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## Case Report

# A mysterious demise: Exploring sudden unexplained death in a young adult with functional dyspepsia – A case report

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## Abstract

Death, an inevitable facet of life, arises from the complete cessation of the brain, heart, and lung functions. However, some deaths defy conventional understanding by occurring suddenly and unexpectedly. Out of the sudden death cases reported till date cardiovascular causes are the commonest. The sudden death in young population is a growing concern. There have been multiple factors associated with the sudden death as established in various literature but sudden death resulting due to gastrointestinal cause are not discussed much. Functional dyspepsia (FD) is a functional gastrointestinal disorder and is very common in clinical practice, with a global prevalence of 5% to 11% and seriously affecting the patients' quality of life. There no clear pathophysiological mechanism in favour of functional dyspepsia. Dyspepsia is strongly associated and often coincident in onset with generalised anxiety disorder and major depressive episodes in the community. In this case report we present a case of functional dyspepsia contributing to the mental illness and resulting in death which was received for autopsy as a case of brought dead to a tertiary care institute of eastern India.

**Keywords:** Sudden death, Functional dyspepsia, Hypochondriasis, Generalized anxiety disorder.

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## 1. Introduction

Death is an inevitable process that eventually occurs in all organisms. Permanent cessation of the function of three vital organs due to trauma or any pathology is responsible for the death of a human being. World Health Organization (WHO) defines sudden death as “death within 24 hours from the onset of the symptoms”. It can also refer to abrupt, unexpected, clinically unexplained, or otherwise mysterious deaths, even when there isn't a natural cause for them.<sup>1</sup> Many pieces of literature and authors stated cardiovascular causes are the commonest 45 to 50% and the genitourinary system is the least 3 to 5% and gastrointestinal system contributed 6 to 8%, majority related some organic pathology to cases of sudden death.<sup>2</sup> Due to the nature of sudden death, it is not possible to reach an accurate diagnosis without a meticulous post mortem examination. Even after thorough toxicological, microscopic, and macroscopic examinations, 5–10% of cases

will go unsolved and be labelled as sudden unexpected deaths (SUD).<sup>3</sup> A prevalent chronic illness, functional dyspepsia is characterised by nonspecific upper abdomen symptoms that cannot be attributed to organic or biochemical abnormalities. Dyspeptic symptoms significantly lower quality of life and are highly compromising and uncomfortable.<sup>4</sup> Studies have found increased anxiety and depressive symptoms on rating scales,<sup>5</sup> and poorer psychological wellbeing<sup>6</sup> in organic and functional dyspepsia. However, functional dyspepsia contributing to sudden death has not been mentioned in any literature. Here we present a case where a young adult suffering from functional dyspepsia presenting in different hospitals and not satisfactorily cured deteriorates in his health condition, suddenly finds difficulty in respiration and brought to our hospital where he was received dead.

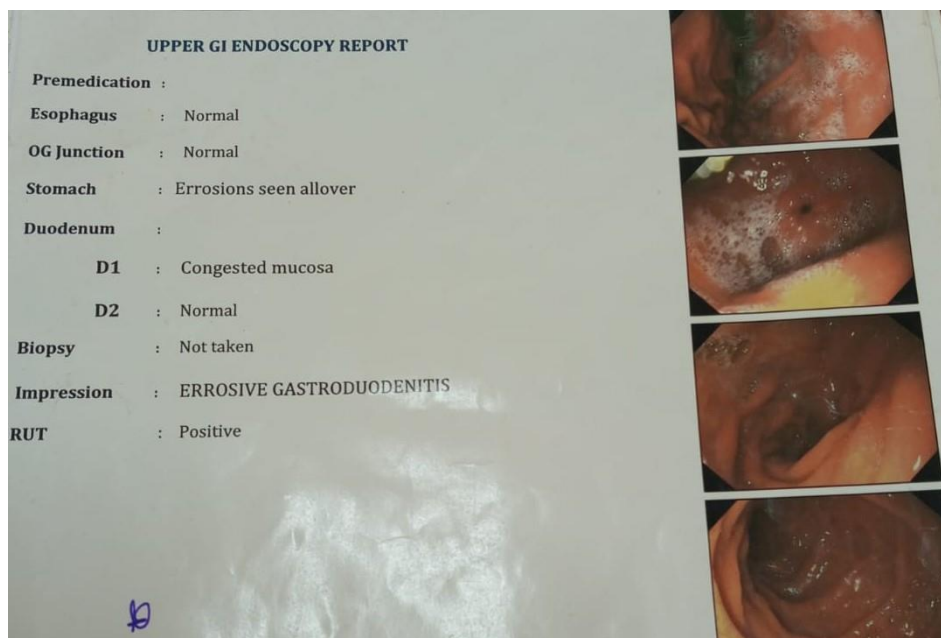
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## 2. Case History

