INTRODUCTION
Patients R.M., female, born 1966 in Sarajevo. At the beginning of the aggression on Bosnia and Herzegovina in 1992 was in surrounded Sarajevo with her brothers. Mother and sister were in Grbavica controlled by aggressor soldiers. She leaves to Grbavica to help a sick mother and sister.

At the Grbavica, the occupied parts of Sarajevo, she remains for eight months, where she survives the daily fear, fear for own life and the lives of her loved ones. To the culmination of fear created by the two, according to her most frightening situations.

First, when soldiers performed a search and examination of the flat and the other when they had the intent to sexually abuse her. From such a difficult situation they were saved by neighbors.

The patient has not slept for days and poorly fed. The visible physical symptoms and physiological symptoms in response to exposure to trauma, large-scale and inhuman living conditions, there is amenorrhea.

CASE PRESENTATION
After returning to surrounded Sarajevo patient visited a gynecologist, and begins to take therapy, contraceptive pills, which primarily regulate menstrual bleeding. This period lasts for six months, during which the patient feels tired all the time, fast fatigue, loss of concentration. She contacted the other doctors which said that her condition justify the current situation in surrounded Sarajevo.

The patient has not slept for days and poorly fed. The visible physical symptoms and physiological symptoms in response to exposure to trauma, large-scale and inhuman living conditions, there is amenorrhea.

2. CASE PRESENTATION
After returning to surrounded Sarajevo patient visited a gynecologist, and begins to take therapy, contraceptive pills, which primarily regulate menstrual bleeding. This period lasts for six months, during which the patient feels tired all the time, fast fatigue, loss of concentration. She contacted the other doctors which said that her condition justify the current situation in surrounded Sarajevo.

Only in 2001 at the suggestion gynecologists a CT of the brain is performed that show macro adenoma of the pituitary gland (Dg. Macroadenoma gl.). In 2002 a surgery is done to remove tumor of the pituitary gland, after which the patient felt well, but only for two months (Dg. post op.).

Laboratorijski nalazi: Le 4,0; Er 4,49; Hb 140; HCT 42; MCV 93; MCH 31,1; Fe 12,5; TIBC 57,0; UIBC 44,0; Index zasićenja Fe 0,22; ŠUK 5,9; AST 19; ALT14; CK 102; LDH 328; GGT 17; Na 139; Ca 2,25; Kreatinin 56;Holesterol 5,0; Trigliceridi 1,95;Ukupni proteini 72; Fibrinogen 10,2;

HORMONALNI STATUS: hGH 7,2 mIU/mol ; T4 130; T3 2,8; TSH 42. PROLAKTIN 38 – 47 – 37; FSH 3,4; LH 3,2; Beta estradiol 429; Progesteron 29,7; Testosteron 0,5; ACTH 89,4 — 90,9 — 82,8 — 81,4 pg/ml; Kortizol 445—-93—-34; korizol u urinu 114:147:90.

Boravak na klinici je trajao 7 dana / 26.11.2002.-02.12.2002. godine / i tada se utvrdilo da postoji povišeje prolaktina i ACTH basalno bez recidiva osnovnog oboljenja. Po uključenju Bromergona / 5mg/ vrijednosti prolaktina u znatnom padu.

Again started problems in the form of headache (Dg. Cephalea symptomatica), dizziness, loss of concentration and joint pain.

Made is medical diagnosis of ailments that the patient complained and showed even allergicum Sy, Sy Ra ...

Sclerodermia ad obs.

Made is medical diagnosis of ailments that the patient complained and showed even allergicum Sy, Sy Ra ...

Sclerodermia ad obs.

The patient had never found the strength to talk about her traumas, experiences and emotions, her mental health after the trauma and now. She never consulted psychiatrist, and patients would not, but neither had the opportunity to be motivated for psychotherapy.

And on the psychological level since 1992 carried out the whole series of changes.

The key feature of trauma situation in which the patient is found her feeling that her life is endangered, with very strong sense of helplessness and overwhelmed with terrible fear. Previous experience of patient is minimized compared to a situation in which she is unable to successfully
cope with the same. This meant multiple and universal, profound effects on mental and physical health the same.

Occurred peritrauma dissociations— the defense mechanism of personality in cognition which is separated from the emotional perception to avoid a complete mental breakdown and regression to psychotic levels. The patient was more focused on survival than on the psychological care and mental health.

There is a memory of traumatic events themselves (which can never forget be forgot in life), symptoms lasting excitation, avoidance and enforcement. Thoughts of the patient since that day, went in the direction of a very negative ones “The world is no longer a relatively safe place to live. Whom to believe after the horrors that occurred, on whom to rely? How to be sure that it will not happen again? ”

The issue of trust that characterizes the patient’s subjective world does not allow her psychological treatment and speaking about her own psychological problems.

Over time, mental traumatic problems takes character of chronic pain, and the same changes in neuroendocrine and immune system, which represent a link between stress and physical health (immune system reactions in hypothalamus-pituitary-adrenal axis). The hypothalamus is responsible for the patient’s emotional state, which was significantly changed by trauma, weakened, undermined, and is responsible for the secretion of pituitary hormones. Thus, the amenorrhea occurred as a result of trauma.

3. DISCUSSION

To stress and trauma is attributed the decisive role in the development of many physical illnesses, such as psychosomatic diseases, immunity disorders, acute respiratory infections, genital herpes, mononucleosis, hyperthyroidism, anemia, psoriasis, acne, obesity, painful menstruation, amenorrhea, Heart problems, all up to cancer (1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

In the previous case, the connection is visible between the trauma and physical health.

4. CONCLUSION

To identify the disorder at the level of family medicine, refer for further treatment, and prevent their chronic course and development of numerous somatic disorders.

REFERENCES

1. Bravo-Mehmedbasic A, Salcic D, Kucukalic A, Fadilpasic S, Cakovic L, Mehmiedka-Suljic E, Masic I. Impact of Psycho-education on Professional Stress Reduction Within Prison Guards. Materia Socio Medica, 2009; 2(1): 24-6.

2. Tiric Campara M, Tupkovic E. Patients with Posttraumatic Stress Disorder: Global Assessment of Functioning Scale. Materia Socio Medica, 2009; 2(3): 131-4.

Corresponding author: Amir Pasagic, MD, MSci, Health Center “Vogosca, Sarajevo 71000, Bosnia and Herzegovina.”