



Case report

Severe depressive episode without psychotic symptoms with mediastinum tumor and scoliosis as the organic disease: a case report

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Abstract

Article info

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Background: Depression is a condition in which an individual feels a very deteriorating atmosphere in his life to the point of feeling hopeless in life. There are many manifestations of depression, such as loss of interest, lethargy, feeling that the future is not bright, concentration and even eating disorders. The most severe manifestation of someone's depression is feelings of wanting to commit suicide. Depression often presents with comorbidities and a doctor must also concentrate on two things, namely depression and the organic disease. The aims of this study to found the progress of this depression in use factor above also the prognosis of this women disease.

Methods: This is a case study. We diagnose and explain this case using a pocket book for the diagnosis of mental disorder from Pedoman Penggolongan dan Diagnosis Gangguan Jiwa-III and diagnostic and statistical manual of mental disorders-5.

Results: Manifestations that appear are in accordance with what mentioned in the diagnose book. We can also include the organic disease as an influence to make it easy and clear.

Conclusion: All types of depression have different characteristics and classifications. Minor depressive symptoms, major depressive symptoms, with psychotic or without psychotic. Trigger must be looked at because it is to eliminate things that are not important and so that treatment appropriate

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Introduction

Depression is a major mood disorder characterized by a persistent feeling of sadness, debilitating low mood, impaired cognition, and loss of interest. It has a profound effect on the functioning of the affected person, individually, biologically, and socially. Depression involves deep sadness, hopelessness, sorrow, emptiness, and despair. Over time, it may also entail an

inability to experience pleasure, psychomotor dysfunction, changes in sleep and eating behaviors, difficulty concentrating, and suicidal thoughts. In fact, depression belongs to a heterogeneous group of diseases broadly included in the International Classification of Diseases (ICD) published by the World Health Organization (WHO). The current ICD-11 version distinguishes several depressive disorders: single episode depressive disorder (moderate, without psychotic symptoms, or severe, with or without such symptoms), recurrent depressive disorder (current episode moderate, without psychotic symptoms, or severe, with or without such symptoms, or recurrent depressive disorder currently in full remission, or unspecified recurrent depressive disorder). Moreover, there are other different forms of depression, such as dysthymic disorder (persistent depressive disorder), mixed depressive and anxiety disorder, other specified depressive disorders, and unspecified depression (Dobrek L, 2023).

Methods

This is a case study. We diagnose and explain this case using a pocket book for the diagnosis of mental disorder Pedoman Penggolongan dan Diagnosis Gangguan Jiwa-III and diagnostic and statistical manual of mental disorders-5.

Results

Case

A female patient with the initials Ms. I, 30 years old, sells cellphone credits at home every day. The patient came with her parents to the psychiatric clinic at Muhammadiyah Lamongan Hospital with dominant complaints of anxiety and sadness because she had suffered from a mediastinal tumor since she was 5 years old but had only sought routine treatment in the last 6 months. Complications of a mediastinal tumor resulted in the patient suffering from scoliosis in her spine (**Figure 1**). At first, the patient was very persistent in seeking treatment for the tumor she was suffering from, but at the age of 10, she received information that the tumor had entered the junction of the heart so that the treating doctor refused to carry out surgery or remove the tumor from the patient. Thus, patients are required to take medication conservatively for the tumor they are suffering from, but in fact, the medication taken is only for physical treatment, while the patient's mental health declines drastically over time. Feelings of guilt, lack of self-confidence, feeling of no use in this world, daydreaming, lack of energy, insomnia, the patient blames the current situation, and wants suicide. This phenomenon has been happening for 5 years.

The psychiatric examination conducted during the patient's umpteenth control at the psychiatric clinic showed significant improvement. Most importantly, the patient felt calmer than before, as previously, they could barely express their feelings in words. The patient also presented in a *compos mentis* condition, responded well, and appeared age-appropriate. Their behavior was within normal range, neither excessive nor diminished, and their communication style was cooperative. The patient's mood indicated normal or euthymic, and their affect was also normal. It can be concluded that both affect and mood are congruent or appropriate.

The patient has insight, which means that they already know the problem and what to do, even though sometimes something makes them uncomfortable or even if they are late in taking the medication, a thought will appear for a moment that makes them reconsider the sadness they have experienced.

At the last check-up, the patient received the following medications: Stelosi 5 mg, Alprazolam 0.5 mg, Merlopam 2 mg, Valisanbe 2 mg, Amitriptyline 25 mg, Trihexyphenidyl 2 mg. The patient feels better every day. This result also highlights the role of the family, who consistently support the patient regarding the disease he is suffering from.

