

**CASE REPORT****Bilateral Nipple Itching at the Age of 4 Years:  
A Case of Conversion Disorder**

*Redwana Hossain, Wasima Rahman, MMA Shalahuddin Qusar,  
Sanjida Tanjin Khan, S M Yasir Arafat*

Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University,  
Dhaka, Bangladesh

**Abstract**

Clinical presentation of conversion disorder varies with multiple factors such as culture, education, personality traits of the subjects. It was aimed to report a case of conversion disorder presented with bilateral nipple itching which starts at the age of 4 years. Master M, a 6 years old Muslim girl of lower socioeconomic status, with good intelligence hailing from rural area admitted with the complaints of episodic intense itching of both nipples & areola for last 2 years. The itching involves both areola & nipple which was initially mild in intensity, lasts for 5 to 10 minutes without any specific aggravating factor and relieved by scratching by herself or her mother. The itching episodes were noticed only in the home setting and with presence of her mother. The girl was consulted with general physician, dermatologist, pediatrician; extensive investigations were done with negative outcome and subsequently referred to psychiatry. She was diagnosed as a case of conversion disorder, stressor (parental discord) was identified and managed properly. She was discharged on the 10<sup>th</sup> day of admission and 3 months follow up revealed full remission with regularized usual activity of the child. Conversion disorder may start from very early age and with atypical symptom profile. Clinicians need to keep the differential in their list in order to avoid exhausting investigations.

**Keywords:** Conversion Disorder, Nipple Itching, Children, Psychiatry, Bangladesh

**Introduction**

Conversion disorder (CD) usually presents with loss or alteration of voluntary motor or sensory functioning those cannot be explained by physical illness, not produced intentionally, generally associated with stress, primary and secondary gain [1-4].

The disorder is affects both adolescents and adults; however, it is unusual to report below age of 9 years [1, 2]. Clinical presentation of CD varies with multiple factors such as culture, education, personality traits of the subjects [3, 5]. It is commonly related with rural settings, lower socioeconomic status, and low educational

attainment [3, 5]. The symptom pattern varies between the East and West cultures as evident by previous research which revealed more psychotic and less copy book presentation in countries like Bangladesh [5]. Unusual symptoms and extremes of age of onset of CD lead to erroneous diagnosis & extensive investigations and finally may lead to misdiagnosis those results in misery to patients [6]. Here we report a case of conversion disorder presented with bilateral nipple itching that starts at the age of 4 years which is rare in context of age of the child and peculiarity of the symptoms.

### Case

Master M, a 6 years old Muslim girl of lower socioeconomic class, with good intelligence hailing from rural area admitted at department of psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU) with the complaints of episodic intense itching of both nipples & areola for last 2 years. The itching involves both areola & nipple which was initially mild in intensity, lasts for 5 to 10 minutes without any specific aggravating factor and relieved by scratching by herself or by any other else, commonly by her mother. The itching episodes were noticed only in the home setting and with presence of her mother. Initially, the girl was consulted with general physician (GP) and treated with topical antifungal, antihistamine & antibiotic. At that time, she was evaluated to identify the etiology and investigations such as complete blood count, urine analysis, liver function test, blood glucose level, serum creatinine were performed. The investigations revealed nothing contributory to a diagnosis of general medical condition. With the management of GP the girl was not responding and subsequently, few months later she was seen by a dermatologist. Then, she was further evaluated and advised to

perform ultrasonogram of both breast & axillae, and serum immunoglobulin (IgE) level. Further, no abnormality was found in the laboratory investigations. After about a year she was seen by a pediatrician and she was again treated with topical steroid & oral antihistamine. As investigation reports were normal & the symptom did not respond to the medical management, she had been referred to a psychiatrist. Then she was diagnosed as a case of conversion disorder & tried to manage symptomatically with psychoeducation regarding the disorder. Then severity of symptoms was reduced & she became gradually symptom free for at least 6 months. Then, the similar symptoms were reappeared and she was referred to the tertiary care hospital, consulted with dermatologist and subsequently, referred to psychiatrist and admitted into psychiatry ward.

After admission, her thorough history obtained and background has been explored. She lives in a joint family where parental discord was observed. The girl was physically abused by her both parents during their fight. Later on, her father set for abroad and doing job there but the discord does not come to an end. She along with her mother shifted to her maternal grandparent's house where she received permissive environment. Furthermore, she girl got extra attention from her mother as the mother always tried to engage herself with the girl which consequently reduced the quarrel between the couple. Gradually the girl became demanding and during her admission she was observed to demand scratching of her nipple by her mother. She was further evaluated for epilepsy and advised mobile video of the itching episodes, serum prolactin, electroencephalogram, & neuroimaging such as MRI of brain along with other routine investigations. Then again, no abnormality was detected in

repeated laboratory investigations. Her birth history was uneventful, developmental milestones were age-appropriate, & peer relationship seemed to be usual.

She was confirmed as a case of conversion disorder and treated appropriately. She along with her family has been explained about the disorder; symptom reduction by suggestion; reduction of reinforcement by not being attended by mother during attacks; increase of desired behavior by negative reinforcement that is stopping of altercation of parents for the “itch free days” and encouragement of daily activities has been taught. Parents and grandparents are told to help her to communicate freely & help her adopting healthy coping style. On the 10<sup>th</sup> day she was discharge at home without any pharmacotherapy for further follow up when she was symptom free for 3 days. She was followed up for 3 months and found symptom free.

## Discussion

CD in children is considered by the presence of medically unexplained neurological signs symptoms in children causing psychological distress [3]. We thrusted to report a case of conversion disorder which started at the age of 4 years and presented with itching in areola and nipple bilaterally. Presentation of conversion symptoms varies differently and unusual presentations are more common in a cultural setting like Bangladesh [5]. Itching in areola and nipple simultaneously is a rare presentation of conversion disorder. The case may reinforce the claim of diagnosis of “Functional itch disorder” addressed by a French group of psycho-dermatologists where authors characterized it as “an itch disorder where itch is at the center of the symptomatology and where psychological factors play an evident role in the triggering, intensity, aggravation, or persistence of the

pruritus” [7]. However, variations of presentations should be considered in clinical set up during the assessment as one article identified prosopagnosia as conversion disorder [8].

The age at which the conversion disorder started was 4 years that supposed to be a very rare age to start. CD is unusual below the age of 9 years, though lower ages were also reported [1, 2]. It was reported in preschool girl at 5 years of age [1], at 10 years of age [2], and at 6-year-old [4]. Cultural presentation and variations of presentation of psychiatric disorders should be considered in regular clinical practices. Erroneous diagnosis of an organic illness prolongs the course of conversion disorder and act as a reinforcement [6]. Timely diagnosis and bio-psycho-social approach of management can help to reduce the burden over the family, the physician & the public health system by minimizing unnecessary investigations [1].

## Conclusion

We aimed to address a case of conversion disorder which starts at the age of 4 years with unusual symptoms i.e. bilateral itching in areola and nipple. Conversion disorder in children may start from very early age and with atypical symptom profile. An index of suspicion for unusual symptoms would reduce the suffering of the patients as well as raise the clinical efficiency of the clinicians.

## Conflict of interest

Having no conflict of interest.

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**Corresponding Author**

Dr. S.M. Yasir Arafat,  
Department of Psychiatry,  
Bangabandhu Sheikh Mujib Medical University,  
Dhaka, Bangladesh  
**Tel:** +8801713272917

**Email:** arafatdmc62@gmail.com