

CLINICAL CASE ROUNDS IN CHILD AND ADOLESCENT PSYCHIATRY**Commentary on: A Case of Neurological Symptoms and Severe Urinary Retention on a Pediatric Ward: Is this Conversion Disorder?****Hazen Gandy MD, FRCPC^{1,2}**

The case report of conversion disorder presented by doctors Parmer and Roberts clearly illustrates the powerful mind-body relationship where conversion disorder resides. Somatoform (including conversion) symptoms are commonly reported in pediatric tertiary care centers particularly in trauma and abuse clinics and in acute and chronic pain services (Kozłowska, 2012).

This case highlights the importance of a multidisciplinary approach to assessing unexplained symptoms. Often, there may be subtle clues in history that may predispose individuals to developing conversion symptoms. Commonly, pediatric medical and surgical services have difficulty raising the possible differential diagnosis of conversion disorder. A high index of suspicion and early referral to mental health can be very useful in helping patients and families accept the diagnosis. As we continue to serve increasingly medically complex patients, particularly in the area of chronic pain, psychiatry services should be integral part of the multidisciplinary pain team.

Although this case illustrates a dramatic, relatively straightforward case of conversion disorder, many cases will have much less clarity with respect to etiology and outcome.

Furthermore, research in adult populations suggest that a number of cases followed for up to five years will present with physical pathologies for which it is postulated the initial symptoms may have started at the time of diagnosis of conversion disorder. a measure of diagnostic caution therefore is often warranted (Stone et al., 2005). Nevertheless, conversion disorder for most patients is eminently treatable and rewarding for clinicians to treat with rapid symptom resolution and return to substantially improved functioning.

Acknowledgements / Conflicts of Interest

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References

- Kozłowska, K. (2012). Multimodal Rehabilitation: A Mind-Body, Family-based Intervention for Children and Adolescents Impaired by Medically Unexplained Symptoms. Part One: The Program. *The American Journal of Family Therapy*, 40, 399-419.
- Stone, J., Smyth, R., Carson, A., Lewis, S., Prescott, R., Warlow, C., & Sharpe, M. (2005). Systematic Review of Misdiagnosis of Conversion Symptoms and "Hysteria". *BMJ: British Medical Journal*, 331(7523), 989-991.

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