Hepatic hypochondriasis

Sarosh A. Khan, Abdul R. Bhat, Latif A. Khan

Among the common diseases and disorders in Kingdom of Saudi Arabia (KSA) is the problem of liver disease. From viral hepatitis A to E, all have been reported here. However, of real significance are hepatitis B and C. The prevalence of hepatitis B surface antigen (HbsAg) carrier rate varies from 7.4% in Jeddah to 19.9% in Jizan, KSA.[1,2] The overall prevalence of hepatitis C virus (HCV) antibody is around 1%.[3] In some places like Najran, Jizan, Abha and so forth, Schistosomiasis is endemic.[4] However, the most important of all is the high incidence of hepatocellular carcinoma in KSA.[5] This malignancy is seen in the south more commonly. What is important is the fact that of the patients having hepatocellular carcinomas (HCC), 62% have been HbsAg positive, whereas 26% have anti-HCV antibody.[1] After working in the south of the Kingdom for more that 7 years now, we have come across people having a heightened awareness regarding liver diseases and related investigations. In addition to this, we have seen a subset of people who are almost obsessed with the thought that they suffer from a liver disease. A typical patient would come with a referral letter from the dispensary stating that the patient has abdominal pain and needs investigations, or more commonly that he insists on seeing a specialist to rule out liver disorders. On questioning, the patient would give a history of vague abdominal pain, which is all over the abdomen. Examination, needless to say, is normal. He specifically asks for the liver function tests, abdominal ultrasound and the viral markers for hepatitis B and C as well as Bilharzial test (serology). Surprisingly, these patients will not be reassured when, on follow up, you tell them that all the tests are normal. You can note a sense of disappointment on their faces and they will always ask whether you are sure that their liver is normal or not. After leaving reluctantly, they would come back after a few months, only to repeat the same cycle. Many of these patients go to the private hospitals and polyclinics and are investigated there. They bring all the records (even the payment receipts) to us and are happy to discuss the same.

We think there are reasons for this peculiar behavior. People take interest in diseases, come to hospital during visiting hours in groups and discuss the problems among themselves and with the doctors. This together with the information from the media probably has contributed to the heightened awareness. As HCC is a known complication of long standing hepatitis B and C, this creates a sense of scare in the people. The behavior may not be unjustified in view of the importance of liver disease in KSA and in Najran in particular. However, the subset of patients we have described, reaches the threshold of psychological disorders and hence, we have labeled them as hepatic hypochondriasis.

We hope that a decline in the number of HbsAg carrier rate and chronic hepatitis C patients will decrease the scare in the future. This would be achieved in view of the compulsory immunization against hepatitis B[6] and the strict rules of screening being implemented for all expatriates entering the KSA. Egyptians, Sudanese and Yemenis are especially important to be screened as they have a high incidence of HCV positivity and bilharziasis.[7,8] Possibility of availability of vaccine against hepatitis C, early detection of HCC and the improved survival due to availability of multimodality treatment in KSA would all help in bringing down the cases of hepatic hypochondriases in the long run.

Received 22nd May 2002. Accepted for publication in final form 26th May 2002.

From the Najran General Hospital, Najran, Kingdom of Saudi Arabia. Address correspondence and reprint requests to Dr. Sarosh A. Khan, PO Box 5073, Najran, Kingdom of Saudi Arabia. Tel. +966 (7) 5432943. Fax. +966 (7) 5421932. E-mail: sarsohahmed@yahoo.com

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