
Abstract

Neurological Disorder in a Teenager Presenting with Suicide as an Initial Manifestation; The Importance of Early Recognition

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INTRODUCTION

Major depression and bipolar disorder are commonly associated with suicidal ideation and behavior. Suicide is the second-leading cause of death among U.S. teens. In 2018 the highest annual number of adolescent suicide deaths was reported and included 1,750 young people aged 12-17. Suicidal ideation has been associated with neurological illnesses such as Multiple Sclerosis (MS) and epilepsy. MS is the most common demyelinating disorder with a prevalence of 30.1 cases per 100,000 in North America. Early recognition is critical for early management of the patient. Our patient is a 14 year old who presented with a suicide attempt via strangulation (Logarbo et al 2021). She had been treated for depression and had a 2 year history of suicide attempts and suicidal ideation. During her initial assessment incidental cerebral imaging studies revealed extensive actively demyelinating lesions concerning for MS. Further testing on cerebrospinal fluid analysis (CSF) revealed elevated oligoclonal bands and kappa light chains. Her initial treatment included a 5 day course of methylprednisone however she continued to have an expansive affect. This case exemplifies the importance of early recognition of suicidal symptoms with possible neurological etiologies. Several tools have been used however recently the personalized screening tools for high suicide risk- Computerized Adaptive Screen for Suicidal Youth or CASSY has received much interest. It can be easily completed in the ED on a digital device. (JAMA Psychiatry. DOI: 10.1001/jamapsychiatry.2020.4576). Furthermore, a careful history may identify neurological symptoms that could co occur such as vision loss which was identified in our patient 2 years prior however were not investigated.

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J Pediatr Health Care Med vol. 5 No 2 February 2022
