

**CASE REPORT****Psychosomatic chest pain in a 10-year-old girl***Sanyogita Nadkarni,**Leicester Frith Hospital, Groby Road, Leicester LE3 9QF, United Kingdom*

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**Background:**

Psychosomatic symptoms are very common in children. Most of the times they are ignored or managed superficially. However, if diagnosed correctly and given the right treatment children can free of any underlying anxiety disorder or a psychiatric disorder.

**Keywords:**

Psychosomatic symptoms, Chest pain, Children, Somatisation disorder

**Case report:**

A 10-year-old girl from a stable family background was referred for a psychiatric opinion. She presented with chest pain of unknown origin. She had two episodes, first episode lasting three days just before her annual exams and second episode lasting for 15 days. Whereas the first episode did not have significant physical precipitating factor, the second episode was precipitated by cycling. In addition, she had newly started her school and had reported mild problems with teachers and classmates. The symptoms were

on and off with no other related symptoms such as dyspnoea, palpitations, headache or tremors. All the investigations including ECG were reported to be normal. She was absent from school for one month.

In her past history, she had no developmental delay and was otherwise well adjusted in her academic performance. In her family history, both the parents were reported to have anxious personality. Her mother had psoriasis and she was reported to be submissive and avoiding any conflictual situations. Her father had irritable nature and reported to have similar symptoms as that of the daughter in his school days.

Both the parents shared an affectionate bond with the child. The mother reported spending good amount of time with her daughter. The parenting style was however, authoritarian tending towards more punishment and strict discipline.

In her psychometric testing, she appeared to have above average IQ. A psychiatric diagnosis of anxiety disorder and somatisation disorder based on DSM 5 criteria

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was made using the child behavior checklist (CBCL).

The girl was then treated with cognitive behavior therapy, using additional inputs from play therapy. Parents were taught the correct communication techniques and the mother was referred for anxiety management as part of family therapy.<sup>(1)</sup> The girl responded to treatment and she resumed school very soon.

**Conclusions:**

This shows that anxiety disorders can be exhibited in the form of psychosomatic symptoms <sup>(2)</sup> and hence psychosomatic symptoms in children need further exploration for a comprehensive treatment <sup>(3)</sup>. It is felt that most of the children will benefit from

psychological counselling as this will aid in building better coping strategies.

**References:**

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