

CASE PRESENTATION

By Dr. Martina Kabenge
Mmed Psychiatry III

Biodata

- Name: LK
- Age: 43
- Sex: M
- Address: Kijabijo
- Tribe: Muganda
- Occupation: shop attendant
- Religion: Anglican
- Education: Bachelors degree in civil Engineering
- Marital status: Single

Date of admission: 14/3/2023

Presenting complaints

- Loss of consciousness x 1/7
- Poor Memory x 3/12

History of PC

- Brought in by mother voluntarily following a fall with trauma to head after an episode of heavy alcohol use.
- He has no recollection of the events that night however he woke up in the morning with a deep cut on the head and a severe headache.
- On further probing, he consumes approximately 100mls of crude waragi everyday.
- At times he takes 2 beers on a good day combined with Waragi. (other brands are too costly)
- Started taking alcohol at 16 years, was introduced by friends. Started as sips by 22 he was taking occasionally. About 7 years ago, reports he would take daily and in the morning or miss 2 days but binge when he consumes.
- this was following death of his grandmother who raised him. To deal with the grief, he joined a group of friends in Makerere Kavule that would meet daily to drink.
- When he drunk he would feel calm , relaxed and sleep easily. It also made he happier however when It wore off, he found himself taking again not to feel the emotional pain.
- Also , he would get tremors,double vision, abnomral jerking movements on some days when he didn't take making him use again.
- He tried to cut down but had cravings that made him continue.
- His family always complained about the amount of alcohol consumption.
- He used to work as an engineer but he was not able to function adequately at work. He was later fired from work. Worked at a mums shop for some years till a few months ago when his mum stopped him as he would use money from shop
- This caused him to use more alcohol.
- He has had mutiple falls as a result of being drunk.
- He lost his partner who left with the child as the alcohol was affecting them. He would be aggressive towards the child and wife. Also, his partner reported him having a low libido.
- He hasn't used any other psychoactive substances.

History of PC

- He reports feeling things that others don't crawling on his body when he doesn't take however he doesn't see or hear things that others don't.
- He reports memory impairments this past 1 year , he forgets where he puts keys, dates and times. At times he forgets to find his way home and ends up sleeping on the road side.
- He doesn't report symptoms of depressionlike (excessive sadness, not enjoying things he likes, worthlessness or thoughts of ending life however he reports having disturbances in sleep
- He reports feelings of excessive worry, characterized with tremors and palpitations when he doesn't take alcohol.
- He doesn't report being overly talkative, excessive energy, having special powers now and in his prior life.

Past Psychiatry History

- 2nd admission to Hospital (both had been for alcohol use disorder.He relapsed 9 months ago.
- He has positive family history of mental illness (younger brother).

Past Medical History

- Not DM or Hypertensive
- HIV negative
- History of seizures after alcohol use. However no history of epilepsy.

Past Surgical history

- Positive history of head trauma (multiple times).latest a week before admission.
- No history of blood transfusion

Family History

- He stays with mother.
- Parents separated while he was young
- Father stays in Lukaya.
- 1st born of 3 children.
- He has one child.
- Good relationship with both parents and siblings

Personal and social History

- Doesn't remember much about his childhood
- Premorbid personality: He was a quiet person, preferred to do things in isolation, didn't like to share problems with people. He deals with problems by taking alcohol
- Work: currently off work
- Forensic: None
- Not married, has 1 child.
- No contribution to home

MSE

- Appearance & Behaviour: middle aged male, looks older than his age, he was cachexic, had brown thin hair, hyperpigmented lesions on face, has scars all over lips
- Speech: Normal tone and volume, non fluent aphasia
- Mood: Blunted affect
- No suicidal or homicidal
- Thought: normal thought form, thought process was normal, tangentiality
- Perception: no hallucinations or delusions

MSE

- Cognition: Alert
- Oriented in time place and person.
- Attention & Concentration: failed to follow through with instruction , was not sustained)
- Memory: immediate was good, short term poor- 0/3, Long term- he couldn't remember the son's name, mother of child's name, the primary and secondary schools he went too.
- General knowledge: he couldn't remember independence date, month, year. Had trouble recalling current affairs in the country yet he reported listening to radio daily.
- Abstract and judgement: Good
- Insight: Poor. He didn't agree to having anything wrong with him and his being in hospital was accidental.
- Stage of change: Pre contemplation.

Physical examination

- General exam: poor nutrition status, he was cachexic, brown thin hair, dry skin, pitting edema grade II, scars and bruises all over body, had a laceration on the posterior of the head.
- Vitals: BP 140/100mmhg, HR- 98bpm, Temp- 36.4 celcius

Summary

- A 43 year old male with AUD, complaints of poor memory and wound on the head. On MSE, he was cachexic, brown thin hair, laceration on posterior head, blunted affect with memory impairments and disturbance in concentration. There were no perceptual disturbances.

