A Case Report Of 15years old Male With Autism Spectrum Disorder with Intellectual Disability With Multiple Comorbidities

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Introduction: Autism spectrum disorder (ASD) is characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by restricted, stereotyped, repetitive repertoire of interests and activities. These qualitative abnormalities are a pervasive feature of the individual's functioning in all situations, although they may vary in degree. It is associated with significant impairment in functioning. Many other psychiatric and medical co-morbidities are found wit ASD.

Discussion: ASD is typically evident during the 2nd year of life. However, in milder cases, the disorder is identified at a later age. Approximately one-third of children exhibit intellectual disability. ASD is 4 times more common in boys than girls. ASD is seen in all social classes and in all countries. Etiopathogenesis includes genetic factors, immunological factors, prenatal & perinatal factors and co-morbid neurological factors. ASD usually associated with disturbances in language development and usage, intellectual disability, irritability, instability of mood & affect, hyperactivity & inattention, precocious skills and altered responses to sensory stimuli. ASD is typically a lifelong disorder with a highly variable severity and prognosis.

Case Description: 15 years old male was presented to psychiatric OPD with complaints of stubbornness, communication impairment, repetitive behaviour and aggressiveness for the last 10years. Detailed history workup and examination revealed stunted growth, moderate mental retardation with IQ 40 and symptoms fulfilling criteria for ASD. Patient's mother also gave history of gross delayed milestones and frequent respiratory infections. At the age of 8 , patient underwent thoracotomy with right lung lobectomy with decortication surgery for right lung empyema. Anthropometric examination revealed stunted growth with both weight and height less than 3rd percentile. On examination, teeth malocclusion and right kyphosis was present. MSE findings revealed irritable and aggressive behavior with no ETEC .Patient's routine blood investigations were within normal limits at the time of examination. After complete assessment, a final diagnosis of ASD with Intellectual Disability as per ICD-10 criteria with stunted growth (on basis of anthropometry) was made. He was treated with antipsychotic (Risperidone) and mood stabilizer (sodium divalproex) on OPD basis along with non-pharmacological treatment i.e. behaviour therapy and speech therapy. Patient showed significant improvement in behaviour and aggressiveness and continued on same treatment.

Conclusion: Usually ASD is not associated with intellectual disability but in some cases it may be associated. Co-morbidities are the major problem in ASD management in this case especially other psychiatric disorders i.e. Intellectual disability, Conduct disorder. Antipsychotics (usually risperidone and aripiprazole) and mood stabilizers (valproate) play a major role in ASD management. Methylphenidate and atomoxetine helps in treating hyperactivity, impulsivity and inattention. In present case, risperidone and sodium valproate showed a significant improvement in behavioural stubbornness and aggressiveness.

References:

1. ICD-10
2. Kaplan & Sadock's Synopsis of Psychiatry 12th edition
3. Kaplan & Sadock's CTP 10th edition