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Sugiharta, A. D. N. ., Windiani, I. G. A. T., Adnyana, I. G. A. N. S., & Ardani, I. G. A. I. (2022). Erosive gastritis with bipolar affective disorder current episode severe depression with psychotic symptoms with history of sexual violence in adolescent. *International Journal of Health & Medical Sciences*, 5(4), 323-326. <https://doi.org/10.21744/ijhms.v5n4.1995>

Erosive Gastritis with Bipolar Affective Disorder Current Episode Severe Depression with Psychotic Symptoms with History of Sexual Violence in Adolescent

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Abstract---*Depression is a mental health disorder characterized by feelings of sadness, unhappiness, hopelessness, and even guilt. Erosive gastritis is an erosion of the gastric mucosa caused by damage to the mucosal barrier that is superficial but does not penetrate the muscularis mucosal layer. The patient is a 17 year old girl. Experiencing sad behavior changes, lack of interest, loss of joy, and suicide attempts. In addition, the patient was vomiting blood, and was examined by a pediatric gastroenterohepatologist. The supporting examination that was carried out, namely endoscopy, showed that the patient had erosive gastritis. The patient was consulted to the psychiatry department because there was a history of psychiatric treatment due to a history of depression. The treatment provided includes psychoeducation, administration of antipsychotic drugs quetiapine and valproic acid, as well as drugs for erosive gastritis including Sucralfate and Omeprazole. Episodes of major depression with psychotic symptoms can cause erosive gastritis in adolescents. Stress affects physiological effects, via the HPA-axis pathway.*

Keywords---*adolescent, depression, gastritis, psychotic, psychiatric.*

Introduction

Adolescence is a transition from childhood to adulthood. Depression that occurs at this time will show changes in attitudes and behavior with the influence of various things such as social media, posture that is not ideal, academic problems, so parents need to be vigilant. School children are a vulnerable group who have a high risk of experiencing psychosocial problems. Depression is more common in children who have serious health problems, such as length of stay in hospital, or family problems such as divorce, domestic violence, parental contention, or substance abuse. This paper can provide an overview or insight into the current episode of bipolar affective disorder with major depression with psychotic symptoms in children and adolescents with erosive gastritis (Johnson et al., 2009; Saner & Ellickson, 1996).

Case Report

A 17-year-old female patient, Hindu, Denpasar, her occupation is Sales Promotion Girl, unmarried. The patient is lying in the inpatient room, when interviewed the patient looks down more, less willing to look into the examiner's eyes and answers questions asked by the examiner slowly and quietly. During the interview the patient is more silent,

can state his name, current age, where he is, and the time of examination and who is waiting for this moment correctly. The patient said the stomach felt uncomfortable (Warren et al., 1997).

His complaint was vomiting blood since the last 1 month, red-black blood mixed with food, not vomit that was sprayed. There is black stool like coffee since the last 3 days, soft consistency, accompanied by pain in the upper left abdomen. He often felt sad, hopeless, lost interest, had tried to commit suicide. He heard voices that said bad things about him like He saw his spirit coming out of his body with the tone of 2 forms, namely his happy self and one sad form. The patient had difficulty sleeping and often woke up at night, due to heartburn, so he took 10 pills of paracetamol at once. The patient from childhood to elementary school is said to be a cheerful child.

The patient recounted that when he was in elementary and junior high school, he was sexually abused by his biological grandfather, biological brother and cousin. Information obtained from his mother The patient is the second only daughter of four siblings. Currently the patient lives with his biological mother, brother, sister-in-law and nephews and younger siblings. While his father had died. Patients are also said to rarely talk about the problem. Currently the patient is more likely to be quiet and answer modestly (Altar, 1999).

