SERIOUS COMPLICATIONS OF A POOR FOLLOW-UP

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INTRODUCTION

Biological, psychological and social factors exist along a continuum of natural systems. In this case report we emphasize the importance of understanding human health and illness in their fullest contexts and the need of a close follow-up.

CASE PRESENTATION

IDENTIFICATION
- 17-year-old male
- RECURRENT OTITIS MEDIA
- BEHAVIORAL CHANGES, attention deficit disorder and learning difficulties previously seen in the psychiatry clinic, discharged two years ago
- Obesity (BMI 32 kg/m²)
- History of epilepsy and multiple seizures due to poor compliance
- No neurodevelopmental disorders

3 WEEKS BEFORE ADMISSION
ACUTE OTITIS MEDIA
Amoxicillin / clavulanic acid and subsequently flucloxacillin
He did not comply with treatment

ADMISSION
Hospitalized for treatment
Auricular exudate - Proteus mirabilis
Ceftriaxone + metronidazole

DAY 8
Headache, vomiting and fever
Slight papilledema, neurological examination OK
CT (IMAGES 1/2) and CT Angiography (IMAGES 3/4)
CHOLESTEATOMA + THROMBOPHLEBITIS + ABCESS
Piperacillin-tazobactam, amikacin, metronidazole, enoxaparin and levetiracetam.
Study of thrombophilies: no abnormalities

DAY 13
DECOMPENSATION OF THE PSYCHIATRIC PATHOLOGY:
aggressiveness, loss of insight and refusal to comply with treatment
Paliperidone and psychiatry intervention and follow-up

DAY 21
Discharge

FOLLOW-UP

Only after the patient was stable from the psychiatric point of view did he undergo tympanoplasty and mastoidectomy with no complications. Since then there have been no more infectious or neurological episodes and he is being regularly followed up in clinic.

COMMENTS

In this patient the absence of regular and structured psychiatric and social follow-up has led to serious complications of acute otitis media, a very common pathology in pediatrics. We believe this also contributed to a poorly controlled epilepsy and severe obesity. This case demonstrates that the patient should be evaluated and seen as a whole and reinforces the importance of a bio-psycho-social approach.