A case of post-COVID dysautonomia disguised as somatic symptom disorder

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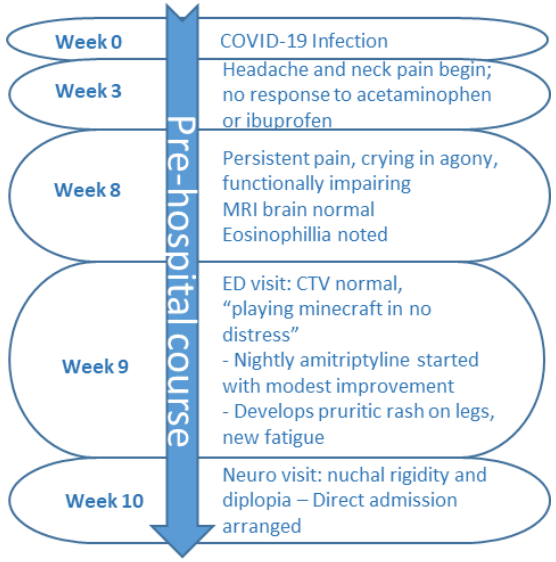
BACKGROUND

- COVID-19 has demonstrated systemic involvement and potential for post-acute sequelae
- It is important to evaluate for these clinical syndromes when evaluating for psychiatric combordities
- We present a case where psychiatry was consulted for suspected somatic symptom disorder in a patient ultimately diagnosed with post-viral dysautonomia secondary to COVID-19

CASE DETAILS

Ms. X is a 9 yo F patient with no past psychiatric history and developmental history significant for expressive language delay admitted with intractable headache



Hospital Course

DAY 1	2	3	4	5	6	7	8	12
LP with high/normal opening pressure Consultations with ID, dermatology (rash felt second to eosinophilia attributed to ibuprofen use), ophthalmology, neurology				Treatment trials: 5 day course IV steroids Migraine cocktail (diphenhydramine, prochlorperazine, ketorolac) Topiramate Acetazolamide 100% Oxygen		Psychiatry consulted given no improvement in symptoms and concern that sister's history of congenital illness with many hospitalizations and reinforcing parent behaviors may be driving somatic illness	Patient develops nausea, vomiting, increased fatigue and orthostasis Neurology diagnoses with post-viral autonomic neuropathy IVIG started with improvement	Discharged with modest improvement

Post- Hospital Course

- Dysautonomia symptoms became more apparent:
  Recurrent skin mottling, decreased bowel motility with nausea, diagnosed with postural orthostatic tachycardia syndrome
- Steady improvement continued following IVIG
- By 6- week follow up appointment had been headache free for a month

Dysautonomia Signs and Symptoms[1,4,5]

General	**Fatigue**, difficulty concentrating, sleep disturbance
Neurologic	Anosmia, hypogeusia, **headaches,** vertigo
Cardiovascular	Labile blood pressure, **orthostasis**, heart rate variability dysfunction
Respiratory	Hyperventilation, shortness of breath
Gastrointestinal	**Nausea, dysmotility**
Genitourinary	Impotence, bladder dysfunction
Musculoskeletal	Weakness, pain
Skin	**Rashes, pallor, flushing**

DISCUSSION

- Acute post-viral dysautonomias previously reported in HIV, hepatitis, Epstein-Barr virus and Coxsackie B virus[1,4]
- Emerging research suggests that COVID-19 places patients at risk of dysautonomic sequela as well[4]
- An increasing number of post-COVID patients are experiencing persistent symptoms, even after relatively mild cases [1-3]
- Autonomic nervous system dysregulation may be a unifying factor in persistent symptoms[1,3]
- The varied, multisystemic nature of dysautonomias can make diagnosis and treatment difficult increasing the risk that symptoms will be misidentified as psychiatric in nature, as in the case of our patient

Somatic Symptom Disorder DSM-5 Diagnostic Criteria

A. 1+ somatic symptoms that are distressing or result in significant disruption of daily life
B. Excessive thoughts, feelings, or behaviors related to the somatic symptom manifested by at least one of the following
   1. Disproportionate and persistent thoughts about the seriousness of one's symptoms
   2. Persistently high level of anxiety about health or symptoms
   3. Excessive time and energy devoted to these symptoms
C. The state of being symptomatic is persistent (typically more than 6 months)

CONCLUSIONS

- Although this is a pediatric patient, dysautonomias can present across the lifespan
- There is a risk for novel presentations and symptoms that do not respond to standard interventions to be labeled as psychosomatic in nature
- Psychiatric clinicians working in the consult liaison role must become familiar with these potential COVID-19 sequela to adequately evaluate medically complex patients
- Psychiatric clinicians can play an important role in helping patients cope with the stress and uncertainty of persistent and difficult to manage symptoms [1,2]

REFERENCES

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