

## Serious Suicide Attempt Inaugurating an Acute Psychosis: A Case Report

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DOI: [10.36347/sjmcr.2021.v09i09.025](https://doi.org/10.36347/sjmcr.2021.v09i09.025)

| Received: 14.08.2021 | Accepted: 23.09.2021 | Published: 27.09.2021

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### Abstract

### Case Report

Acute Psychosis is a severe affection that predominantly affects young people. This disorder may be accompanied by severe behavioral disturbances, which may include self-harming acts. Suicidal behavior may inaugurate acute psychosis, and thus, be unexpected and misunderstood. The prevalence of Suicidal behavior in psychotic disorders is high, but little is known about suicide or severe suicide attempt as the first clinical signs of the disorder. We present here the case of a young man, without psychiatric history, who has committed a severe suicide attempt, preceded by delusional symptoms, requiring emergency evacuation and cardiovascular surgery before the psychiatric intervention.

**Keywords:** Suicide attempt; Schizophrenia; acute psychosis.

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## INTRODUCTION

In schizophrenia and other psychotic disorders, the lifetime risk of suicide death is estimated to be 5.6% [1]. The prevalence of Suicidal behavior in schizophrenia varies from 20 to 55% [2-4]. Theoretically, there is a high proportion of young people who attempted suicide before their first psychiatric support. However, little is known about severe suicide attempt inaugurating the first psychosis episode.

## CASE REPORT

Mr. M, a 25-year-old male with no medical or psychiatric history, took no drugs or substance and had no allergies. Was evacuated to emergency department with a piece of iron bar visible from his chest. He was in an acutely altered mental status and mutism. As per friends account Mr. M, had been "off" for 1 week, with limited speech and paranoid delusions.

He was conscious though the response rate to the questions was slightly longer. He was thinking that he should die to get rid of visual appearances of his friends, trying to harm and to kill him, and of hearing their voices.

The suicidal behavior was violent and unpredictable, alone in her room, he takes an iron bar and shoves it into his chest counter a wall. Found by his friends lying on the ground, in shock.

After that, he was evacuated on air to the emergency department where he benefits of urgent cardio-surgical intervention consisting of taking-out the iron bar, under extra-corporeal circulation. Afterward, he was transferred to psychiatry department, for schizophreniform disorder, to have antipsychotic drugs, institutional care and close monitoring.

Psychiatric symptoms take a long time to disappear, more than 6 weeks after the start of treatment, but incompletely. Isolation and suspicious behavior have persisted for a long time after. Eventually, the diagnosis was schizophrenia with incomplete remission. He refuses completely to speak back about his suicide attempt.

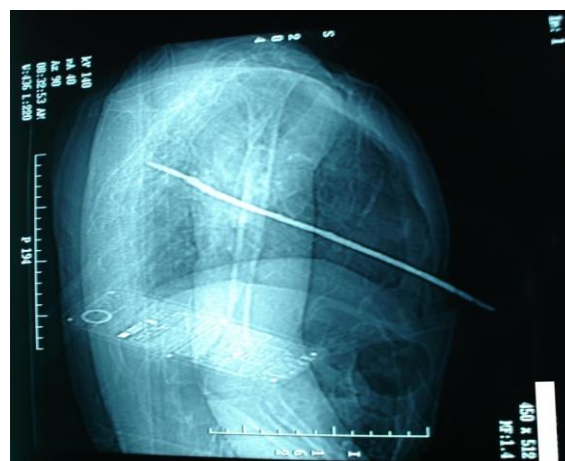
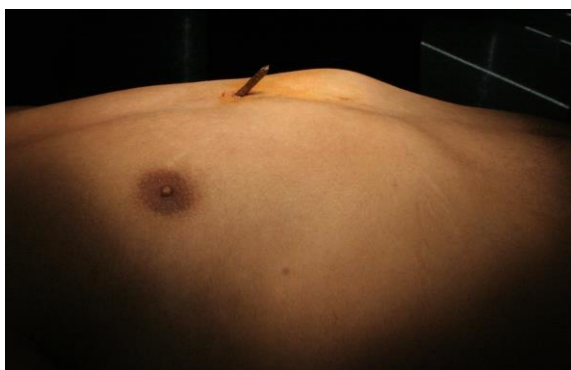


Figure 1: Radiography of the iron bar in the chest



**Figure 2: The iron bar appears of the chest**



**Figure 3: The iron bar**

## DISCUSSION

Suicidal behavior in psychotic disorders is serious and violent (strangulation, emasculation, defenestration, etc.) [3]. It's enigmatic, bizarre, marked by strange behavior. It mainly occurs in a fertile episode or in the aftermath of post-psychotic depression [5].

The risk factors for suicide attempts in psychotic disorders are numerous. The most important are male 58%-62%, young age 12.7%, celibacy 73%-80%, the first psychotic episode [3, 5], depressive disorders 57% [2, 4], and impulsive behavior, such as self-harm and having a family history of severe mental disorder or substance use [6]

Violent forms of suicide in schizophrenics account for 76% of suicidal behavior [4] and 10 to 15% of patients with schizophrenia die by suicide [2].

The means used by our patient and the way he wanted to kill himself shows his determination to end his life. This means responds to this desire to flee persecution with a gesture having a highly symbolic value, charged with violence and determination, without fast and specific support it would be a complete suicide.

## CONCLUSION

Suicide in psychotic disorders must be anticipated and evaluated to prevent serious incidents that be harmful to the subject. After that, a fast support can lead to escape patient from death.

In any cases the mortality rates associated with psychotic disorders still understudied because of suicide deaths occurring before the first treatment contact.

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