PP-019 https://doi.org/10.5080/61upk.ozt517

ACUTE PSYCHOTIC DISORDER TRIGGERED BY TRAUMATIC BEREAVEMENT AND MAJOR SELF-MUTILATION: A CASE REPORT

Gamze Burhan, Duçem Selena İşmar, Güneş Devrim Kıcalı

Department of Psychiatry, Muğla Sıtkı Koçman University, Muğla, Türkiye

OBJECTIVE: Major self-mutilation (MSM) in acute psychosis is an extreme phenomenon characterized by severe tissue damage and high lethality. This report presents a 39-year-old female who inflicted life-threatening cervical lacerations following traumatic bereavement. We aim to analyze the role of "cyber-phenomenology" and delusions of infamy in triggering extreme self-harm behavior (SHB).

CASE: (The patient consent must be provided and specified with appropriate terms). A 39-year-old female with no prior psychiatric history was admitted following a violent SHB attempt involving deep cervical and occipital incisions. Symptoms emerged six weeks after her husband's suicide, presenting as severe insomnia and persecutory delusions. The patient exhibited intense ideas of reference via social media, interpreting random digital stimuli as targeted threats. Initial PANSS score was P8N9G19.

Treatment included Risperidone (titrated to 6 mg/d), Olanzapine (5 mg/d), and Clonazepam (2 mg/d). Following rapid stabilization, parenteral treatments were discontinued by day 3. As symptoms remitted, the patient identified her motivation as a delusional belief regarding an irreversible loss of social status and moral integrity triggered by digital content. She was discharged on day 7 with outpatient follow-up.

Written informed consent was obtained from the patient.

DISCUSSION: Cervical and occipital injuries are hallmarks of MSM. According to Large et al. (2021), MSM in psychosis is distinct due to its high medical lethality and the direct influence of delusional systems. The patient's perceived loss of honor aligns with "delusions of infamy," identified by Nielssen et al. (2022) as a key risk factor for extreme SHB in first-episode psychosis.

This process was catalyzed by "cyber-paranoia," where digital stimuli crystallize delusional systems (Garety et al., 2023). Furthermore, Zisook et al. (2022) emphasize that bereavement-related psychosis can lead to "suicidogenic psychosis" through identification with the deceased or self-punishment. In conclusion, while rapid pharmacological intervention is life-saving, long-term management must focus on processing traumatic grief to prevent relapse.

Keywords: Acute psychosis, major self-mutilation, traumatic bereavement, cyber-paranoia.