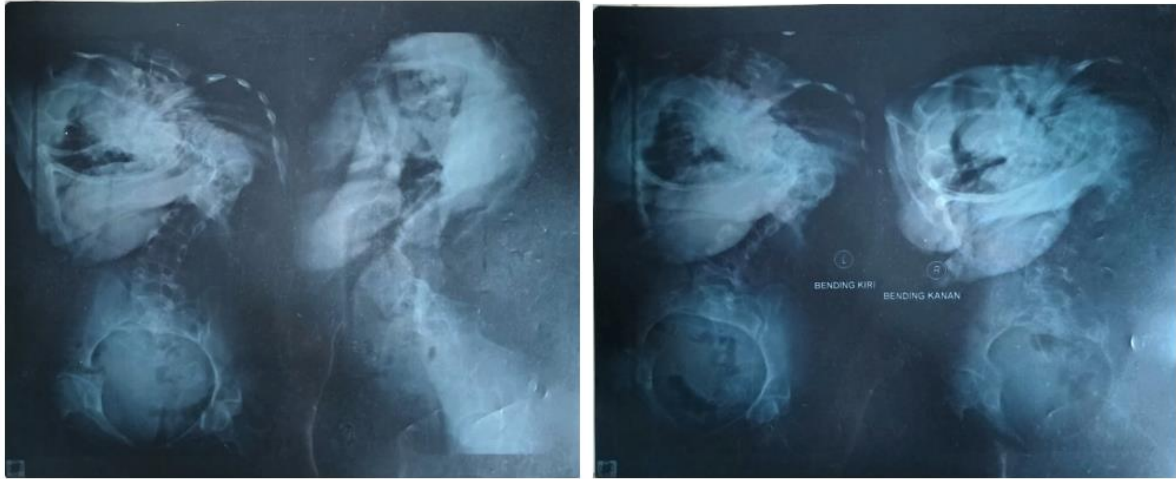


Figure 1. Radiology scoliosis of the patient.

Discussion

Something important in this case is how depression manifests under unexpected conditions for each person. Some people feel depressed about something they can possibly change, but depression will be felt more deeply about something that cannot be changed. In this case, the patient experienced an organic disease, namely a mediastinal tumor that was already in the junction of the heart, so the doctor refused to carry out an operation until feelings of disappointment, sadness, anxiety about changes in the body appear, and even depression.

Depression manifests with several major and minor criteria. Major symptoms include: (1) Anhedonia or lack of interest, (2) Anergia or lack of energy, (3) Depressive affect or facial expression reflecting depression. Minor symptoms include: (1) decreased appetite, (2) insomnia, (3) suicidal ideation, (4) feeling the future is bleak, (5) decreased concentration, (6) feeling guilty or useless, (7) decrease in self-confidence. Criteria for mild depression are met if 2 major symptoms + 2 minor symptoms appear; moderate depression is indicated by 2 major symptoms + 3 minor symptoms; severe depression is suggested if 3 major symptoms + 4 or more minor symptoms appear, and there is a desire to commit suicide. Alongside this, depression affects the neurotransmitters in the brain through a very complex process (Maslim, 2013).

Two important points in managing a patient with depression are the use of non-pharmacological or pharmacological methods. Throughout their journey, individuals experiencing anger and depression will progress through a series of stages including rejection, anger, bargaining with their emotions, depression, until reaching the final stage, acceptance. During this phase, it's crucial for us to provide support for the patient, even if they resist it. Reassurance is necessary for each patient; we listen patiently and eventually offer them an opportunity to let go of their sadness and cease dwelling on their thoughts, which may contribute to their depression. The key understanding here is that the patient needs to be calm, conscious,

without coercion, fostering a genuine "heart-to-heart" conversation from those of us caring for them (Gort, 1984b; Hamilton, 2016; Simon, 2013).

The second point concerns the use of medications for depressive patients, including first-line antidepressants such as SSRIs, tricyclics, and finally SNRIs. Benzodiazepine drugs may also be administered to induce relaxation and sedation, facilitating improved sleep to alleviate complaints of insomnia (Kruizinga et al., 2021; Sadock & Sadock, 2010).

Depression cannot be underestimated due to the negative effects it entails, as individuals often learn from such experiences and strive to enhance their quality of life. This aspect is particularly significant from a psychiatric standpoint, as evidenced by Cognitive Behavioral Therapy being a key treatment stage for patients (Vilhauer et al., 2013).

Conclusion

A woman presented with complaints of anxiety, sadness, and depression caused by pain stemming from an organic disease, specifically a mediastinal tumor complicated by scoliosis. The patient's diagnosis was (F32.2) Severe Depressive Episode without Psychotic Symptoms, and she is receiving treatment with Stelosi 5 mg, Alprazolam 0.5 mg, Merlopam 2 mg, Valisambe 2 mg, Amitriptyline 25 mg, and Trihexyphenidyl 2 mg. It is expected that the patient's family will provide daily support for whatever she is experiencing and be educated about the targets to be achieved. These targets are not aimed at returning the body to a normal state but rather addressing the mental and emotional issues to enable acceptance and pursuit of future goals in life. The patient is scheduled for a follow-up next month so that the doctor can monitor her progress at home.

Ethics approval

The patient provided written informed consent to be published as a case report.

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We would like to express our gratitude to the patient.

Competing interests

The author declares that there are no conflicts of interest.

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Underlying data

Derived data supporting the findings of this study are available from the corresponding author on request.

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