

Pica with an Unusual Form of Presentation: Case Report

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Abstract

This report is based on the interesting clinical case study of a teenage girl with long-standing history of ingesting non-nutritive materials. She used to eat edible clay which she is buying from amazon. She suffered from an eating disorder known as pica. The DSM-IV defines pica as a form of feeding and eating disorder of infancy or early childhood, characterized by “the persistent eating of non-nutritive substance for a period of at least one month: inappropriate to the developmental level, not part of a culturally sanctioned practice and sufficiently severe enough to warrant independent attention”. Currently there is no clearly established etiology for pica, it occurs most commonly in children, in patients with learning disabilities and in pregnancy. The aetiology of pica is poorly understood and is probably multifactorial.

Keywords: Pica; Non-Nutritive Materials; Edible Clay

Introduction

Pica is defined as the persistent ingestion of non-nutritive substances for more than 1 month at an age at which this behaviour is deemed inappropriate. It occurs most commonly in children, in patients with learning disabilities and in pregnancy. The aetiology of pica is poorly understood and is probably multifactorial.

Objectives of the Study

To highlight the frequency of pica, the presentation with constipation due to geophagia and to discuss its association with iron deficiency anaemia.

Case Study

14 years old girl, presented to a district hospital emergency department with a 3 day history of bowel not open, background of chronic constipation on movicol, however noncompliant with medication.

PHx of iron deficiency anemia treated with iron supplements.

Examination revealed a tired looking child, normal vital signs, moist mucous membranes, and a moderately distended abdomen with generalised tenderness.

An abdominal X-ray revealed an opaque rectal mass (Figure 1).

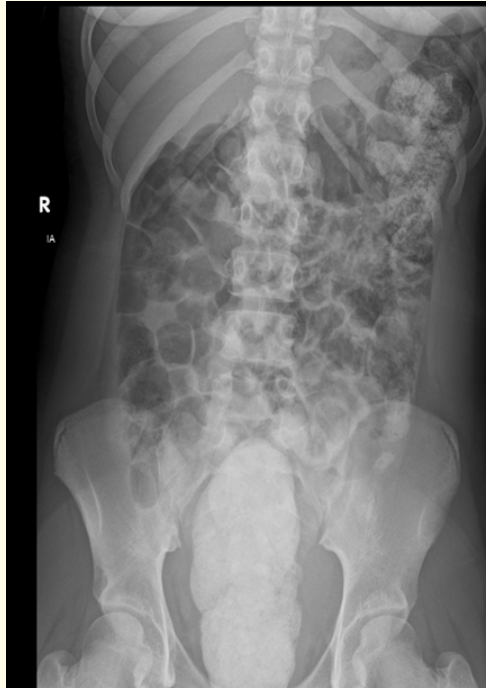


Figure 1

A full blood count revealed a haemoglobin of 109 g/L (normal range 121 - 151 g/L) serum Iron of 3.4 (normal range 9.0 - 30.4 umol/l), transferrin saturation 4% (normal range 12 - 45%) confirming iron deficiency anemia.

She received phosphate enema with very little stool passed, discussed with surgical team who advised to repeat the enema. After the second enema she passed moderate amount of clay-like grey stool. She was feeling that there is mass present in the rectum.

Repeated abdominal X-ray as shown in figure 2.

The second day she received a clean prep after which she passed a good amount of stool.

Repeated abdominal X-ray was clear (Figure 3).

She admitted that she has been eating edible clay over the last 7 months.



Figure 2



Figure 3

Discussion and Conclusion

Pica is a causative of constipation, however, geophagia (the compulsive and intentional consumption of earth for example clay) is difficult to diagnose unless the parents or the child volunteer the history. We need to consider it when the presentation is different from normally constipated children, with history of iron deficiency anaemia. It is important to inspect and feel the consistency of the stool (in our patient it was described as clay-like).

The appearance of the abdominal XRAY was unusual with radiopaque mass which was responded to the enema with total relief.

We should always consider PICA as causative factor in acute on chronic constipation [1-5].

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