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Body Dysmorphic Symptoms With Emerging Psychotic Features in an Adolescent Female: A Diagnostic Challenge

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Abstract

Schizophrenia is a chronic psychotic disorder characterized by disruptions in perception, thinking, emotion, and behavior. The onset is often insidious and may be preceded by a prodromal period characterized by social withdrawal, functional decline, and subtle behavioral or emotional changes. Body dysmorphic disorder (BDD) is characterized by excessive preoccupation with perceived or slight defects in physical appearance. Although BDD is considered a distinct psychiatric disorder, it can be present with schizophrenia and can make diagnostic challenges, particularly during the early stages of schizophrenia. This case is a prime example of the diagnostic difficulty of schizophrenia with body dysmorphic symptoms.

Categories: Psychiatry, Psychology
Keywords: adolescent, body dysmorphic disorder, diagnostic challenge, emerging psychotic features, schizophrenia

Introduction

Schizophrenia is a chronic psychotic condition marked by abnormalities in perception, thinking, emotion, and behavior. It commonly appears between late adolescence and the mid-30s [1]. It is frequently accompanied by a combination of positive symptoms, such as delusions and hallucinations, and negative symptoms, such as alogia, avolition, muted affect, and cognitive deficits, resulting in considerable functional decline in social and occupational domains [2]. The onset is often insidious and may be preceded by a prodromal period characterized by social withdrawal, functional impairment, and subtle behavioral or emotional changes [1,2].

Body dysmorphic disorder (BDD) is defined by an excessive preoccupation with perceived or minor flaws in physical appearance. This preoccupation causes severe distress and is frequently accompanied by recurrent activities such as mirror checking, overgrooming, skin picking, comparing to others, and reassurance seeking [2]. Although BDD is considered a distinct psychiatric disorder, it can be found in other psychiatric disorders, particularly schizophrenia, obsessive-compulsive disorder (OCD), and major depression, making it a nonspecific symptom [3] that can be difficult to diagnose, especially in the early stages of schizophrenia-spectrum illnesses.

This case report highlights the critical transition from early body image anxieties to full-blown psychosis in an 18-year-old girl. It emphasizes the challenges of diagnosing schizophrenia when it is preceded by symptoms that mimic BDD.

Case Presentation

An 18-year-old unmarried Muslim female college student from Bangladesh, a South Asian country, presented with a history of soliloquy, unmotivated laughter, and hearing unseen voices for several years. The illness began at the age of 13 years. Initially, she had developed excessive concern regarding her physical appearance. This occurred in the context of comparing herself with another female student whom she perceived to be more attractive. She repeatedly checked herself in the mirror, spent excessive time grooming herself, frequently sought reassurance from her mother, and gradually became convinced that her face and hair were abnormal. She even cut her hair by herself because of dissatisfaction with her appearance. Subsequently, her family members noticed that she started walking around aimlessly, talking to herself, and laughing to herself without any obvious reason. Thereafter, after about two and a half months, she reported hearing voices of unseen persons. The voices were multiple, clear, well-formed, and persistent. The voices spoke directly to her, while at other times they discussed her among themselves. The content of the voices mainly commented on or discussed her daily life activities, personal life, achievements, and failures. As the syndrome progressed, she developed appearance-related ideas of reference. She believed that people around her were looking at her, discussing her appearance, and paying special attention to her physical features. According to collateral history obtained from her mother, she also developed suspiciousness toward her mother. She believed that her mother, along with her grandmother, was conspiring against her and speaking negatively about her. Over time, body image-related symptoms became less prominent, whereas psychotic symptoms remained the dominant feature of the illness. The course was further characterized by occasional

episodes of elevated mood associated with increased grooming behavior and increased sexual interest. However, these symptoms were intermittent and did not constitute the predominant clinical picture. The illness has been associated with a decline in academic performance. Before the onset of illness, she was a high-achieving student and had obtained a scholarship in primary school. Subsequently, her academic performance deteriorated, and she obtained a grade point average of 3.25 in the Secondary School Certificate examination. Her baseline investigations with thyroid-stimulating hormone were within normal limits. Magnetic resonance imaging of the brain revealed no abnormality. Neuropsychological assessment was normal. There were no specific signs or symptoms of epilepsy, drug withdrawal, intoxication, or fever. The general examination and systemic examination revealed no abnormality. As the patient was poor, we avoided further investigation.

The patient initially showed marked improvement following treatment with an antipsychotic named haloperidol. However, due to drug noncompliance, symptoms recurred within one month after discontinuation of medication. Despite subsequent adequate treatment trials with haloperidol and olanzapine with good compliance, she continued to experience persistent auditory hallucinations with partial improvement. So, we decided to prescribe clozapine. Later, proper counseling regarding the disease and drug management was given to the patient's family to maintain adherence. The patient displayed significant improvement after taking clozapine.

Discussion

Individuals with BDD often hold overvalued beliefs regarding perceived defects in their appearance. Similar body image concerns may also be seen in other psychiatric conditions, particularly in schizophrenia. In some early cases of schizophrenia, patients may present with somatic delusions related to their appearance. In such cases, additional symptoms, such as bizarre delusions and auditory hallucinations, help differentiate schizophrenia from BDD [4]. Common behaviors include frequent mirror checking, concealing perceived defects with items such as hats or makeup, comparing one's appearance with others, engaging in excessive grooming (e.g., repeated combing or hair plucking), and repeatedly seeking reassurance about appearance [5-7].

In our case, the 18-year-old female was highly preoccupied with her physical appearance. She believed that her face and hair were deformed. For this, she checked the mirror repeatedly, groomed excessively, and frequently sought reassurance from her mother. These symptoms are often linked to fears of rejection and feelings of low self-esteem, shame, embarrassment, unworthiness, and being unlovable. Insight is typically poor, and about half of patients hold delusional beliefs; they become fully convinced that they appear abnormal and that their perceived defect is real [8]. Patients with BDD frequently exhibit referential thinking, believing that others are taking special notice of, mocking, or negatively judging their perceived physical defects [1]. This patient also had low self-esteem, fear of rejection, delusional beliefs, and appearance-related delusion of reference.

Although BDD is classified as a distinct disorder, rare case reports suggest that dysmorphic preoccupations may occasionally be an early manifestation of schizophrenia [9-11]. Our patient showed a good response to the antipsychotic drug and was later diagnosed with schizophrenia.

Conclusions

An initial atypical presentation makes it challenging to diagnose schizophrenia. This case is a prime example of diagnostic difficulty. However, with proper diagnosis and appropriate treatment, patients can improve from this disorder. This case report provides good insight regarding the initial atypical presentation of schizophrenia.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Concept and design: Md Mahmudul Hasan, Nigar Sultana, Susmita Roy, Ahmed Riad Chowdhury, Imdad Magfur

Drafting of the manuscript: Md Mahmudul Hasan, Nigar Sultana

Critical review of the manuscript for important intellectual content: Md Mahmudul Hasan, Nigar Sultana, Susmita Roy, Ahmed Riad Chowdhury, Imdad Magfur

Disclosures

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