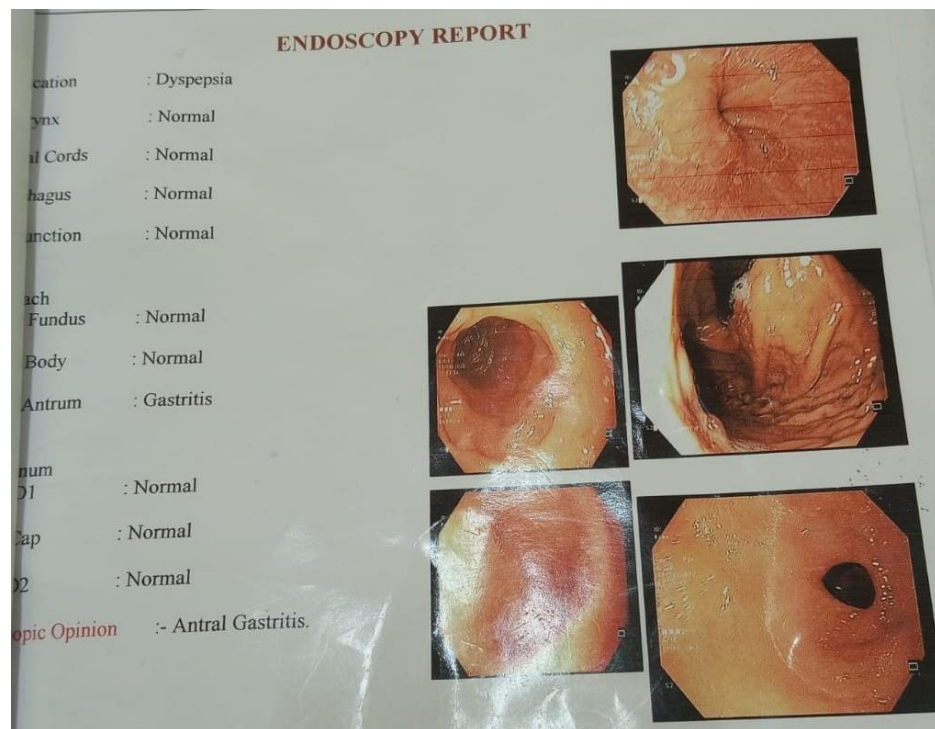
A 34 – year male complaint of pain abdomen for which he was taken to the local hospital where he was consulted as an outpatient, prescribed the routine medicine for acid peptic disease(APD), and came back home. Two days after the consultation, due to an increase in the severity of his existing symptoms, he was immediately taken to a tertiary care centre where he was admitted and treated as like APD under the medicine department, remain hospitalized for four days and discharged. However, the pain abdomen re-occurred at midnight of the third day of discharge when the abdominal pain was unbearable and associated with difficulty in breathing for which he was immediately shifted to the local primary health care centre from where, he was referred to AIIMS Bhubaneswar. Unfortunately, he was received dead at AIIMS Bhubaneswar the next day mid-morning.

According to past treatment records provided by the relatives the deceased was diagnosed with Acid peptic disease six months prior to this terminal event. The Endoscopy findings were suggestive of Antral gastritis. The deceased had received multiple treatments mostly related to APD from various tertiary care hospitals in Odisha and the neighbouring state over the last 2 years without any remission (**Figure 1** and **Figure 2**). Progressively he developed a low mood, irritability, social withdrawal, and loss of appetite for his illness even after consulting many specialists as well as superspecialists.

