

A case report on selective mutism of a 12 year old girl in Bangladesh untreated for 7 years

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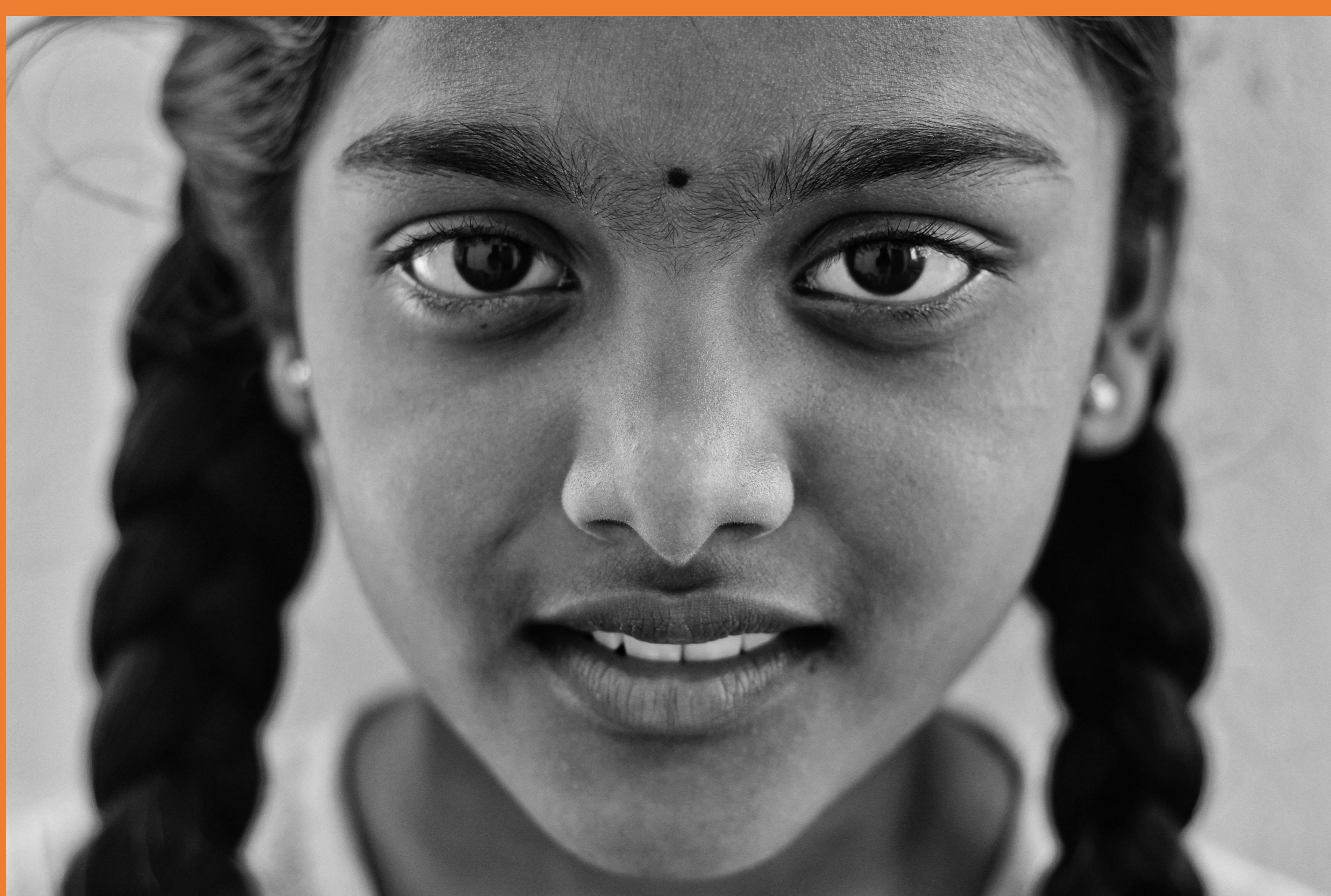
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Introduction

- Selective mutism is a relatively rare but serious childhood condition
- Characterized by a consistent failure to speak in specific settings (school, social situations) despite speaking normally in others (at home)
- It is often co-morbid with other psychiatric disorders
- We describe a case of selective mutism highlighting the consequences of untreated psychiatric illness due to lack of awareness

Case History

- A 12-year-old girl from a **low socio-economic condition** was referred to the psychiatry department because she **did not speak to anyone outside of her home environment for the last 8 years** despite speaking normally at home
- She communicates only non-verbally outside.
- She **refused to go to school for the last 6 years** but is able to continue her studies under the supervision of home tutors, with whom she speaks normally.
- Her **family thought she is just shy** and they **contacted a psychiatrist 1 year ago**, only when they felt that she needed to get admitted into a school for standardised education.
- She also developed **fear of contamination** and was spending more than 1 hour washing her hands daily for the last 1 year.
- All of her physical examinations were normal