The patient experienced weight loss from 65 kg to 56 kg in the last 1 month. The person concerned dropped out of school due to financial constraints. His father was laid off because of the COVID-19 pandemic situation. The patient was consulted for psychiatry due to behavioral changes. The patient has a quiet nature, often harbors problems when he is angry, and at times he explodes with anger at the problems at hand. He began to change about 1 month after the patient's father died, began to isolate himself and rarely interacted with friends around him. Feeling ashamed of the patient's current situation and condition because he can't be like his friends. Often feel offended and sad. Then there was the attempted suicide, seeing things that weren't real, like seeing his spirit come out of his body. Examination using the Child Depression Scale (CDI) obtained a score of 21 which means there is depression and the Young Mania Rating Scale (YMRS) obtained a score of 28 which indicates mania (Beck et al., 1997; Kessler, 2003).

In general, the impression is sad, vital signs of low blood pressure are 90/60 mmHg, while other vital signs are within normal limits. Then physical examination found tenderness in the epigastrium, no disturbances in the lungs and heart were found. No signs of cyanosis. From the supporting examination, the blood laboratory is generally normal complete blood count, except for the slightly increased liver function. At the endoscopy, it was concluded that Superficial Gastritis Anthrum by a specialist in internal medicine consultant gastroenterohepatology (Feldman et al., 1996).

In this case, based on PPDGJ III and DSM V, on Axis I Bipolar Affective Disorder The current episode is Severe Depression with Psychotic Symptoms (F31.5). In Axis II, he is quiet, often harbors anger, MPE: repression, acting out. Axis III Observation of Upper Gastrointestinal Bleeding ec Erosive gastritis dd Peptic ulcer + mild moderate dehydration (hydrated) ec low intake. Axis IV is a problem with the primary support group and a problem with the disease. Axis V GAF score at the time of examination is 40-31. The patient was given Quetiapine tablets 100 mg every 12 hours intraorally and Valproic Acid tablets 250 mg every 12 hours intraorally. For the treatment of erosive gastritis, the drugs given are Sucralfate 40-80 mg/kg BW/day~2240mg-4480mg/day~1000mg every 6 hours orally, Paracetamol 10-15 mg/Kg BW- 500 mg every 4-6 hours orally, Omeprazole 1 mg/Kg ~56 mg-84 mg/day~ 40 mg every 12 hours IV

Discussion

Regarding to PPDGJ III and DSM V, the diagnosis of Bipolar Affective Disorder Current episode of Severe Depression with Psychotic Symptoms (F31.5) is confirmed, the main symptoms are feelings of sadness, hopelessness, loss of interest and joy, and other disorders such as difficulty sleeping, bleak future outlook, reduced appetite. Stress is described as a component that can interfere with normal psychological or physiological functioning. Walter Canon in 1920 first conducted research on the relationship between stress and physical illness (Herliah et al., 2022). Harold Wolff in 1950 observed that the physiology of the gastrointestinal tract (GI) is correlated with specific emotional states. The definition of stress is not only caused by unpleasant conditions, but stress is a non-specific body response to unpleasant or pleasant conditions. Glucocorticoids are known to have a role in enhancing overall serotonin function, but recent evidence suggests that there are differences in glucocorticoid regulation in certain serotonin subtypes (Al-Jundi & Shebl, 2008). Glucocorticoids can enhance serotonin 5-hydroxytryptamine (5-HT₂)-mediated reactions, and contribute to enhancing their action at this receptor type, which has implications for the pathophysiology of major depressive disorder. Stress is also known to increase dopaminergic neurotransmission in the mesoprefrontal pathway.

Conclusion

From a psychological point of view, the patient's behavior changes and the presence of a suicide attempt draw attention to the need for psychiatric treatment. In addition, physical treatment needs to be treated to maintain stable hemodynamics.

Acknowledgments

Thank you to all parties who played a role and were involved and provided support in writing this Case Report. Thanks also to Prof Dr. I.G.N.G Ngoerah Central General Hospital, Pediatric Department of Child Development Subdivision, and Psychiatric Department of Child and Adolescent Subdivision for giving permission to report this case.

Declaration

Funding : None
 Conflict of interest : There is no other party's interest.
 Ethical approval : Not required

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