
SEVERE LIVER DYSFUNCTION IN A MALE WITH LIFE-THREATENING ANOREXIA NERVOSA: A CASE REPORT

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INTRODUCTION

Anorexia nervosa (AN), rare in young men, is potentially associated with severe medical complications. Mild liver involvement is common. However, rare cases of severe liver dysfunction associated with AN have been described.

OBJECTIVES

To present a rare, severe case of an adult male with AN.

AIMS

Describe uncommon, potentially lethal, medical complications associated with liver dysfunction.

METHODS

Describe medical/psychiatric presentation, course of disease and interventions during hospitalization and follow-up.

RESULTS

Male 35 y.o. with AN for 20 years (purging type with use of diuretics/ laxatives and intensive exercise) was transferred involuntarily to the Psychiatric Department from Gastroenterology because of continuing weight loss, excessive exercise, non-compliance of food/fluid intake recommendations and use of diuretics. The patient on admission had BMI 13.5kg/m² (recent weight loss of 20kg), ascites, ankle edema, severe transaminases elevation (x20), and electrolytes dysregulation. In addition, the patient presented depressive symptoms, hoarding, and obsessive compulsive/avoidant personality traits. Feeding was started with parenteral administration, and then through nasogastric tube. Also, the patient was restricted to his room and energy expenditure was controlled. In addition, behavioral/family/cognitive psychotherapeutic interventions were employed. Patient was treated with S-Citalopram, Olanzapine , and Lorazepam. Weight gradually increased. After 4.5months of hospitalization, liver function was normal, BMI was 21kg/m², mood was elevated, and hoarding was diminished. In a 6 months outpatient follow-up the patient's BMI was 23kg/m² and he was both socially and personally functional.

CONCLUSIONS

Long hospitalization using an integrated approach that combines medical and psychotherapeutic interventions, may reverse severe liver dysfunction in life-threatening NA.