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Self-amputation: Case report.

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Introduction: Self-amputation, the most severe form of self-mutilation, is unusual. In most cases, self-mutilation is related to psychiatric disorders, mainly psychotic spectrum disorders and substance abuse.
Objectives: This case report aims to describe a case of unusual self-amputation in a man with a psychiatric history.
Methods: Case report and literature review.
Results: A 35 years old man patient, divorced, unemployed, with 15 years of treatment history for anxiety and low mood. The patient reported history of childhood trauma. He was inpatient (2019) after a suicide attempt. The psychiatrist who was treating him did not give a diagnosis (referral diagnosis). The patient mentioned several times that he desired feet amputation, without planification, in context of high anxiety. He was distressed by the shape and noise of his ankles. The patient was not diagnosed with genuine hallucinations or delusions. Four months after his divorce he amputated his feet with an electric saw. He denied any intention to commit suicide by committing this act. He admitted that he wanted to get rid of discomfort. Despite this drastic action, his mood did not improve.
Conclusions: Self-amputation is not a common condition. Although some cases of self-amputation have been reported, this case illustrates not only the difficulty of making a differential diagnosis (psychosis, dissociation, trauma, dysmorphophobia, body identity integrity disorder…) but also the challenge of a multidisciplinary approach in the treatment of patients with self-amputations.

Keywords: Self-amputation; differential diagnosis; case report

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Gayet wernicke encephalopathy: Don't miss this neuropsychiatric emergency!

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Introduction: Gayet Wernicke Encephalopathy (GWE) is a diagnostic and therapeutic neuropsychiatric emergency due to thiamin deficiency (vitamin B1).
Objectives: The purpose of our work is to recall some clinical situations suspecting GWE, along with radiological and evolutionary profile.
Methods: We conducted a retrospective study concerning patients who were hospitalized in the neurology department of Habib Bourguiba Hospital between 2013 and 2020 for management of GWE.
Results: The median age of 7 patients was 39.57 years with sex ratio (H/F):1.33. The most common risk factor found is incoercible vomiting (5 patients), followed by chronic alcoholism (3 patients). Confusional state was the most frequent symptom found in 4 patients. The characteristic clinical triad of confusion, oculomotor disorders and ataxia was only found in 2 patients. Neuroimaging showed a typical aspect in 3 patients. The serum levels of thiamine were low in five patients and normal in two patients. After receiving parental than oral thiamin supplementation, three patients were independent after one month with a mRS score <3.
Conclusions: GWE is an acute neuropsychiatric emergency. Chronic alcoholism is recognized as its most common cause. The clinical triad is not constantly present. MRI shows typically bilateral symmetrical hyperintensities in periaqueductal area, periventricular region, thalami and mammillary bodies. Thiamin level can be normal since it does not accurately represent body thiamine status or in case of mutations in a thiamine-transporter gene. Thiamine therapy is warranted if any component of the GWE triad is present in an appropriate clinical setting to prevent irreversible neurological sequelae.

Keywords: Gayet Wernicke encephalopathy; thiamin; clinical symptoms; Radiologic features

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Monoaminoxidase inhibitors as a cause of serotonin syndrome – a systematic case review based on meta-analytic principles

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Introduction: Serotonin syndrome (SS) is a toxic state characterized by increased serotonin activity. It has been suggested that severe serotonin syndrome usually involves monoaminoxidase inhibitors (MAOIs).
Objectives: To quantify in how far severe SS is associated with MAOIs.
Methods: Systematic review and quantitative analysis of all SS cases published between 1 January 2004 and 31 December 2014. Severe SS was defined as cases, either requiring intensive care or resulting in death. Cases were included if they met the diagnostic criteria for SS according to at least one of the three diagnostic criteria systems (Hunter, Radomski and Sternbach).
Results: Of the 299 included cases, 118 (39%) met the definition for severe SS. Eight cases had insufficient information to enable severity classification. Of the severe cases, 48 (40%) involved a MAOI. Of these, 67% related to psychiatric MAOIs, such as phenelzine and moclobemide and 33% to a somatic MAOI, such as methylene blue and linezolid. Of the remaining 173 non-severe SS cases, 24 cases (13%) involved a MAOI. In these, 12% related to a psychiatric MAOI and 83% to a somatic MAOI. One case (4%) had a combination of both. The odds ratio for MAOI involvement in severe versus non-severe serotonin syndrome was 4.3 (CI 2.4 – 7.5; $p < 0.001$).
Conclusions: In the majority of published case reports, drugs other than MAOIs are involved in serotonin syndrome, even in severe