

ABSTRAKT

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REFRAKTARITETI NE NJE RAST KLINIK ME CRREGULLIM PERSONALITETI BORDERLINE ME DEKOMPESIME TE SHKURTRA PSIKOTIKE KOMORBIDITET OCD

Studimet tregojne qe keto crregullime jane bashkeshoqeruese ne 18-25 % te rasteve ,nga te cilat trajtohen ne menyre efikase 50-60 % e tyre. Ne sjellim nje rast te veshtire nga pervoja klinike ku pacienti F.K 23 vjec nga Durresi .Referohet per nje histori 3 vjecare te semundjes. Simptomat fillestare ishin disorientim dhe amnezi duke u dyshuar fillimisht per shkaktar organike te gjendjes .Pacienti ekzaminohet me MRI koke qe rezulton me hipersinjal lakunar sekuncial ne flair i pozicionuar ne ventrikulin e IV,por sipas neurologut nuk ndikon ne gjendjen e pacientit.Trajtohet per nje periudhe 2vjecare me skema te ndryshme mjekimi si:Esram, Fevarine, Prozak, Depakine, Rivotril duke shfaqur rezistence terapeutike dhe duke mos ber fare remision, kjo beri qe te dyshohet serish per shkaktare organike dhe pacienti beri MRI- ne e dyte qe rezulton me aspekt lezioni gliotik post inflamator por duke u perjashtuar serish nga neurologu si shkaktar i gjendjes. Realizon shtrimin e pare ne klinike ne vitin 2015 ku diagnostikohet me OCD. Ne kete shtrim vjen si tentative suicidal qe sipas referimit te familjareve duket te kete qene demonstrative pasi pacienti eshte terhequr vete nga veprimi, ajo qe na ben te dyshojme eshte bizariteti i veprimit pasi pacienti eshte zhveshur plotesisht dhe ka hipur ne parvazin e ballkonit. Psikoza dominohet brenda pak ditesh ne klinike duke ngelur prezent simptoma si: te menduarit obsesiv, sjellje kompulsive, depersonalizim, derealizem, tendence konfidencialiteti me personelin dhe pacientet e tjere, ekopraksi duke mohuar ne menyre kategorike halucinacionet dhe deluzionet te cilat i hodhen poshte dyshimet per fillimin e nje skizofrenie dhe perforcuan me shume ekzistencen e personalitetit borderline.Nga testet e realizuara ai Beck rezulton 21 pike dhe Yale Brown 16 pike. Aktualisht trajtohet me Olanzapine 20 mg,Venlafaxine 75 mg,Lorazepam 5 mg por gjendja vazhdon te mos jete e mire.

Tirane , Tetor 2017

Abstract

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REFRAKTARITY IN A CLINICAL CASE WITH BORDERLINE PERSONALITY DISORDER WITH OCD CO-MORBIDITY

Studies show that these disorders coexist in 18-25% of cases where 50-60% of them are treated efficiently. We are going to discuss from our clinical experience a difficult case of a 23-year-old patient from Durres with a three-year history of the disease. The initial symptoms were disorientation and amnesia and as a result we suspected for an organic condition. The patient took a brain MRI, which resulted with a sequential lacunar hypersignal in flair positioned on the 4th ventricle , but according to the neurologist this did not affect the condition of the patient. He was treated for over 2 years with various treatment schemes such as Efram, Fevarine, Prozac, Depakine, Rivotril . During this time he displayed therapeutic resistance and he did not remission. This made us suspect again for organic causes and the patient was subjected to a second MRI, which resulted in gliotic post-inflammatory lesion. This was again excluded from the neurologist as a cause of the condition. The first hospitalization was back in 2015 and at the time he came as a suicidal attempt and was diagnosed with OCD. According to his family, the suicidal attempt was a kind of a demonstrative action because the patient withdrew from completing it. What made us suspicious was the unusual attempt because the patient was completely naked and he had climbed the ledge of the balcony. The psychosis was dominated within a few days in the clinic but we had remaining symptoms such as: obsessive thinking, compulsive behavior, depersonalization, derealysis, tenseness of confidentiality with other medical staff, ecopraxis, strongly denying the hallucinations and delusions, which excluded a diagnose of schizophrenia and reinforced the theory of a borderline personality diagnose. Among the tests that the patient took, he score 21 points in the Beck test and 16 points in the Yale Brown test. He is now being treated with Olanzapine 20 mg, Venlafaxine 75 mg, Lorazepam 5 mg but his condition continues to be not good.

Tirana, October 2017