BLACK-PATCH PSYCHOSIS WITH SYMPATHETIC OPHTHALMITIS AND DEAFNESS

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ABSTRACT

A case of sympathetic ophthalmia with sensory-neural deafness, who developed a 'black patch psychosis' following loss of vision and hearing, is described. Sympathetic ophthalmia as a cause of this variety of delirium has not been described earlier.

Black patch psychosis occurs postoperatively in patients undergoing ocular surgery, who have their both eyes patched (Rieser, 1975). The common features of this type of postoperative delirium include restlessness, hyperactivity, anxiety, irritability, disorientation in time and place. Less frequently mania, delusions, auditory and visual hallucinations may occur (Weisman et al., 1958). It has been observed that patients who have associated impaired hearing are more vulnerable to develop psychosis (Axenfeld, 1958; Ziskind & Jones, 1960).

We present a case of sympathetic ophthalmia with consequent loss of vision and perceptual deafness, who developed a 'Black patch psychosis'.

CASE REPORT

A 55 year old female, with a rural background presented with history of cataract extraction in her left eye in November, 1982. Postoperatively, she developed iris prolapse with resulting symptoms of persistent pain, redness and watering. This was not attended to as patient had sufficient vision to move about. Four months later, she developed an acute attack of pain, redness and watering along with progressive diminution of vision in both the eyes. The local ophthalmologist misdiagnosed her as having a lens induced uveitis with secondary glaucoma in the right eye and performed cataract extraction combined with filtering surgery in that eye. The inflammation persisted in both the eyes despite treatment with local and systemic steroids and she eventually lost all vision in both the eyes.

Meanwhile the family members noted an alteration in her behaviour. She started seeing visions and became extremely suspicious and fearful with intermittent crying spells. These behavioural changes subsided partially by the time patient had become completely blind. One week after the onset of ocular symptoms it was also noticed that patient had difficulty in hearing which progressively became worse.

On ocular examination, there was no perception of light in either eye. An active chronic granulomatous pan-uveitis with iris prolapse was present in both the eyes. During her hospital stay, she developed exogenous endophthalmitis following rupture and subsequent infection of the thin cystoid cicatrix in left eye. Audiogram showed partial sensory neural deafness on the right and total deafness on the left side.

Psychiatric examination revealed the presence of paranoid ideas, sustained
sadness, suspiciousness and fearfulness along with visual hallucinations. The symptom of displacement also showed up during the interview with the psychiatrist, with patient complaining of headache and repeatedly asking the doctors to pay more attention to that particular complaint.

Patient was subsequently treated with Tab. Chlorpromazine (50 mg) TDS and Tab. Pacitane 2 mg B. D. with little improvement.

DISCUSSION

Black patch psychosis is basically a faulty adaptation to psychic stress of visual deprivation and loss of perceptual and conceptual cues (Weisman et al., 1958). However, Weinstein and Khan (1955) have explained these paranoid reactions as expression of an attempt to deny blindness and helplessness.

The occurrence of blindness of any kind can lead to considerable restriction in mobility besides the loss of visuo-sensory input and the subsequent mental disturbances are a reaction to this general sensory deprivation (Howells, 1968). Multiple sensory interference like associated impaired hearing can make a person more susceptible to postoperative psychosis (Axenfeld, 1925). Ziskind et al. (1960) noted that added presence of impaired hearing markedly increased the incidence of mental symptoms postoperatively amongst cases of retinal detachment and cataract in whom bilateral patching of eyes was done.

Loss of hearing is rather uncommon in sympathetic ophthalmitis (Duke and Perkins, 1966) and is of sensory neural type. Deafness can in itself give rise to a paranoid reaction. In fact, a deaf patient is more likely to develop psychosis than a blind person, probably because of greater emotional disturbance caused by the establishment of barrier between man and man; while blindness mainly affects the relationship between man and the inanimate world (Meyer Gross, 1960). In the present case, the loss of both visual and auditory sensory inputs which occurred almost simultaneously, had an additive influence and led to the development of black patch psychosis with loss of vision in both the eyes serving as a kind of permanent black patch.

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