

Comprehensive Medical Management in Psychiatric Patients: A Case Report

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Purpose

Society has made marked strides in the perception of mental health; however, it is imperative there is an understanding of psychiatry's existence amongst other medical specialties. Misconceptions of psychiatry being a specialty that loses the practice of medicine risks fatal outcomes, which can be dually noted in vulnerable populations such as pregnant or incarcerated individuals. This includes proper medical management and comprehensive history and physical exam (HP) in patient care

Background

Definitions: Stevens-Johnson syndrome presents with sloughing of the skin in its most severe progression with significant redness and urticaria, often due to adverse drug reactions. Of note is a mood stabilizer and antiepileptic, Lamictal (lamotrigine), that has the potential for SJS development

The Moderna vaccine a mRNA vaccine developed for COVID-19

Epidemiology: 94% of individuals generally report a delayed, site-specific reaction when receiving Moderna

5-10% of individuals on lamotrigine experience a cutaneous reaction of some kind

Risk Factors:

- Lamictal for bipolar type I
- Recent Moderna vaccine administration
- Change in skin care products
- PMH significant for asthma

Case Presentation

CA is a 36-year-old Caucasian female admitted for psychiatric care by law enforcement based on being unable to competently represent herself

Law History: Upon admission displayed possession of drugs, conveyance of drugs onto government grounds, driving under the influence, and two counts of assault

Past Psychiatric History: Significant for type I bipolar disorder, alcohol use disorder, methamphetamine use disorder, cocaine use disorder

Past Medical History: Significant for obesity, reactive airway disease

Medications: Significant for Lamictal, Risperdal Consta, Ventolin, benztropine

Diagnosis

- **Labs:** Albumin low at 3.8. All other values in CBC, CMP, and A1C within range.
- **Vitals:** 5' 10" HT, 226 lb. WT, 16 RR, 121/83 BP, 97% O2 sat
- **Physical Exam:** Significant for redness and small/raised lesions on forehead
- **Mental Status Exam:** Significant for accelerated, pressured speech and flight of ideas



Figure 1: Pinhead-sized pustules and erythematous papules on the forehead of a patient following Moderna COVID-19 (mRNA-1273) vaccine.

- **Irritant contact dermatitis** was the patient's final diagnosis. Reaction presented similarly to Figure 1, with causality due to new skin care product based off timeline of use.

Intervention

- Held Lamictal until SJS could be definitively ruled out and discontinued use of new skin care product
- Monitoring timeline and reaction according to Moderna vaccine administration
- Patient was started on hydrocortisone to relieve erythema and monitored for any flare-ups, urticaria, or texture changes

Response

- Reduction in redness, discoloration, and number of small, raised lesions
- Exponential reduction in overall expanse of rash
- Patient did not show any sloughing or skin fragility, thus was able to resume Lamictal a day later
- Patient's improved rash showed little congruency with timeline of receiving Moderna

Conclusion

Her PMH of RAD supported an atopic- or irritant-type reaction. Patient's rash could be diagnosed as irritant contact dermatitis due to significant size and appearance reduction after stopping the new skin care product.

Recognition in an expedited fashion eliminated dire consequence should the etiology have been more severe. It was of importance to distinguish that no other findings aside from a rash were noted that supported SJS from Lamictal use. The initial transition to Lamictal also accounted for teratogenicity prevention. Emphasizing accurate medical management and complete HP as demonstrated in CA's case should encourage concise yet well-rounded care, regardless of the specialty in question. This way, providers can remain efficient while catching and managing medical emergencies sooner rather than later.

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