Problem list

- Alcohol use disorder
- Malnutrition
- Dehydration
- Head injury
- Cognitive impairment (Alcohol induced)

Investigations

- CBC - normal
- RFTS- normal
- HIV- Negative
- Albumin - pending
- Vitamin B12 -pending
- LFTS – Had a raise ALT, AST and GGT
- Urine drug screen – positive for alcohol
- MRI-
- Psychological – MOCA B , ASSIST
- Social investigations
 - Collateral history – mother reported not knowing what he had ingested.

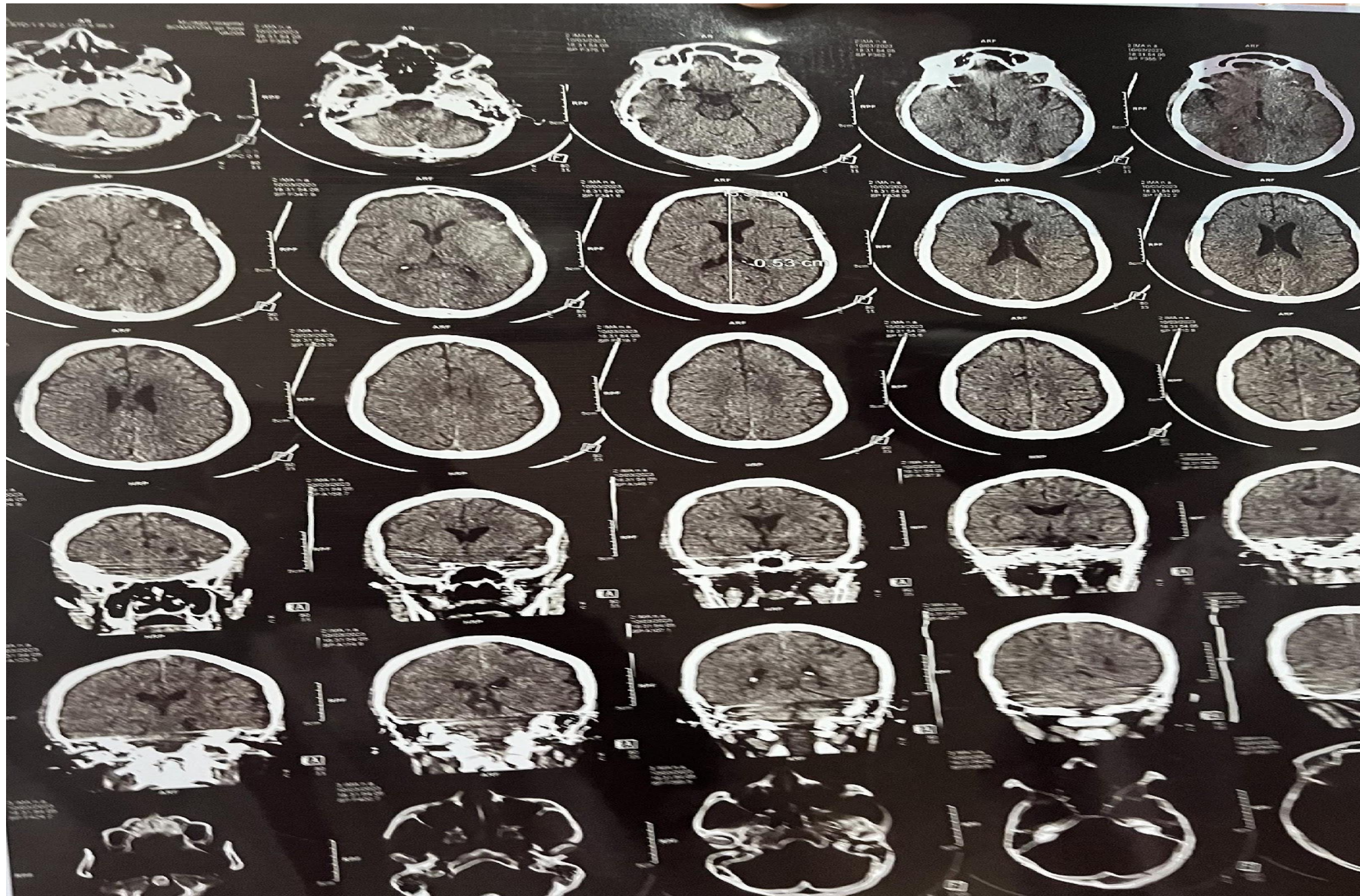
Management

- Tabs diazepam 20mg daily then tapered down to complete dose in one week.
- P/o thiamine 200mg daily
- Motivational interviewing
- IV NS 1L for 3 days
- High Protein diet

Flow up

- Follow up 15/3/2023

- He was calm
- Still had a blunt affect
- He could remember having been seen by the Dr. the day before
- He also didn't know where he was reported being in Masaka.
- MRI results - reduced brain size with an contusions and a Subdural hematoma
- Transferred to Mulago NRH for neurosurgical review



THE END

QUESTIONS????