mood variations. Peralta et al empirically prepared a diagnostic instrument with the most discriminant 11 signs among catatonic features. The diagnostic threshold is a three or more sign with a sensitivity of 100% and specificity of 99%. These signs are: immobility/stupor (extreme passivity, marked hypokinesia); mutism (includes inaudible whisper); negativism (resistance to instructions, contrary comportment to what asked); oppositionism other called gegenhalten (resistance to passive movement which increases with the force exerted); posturing (patient assumes spontaneously odd postures); catalepsy, waxy flexibility (patient retains limb positions passively imposed during examination); automatic obedience (exaggerated co-operation to instructed movements); echo phenomena (movements, mimic and speech of the examiner are copied with modification and amplifications); rigidity (increased muscular tonus); verbigeration (persisting and purposeless repetition of single words or phrases); withdrawal/refusal to eat or drink (turning away from examiner, no eye contact, refusal to have food or drink when offered) (1).

Negativism is roughly known as a tendency to resist external commands, propositions, anticipations or internal stimuli as hunger, by doing nothing, something contrary or unrelated to the stimulus. Patient may keep the food in his or her mouth and resist eating or may not answer any question asked and speak after the examination. Negativism is mostly associated with catatonia.

Globe vesicale is the abrupt cessation of urine flow causing acute urinary retention. The causes of acute urinary retention can be divided into four groups: obstructive, neurological, pharmacological and psychogenic. More than half of globe vesicales occur after surgical operations or parturition.
The most common obstructive cause is a gynaecologic tumor. A psychogenic cause is a diagnosis per exclusionem. The handling of acute urinary retention has to be catheterisation before further investigation is done \cite{2}.

Here we describe a case with a psychotic episode who suffered globe vesicale during a psychotic period characterized predominantly by negativism and refusal to eat and drink without other catatonic signs.

**Case report**

The patient was a 37 years old married woman with 10 weeks of gestation. She was refusing to talk so psychiatric history was acquired from her husband. The patient had psychotic depression episodes for about seven years. She had never had a manic or hypomanic episode. Her sister had a manic episode and diagnosed as bipolar disorder and treated with lithium. Our patient has never used a mood stabilizer, she was treated with fluoxetine and olanzapine combination during episodes. While the depression was in remission but residual psychotic symptoms remained she had been on olanzapine treatment during last year until she learnt she was pregnant six weeks ago. The patient did not take any psychotropic medications since then. She has never had an abortion or miscarriage. She has a 9 years old boy. She had a psychotic depression episode during past pregnancy also which was treated with olanzapine and fluoxetine combination without hospitalization.

Patient was referred to our emergency room because during last ten days she was not speaking, eating, drinking or sleeping. Her mental status examination was characterized mainly by paranoid delusions, auditory hallucinations and negativism. She was diagnosed as having a psychotic episode and she was admitted to our psychiatry ward.
In physical examination, her abdomen seemed to be bigger than expected for a gestation of ten weeks. She did not have any previously known urological or neurological problems, history of surgical procedures, prominent catatonic symptoms other than negativism or any other apparent concomitant general medical condition other than pregnancy. During routine work-up samples for urine tests could not be taken because the patient had not been able to void spontaneously. When she was called for gynecological consultation, abdominal ultrasound revealed that her bladder volume was nearly 1500 cc and was compressing on uterus. The patient was evaluated by a urology consultant who excluded organic causes of urinary retention. Globe vesicale was resolved by foley catheterization. There were no clinical symptoms or laboratory findings of urinary tract infection, neuroleptic malignant syndrome or catatonia. She was not using any prescriptions so antipsychotic induced urinary retention was excluded.

Electroconvulsive therapy (ECT) three times a week with general anesthesia was planned for her psychotic symptoms. At first three sessions catheter remained but afterwards, she was able to go toilet herself. With seven sessions of ECT, patient’s psychotic symptoms and negativism completely resolved. She was discharged from the hospital in full recovery.

In follow-up period during the last trimester of her pregnancy, she had paranoid delusions about being poisoned with food, so she was restricting her meals. We prescribed olanzapine 5 mg/day with consent taken from both the patient and husband. She delivered her second boy and continued olanzapine during lactation. The baby seems healthy in pediatrics controls after the first year.

**Discussion**

The abrupt cessation of antipsychotic in pregnancy might have increased the risk of a new psychotic episode in our case.
While the pathophysiology of catatonia is still unclear, several theories have been proposed based on the available data. One possible interpretation of catatonia is that the syndrome is an outward manifestation of intense anxiety (3,4). The majority of catatonic patients reported feeling extremely anxious before and during their catatonic episode, to the extent that some believed they were about to die, had already died, or that they needed to remain immobile in order to avoid threats from others. Benzodiazepines reduce anxiety by enhancing chloride conductance through GABA-A receptor ion channels, and may treat catatonia through this mechanism. However, a number of our patients - particularly those with schizophrenia - reported little anxiety during their catatonic episode. This observation does not exclude the possibility that anxiety is an important component of catatonia, but suggests that it is not an essential component for all patients with the syndrome.

A second interpretation of catatonia is that it is essentially a movement disorder similar to parkinsonism. As noted previously, the clinical features of catatonia overlap with those of parkinsonism, which is understood to be caused by dysfunction of the basal ganglia. Since most projection neurons in the basal ganglia are GABAergic, it is plausible that benzodiazepines could treat catatonia by influencing GABA signaling in the basal ganglia. Functional imaging studies have shown that catatonia is associated with altered activity in orbitofrontal, prefrontal, parietal, and motor cortical regions (5), suggesting that these cortical structures may also play a role in the pathophysiology of catatonia. This interpretation is reinforced by observations that GABA-A binding is reduced in cortical regions of catatonic patients, motor and affective symptoms are correlated with these abnormalities in GABA-A binding, and cortical abnormalities in catatonic patients are normalized following exposure to lorazepam (5).

Whatever the pathophysiology of catatonia may be, it is clear that a wide variety of underlying disorders can be associated with the emergence of catatonic signs. These include mood disorders, nonaffective psychotic disorders, a number of medical and neurological conditions, and genetic
disorders (6). How - or if - these diverse etiologies converge upon a final common pathway causing catatonia is unknown, and it is possible that variations in the clinical presentation of catatonia represent distinct underlying mechanisms that would respond preferentially to different treatments. For instance, future research may allow physicians to identify patients who are unlikely to respond to lorazepam treatment and should receive ECT or another pharmacological treatment as a first line option.

The DSM-V defines catatonia as the presence of three or more of the following: Catalepsy, waxy flexibility, stupor, agitation, mutism, negativism, posturing, mannerisms, stereotypies, grimacing, echolalia, and echopraxia (7). Our patient had only selective mutism (she was talking only with her husband) and negativism so she was not catatonic.

Catatonia has many medical aspects. Pulmonary complications like pulmonary embolism, pneumonia and aspiration; gastrointestinal complications like constipation due to decreased food intake and dehydration; dental complications due to decreased oral hygiene; genitourinary complications like urinary retention or urinary incontinence or infections; flexion contractures, postural nerve palsies and rhabdomyolysis due to immobilization can be seen in catatonia (3). Globe vesicale associated with catatonia had been reported in the literature but in our case globe vesicale was associated with negativism without catatonia and to our knowledge she is the first reported case of glob vesicale associated only with negativism without full catatonic symptoms. Moreover patient was pregnant; caution should be given to negativist pregnant woman because globe vesicale can be concealed by pregnancy.
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**References**