The deceased was undergone a medicolegal autopsy in our mortuary where the inquest report was silent regarding the cause of death. It was mentioned in the cause of death column that it will be revealed only after post-mortem examination. The external findings of the body suggested thin built, dark-complexioned with a dehydrated look and shrunken eyes. There was wasting of facial muscles. The abdomen was scaphoid in shape. All natural orifices were intact and free of any discharge. Rigor mortis was present throughout the body. Postmortem lividity was present at the back and was fixed. Putrefaction was not seen externally. “I” incision (**Figure 3**) was given from chin to pubic symphysis for internal examination of the thoracoabdominal cavity. The peculiarity was that while putting the incision, it was observed that the skin almost lost its elasticity and was dry, parchment like consistency. All organs were intact but decreased in size without any organic pathology. Heart – 216gm, Lungs – 233 (left), 250 (right), liver – 974 gm with distended gall bladder (**Figure 3**). The stomach was almost empty with a healthy inner mucosal lining. Both kidneys are unremarkable, weight were 123gm (Right), 126(Left). The Brain weight was 1143gms. Opinions regarding the cause of death remain obscure and viscera were preserved for chemical analysis. The routine viscera analysis report rules out poisoning. Basing the clinical records collected from the relative, findings of the autopsy, and chemical analysis report, the opinion was given as sudden death due to functional dyspepsia.



**Figure 1:** Endoscopy report from a hospital in Berhampur (Odisha)



**Figure 2:** Endoscopy report from a hospital of Vishakhapatnam (AP)



**Figure 3:** “T” incision to open the cavity – distended gall bladder

### 3. Discussion

Dyspepsia is a common gastrointestinal condition that is characterized by chronic recurrent epigastric symptoms such as pain, burning, and postprandial symptoms. It has been

reported that comorbid psychiatric disorders are common in patients with dyspepsia. Generalized anxiety disorder (GAD) and Major depressive episodes (MDE), in particular, have been most extensively related to dyspepsia.<sup>7</sup> For the purposes of our investigation, sudden death was defined as abrupt, unanticipated, and nontraumatic deaths that occur within 24 hours after the onset of symptoms. The cardiology community has focused a lot of emphasis on sudden death in young people (less than 35 years old) when there is no clear reason identified by regular autopsy.<sup>8,9</sup> According to the molecular autopsy, inherited cardiac conditions such as congenital long-QT syndrome, Brugada syndrome, and catecholaminergic polymorphic ventricular tachycardia account for a non-negligible portion of these deaths.<sup>9</sup> Delusion of excessive fear of or preoccupation with a serious illness is called hypochondriasis. Anxiety about a single, permanent ailment, such as heart disease or lung cancer, is called illness phobia or nosophobia; when it concerns multiple illnesses or changes over time, it is best described as hypochondriasis.<sup>10</sup> Persistent physical issues for which a thorough examination reveals insufficient explanatory structural or other specific disease are known as medically unexplained symptoms (MUS). Both MUS and hypochondriasis are prevalent in the general population, but they are only classified as psychiatric illnesses when they cause substantial suffering or functional impairment. In cases of illness anxiety disorder (IAD) and somatic symptom disorder (SSD), physical symptoms are not very important. The main characteristics of the disorder are anxiety or being convinced about suffering from a serious disease, due to misinterpretations of bodily symptoms.<sup>11</sup> While MUS primarily affects women, hypochondriasis is thought to be equally common in men and women.<sup>12</sup> Negative emotions

and psychological anguish are significant contributors to arrhythmia development.<sup>13</sup> In this case mentioned above the individual constantly suffered the symptoms of dyspepsia without any permanent resolutions to those. This affected his mental health which was not correctly identified. The low mood, depressive episodes and anxiety of death in association of chronic abdominal symptoms made him suffer the grave consequences.<sup>14</sup> In this case we also want to highlight the role of history taking and treatment records in concluding the cause of death in cases of unexplained sudden death. The symptoms of low mood, social withdrawal and loss of appetite in this case for 6 months clearly points towards the depressive mental state of the individual which was informed by the wife while history taking as a routine procedure in medico legal autopsy. On further enquiring the treatments records of the individual were presented which showed no gross organic disease condition except for the acute peptic disease supporting the diagnosis of dyspepsia. The mental agony of the individual was not understood and was ignored both by the treating physicians and family members. The depressive episodes and anxiety of death in association of chronic abdominal symptoms made him suffer the grave consequences.

#### 4. Conclusion

Consistent data indicates that phobias associated with physical illnesses are widespread, incapacitating, and challenging to cure, and they represent a significant public health issue. The patterns of comorbidity and the interval between the development of phobia and the start of treatment are not fully supported by the available data. Clinicians must primarily understand how to deal with youth in order to prevent the progression of disability and the ensuing morbidity. The physician should analyse how to prevent panic and phobias in people in body to better treat the psychic part of the body.

#### 5. Source of Funding

None.

#### 6. Conflict of Interest

None.

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