Delayed Diagnosis of Metastatic Cancer in the setting of Psychoanalytically-Biased Weight Loss Attribution

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Background

- "Diagnostic Overshadowing" occurs when physical symptoms are misattributed to mental illness or intellectual disability.[1]
- Can lead to less treatment and worse outcomes for patient's with mental illness.[2,3]
- More likely when a patient presents with a variety of symptoms, including functional symptoms.
- In this case report, we present a patient with functional dysphagia and weight loss, who personally attributed his weight loss to somatization, though was later found to have metastatic cancer.
- Diagnostic Overshadowing delayed the diagnosis by several days.

Clinical Case

- 84 year-old man in psychoanalysis for over 60 years in the setting of PTSD, dissociative identity disorder, and narcissistic personality disorder presented with a 56 lbs. weight loss over one year, which he attributed to somatization of repressed memories discovered during psychoanalysis.
- 8 months prior, he was hospitalized 8 months prior in the setting of 1.5 weeks of abdominal pain, choking, alternating loose stools and constipation, and minor weight loss. At that time, his mental status exam was significant for circumstantiality, catastrophizations, psychoanalytic intellectualizations, and passive aggression. Cognitive screening was benign. He attributed his symptoms to somatization from "breakthroughs" in psychoanalysis and preferred psychoanalysis and clonazepam to cognitive-behavioral therapy. Chest and abdominal x-rays were negative, and the discharge summary ultimately ascribed the patient's symptoms to "decompensated psychiatric illness."
- On recent admission, he was re-hospitalized with an additional 50 lbs. weight loss, intolerance of oral intake, and rectal pain.
- Patient ascribed his symptoms to a "Freudian breakthrough" regarding oral sexual abuse during infancy and forced stool consumption in childhood.
- Psychiatry recommended workup for indolent cancer and attempted exposure therapy using sour gummy candies with bodies lacking genitals. The patient terminated consult psychiatry involvement, preferring psychoanalyst telepsychology visits.
- Esophagram lacked structural abnormality and a nasogastric tube was placed without recommended cancer workup.
- Two weeks later, the patient developed shock, and CT abdomen demonstrated metastatic disease consistent with gallbladder or pancreaticobiliary adenocarcinoma. The patient discharged to hospice and died two weeks later.

Fig 1. Fluoroscopic esophagram was unremarkable

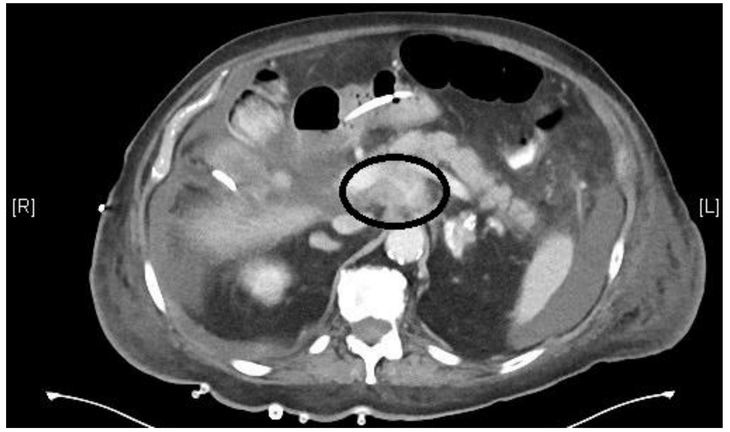

Fig 2. CT abdomen with infiltrative soft-tissue mass in pancreas (circled)

Discussion

- Psychiatric presentation and esophagram were consistent with functional dysphagia, weight loss/rectal pain were due to malignancy.
- Distraction by the patient's psychoanalytic interpretations delayed the physicians' diagnosis of the patient's cancer.
- When consult psychiatrists evaluate functional GI disorders with significant weight loss, we must maintain vigilance for malignancy evaluation, even if a functional process is evidenced.
- In a study of 2677 patients with unintentional weight loss of unclear etiology, 33% of patients were diagnosed with occult malignancy, with gastrointestinal cancers most common (47% of malignancies)[3]

Organ or organ system with cancer	Frequency (%)	Potential screening exam, imaging, and procedures for cancer diagnosis
Gastrointestinal (non-pancreas)	28	Abdominal exam, oral exam; CEA, CA19-9, AFP; barium study, EGD, RUQ US, MRCP, ERCP, colonoscopy, CT abdomen/pelvis
Pancreatic	19	Abdominal exam; CA19-9; CT abdomen, transabdominal US
Respiratory	17	Respiratory exam, chest X-ray, CT chest, bronchoscopy
Lymphoma	11	Lymphoid physical exam; CBC; CT/US; biopsy/FNA, FDG-PET
Urological	10	Abdominal exam; UA, urine cytology; IV pyelogram, retrograde pyelogram, renal US, CT abdomen/pelvis
Prostate	6	PSA, CT abdomen/pelvis
Gynecological (abdomen)	4	Abdominal/pelvic exam; CA 125; Pap test, colposcopy, transvaginal ultrasound, CT abdomen/pelvis
Breast	3	Breast exam, mammogram, CT chest
Unknown primary site	2	FDG-PET, CT scans

Table 1. Organ or organ system of primary cancer in the setting of occult cancer with unintentional weight loss.[3] Gastrointestinal (non-pancreas) = esophagus, stomach, colon, rectum, pancreas, liver cell carcinoma, and intrahepatic bile duct carcinoma; urological = kidney, renal pelvis, ureter, and bladder; gynecological (abdomen) = cervix uteri, endometrium, and ovary; respiratory = lung and bronchus

Conclusion

Diagnostic overshadowing can delay the identification of serious illnesses when patients concomitantly struggle with functional or other psychiatric illness. Consult psychiatrists play an important role in alerting internal medicine colleagues to this phenomenon. Particular attention should be devoted to ensuring that gastrointestinal malignancies are considered.

References

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3. Bosch X, et al.; Unintentional weight loss: Clinical characteristics and outcomes in a prospective cohort of 2677 patients. PLoS One 2017;12(4): e0175125.