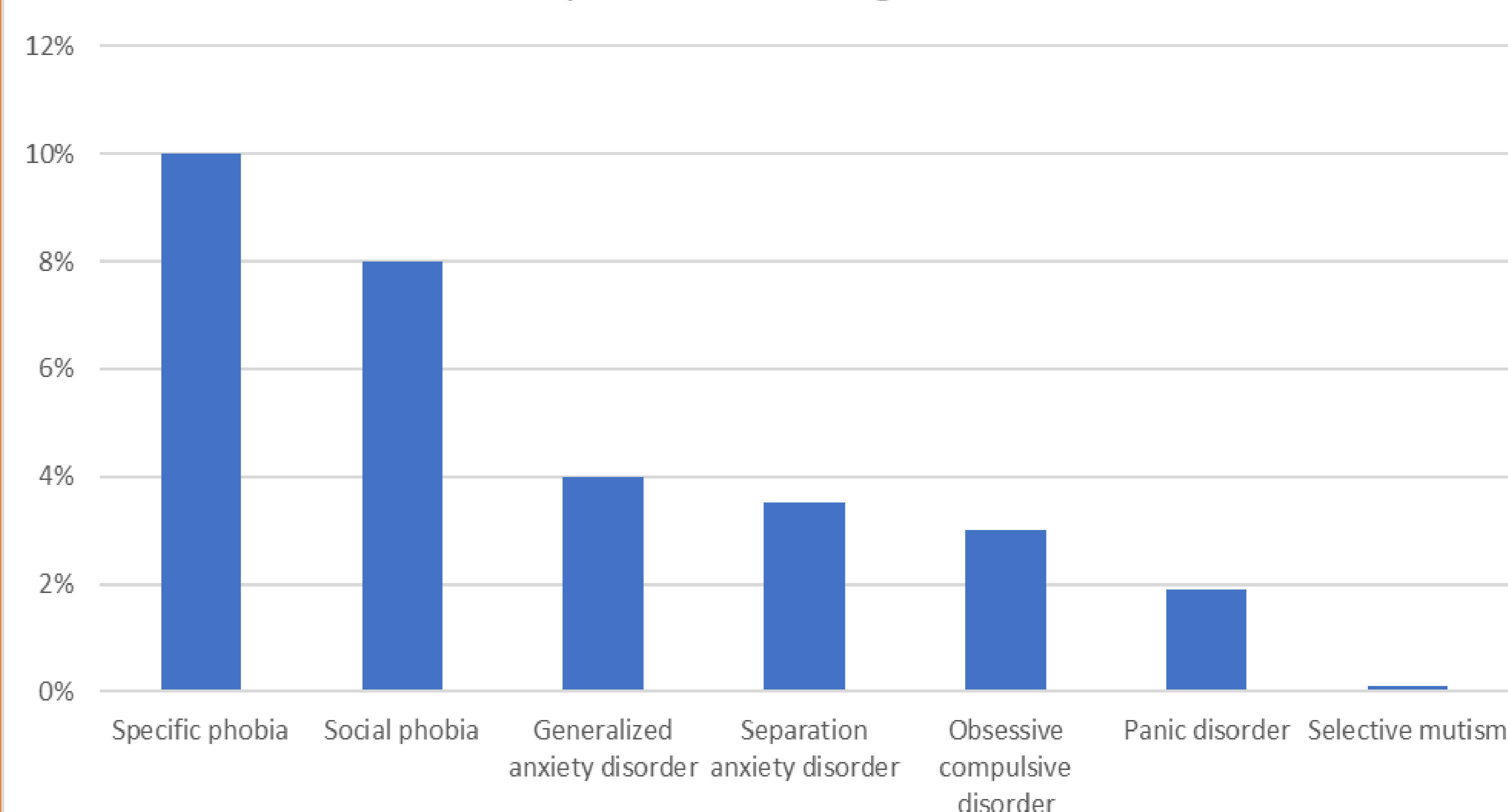
Mental State Examination

- She was well-dressed
- Eye-contact was established but not maintained
- Rapport could not be established
- **Completely mute** but followed commands
- Answered to questions with yes or no gestures
- Her mood, thought, perception, cognitive function and insight to her condition could not be elicited
- When she was given a written questionnaire, she did not provide any answers

Provisional Diagnosis

Selective mutism with obsessive compulsive disorder

Prevalence of anxiety disorders among children and adolescents



Management

- She was being treated with **Tab. Sertraline 50mg** for the last 1 year
- Her fear of contamination and time required in washing her hands reduced, but she remained mute outside home
- She was admitted into the psychiatry department for further evaluation
- She was managed with **Cap. Fluoxetine 20mg**
- No improvement in verbal communication
- Psychotherapy was advised but she did not engage

Discussion

- Selective mutism affects approximately **1%** of the child population
- Typically onset is **between 2 and 5 years of age**
- Usually not recognized until children start school
- Children exhibit significant social and academic impairment
- This case depicts the complexity of co-morbid diagnoses in child psychiatry and the importance of individualized care
- **The more the duration of untreated illness, the bleaker the outcome**

Conclusion

- **Early recognition** for selective mutism is vital to ensure better outlook for the affected children
- **Awareness campaign** regarding child and adolescent mental health conditions are of paramount importance in countries with low socio-economic conditions

References

1. Bergman LR, Piacentini J, McCracken JT (2002). Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41:938-946
2. Carbone D, Schmidt LA, Cunningham CC et al (2010). Behavioral and socio-emotional functioning in children with selective mutism: A comparison with anxious and typically developing children across multiple informants. *Journal of Abnormal Child Psychology*, 38, 1057-1067