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A WERNER SYNDROME WITH PSYCHIATRIC SYMPTOMS: CASE REPORT

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INTRODUCTION

Werner Syndrome (WS) is a rarely seen autosomal recessive early ageing syndrome; characterised by early atherosclerosis, cataracts, diabetes mellitus, hypogonadism, osteoporosis, characteristic skin changes and alopecia (Muftuoglu et al. 2008, Yamamoto et al. 2003). Although systemic ageing in the course of WS has been well documented, the effects on the central nervous system are not sufficiently known. Just a few case reports have reported cerebral atrophy and psychotic symptoms (Hashimoto et al, 2006), and ıt is generally assumed that the accelerated ageing in WS patients has not reached the central nervous system and that mortality occurs because of malignancy or myocardial infarctus in the majority of patients (Muftuoglu et al. 2008, Mori et al. 2003). The case here we presented of a patient who admitted with depressive symptoms that had developed with the difficulties experienced by the patient during the course of the disease, and diagnosed with Werner syndrome in a psychiatry clinic. Consent was obtained from the patient for publication of the case.

CASE PRESENTATION

A 45-year old female admitted with the complaints of listlessness, boredom, loss of interest, irritability, concerns about the future, social withdrawal and suicidal thoughts. From the history it was learned that 4 years previously there had been the onset of white hair, difficulty in swallowing, skin changes and sagging around the eyes, and pain in the knee joints. Within a few years, the patient's appearance became much older than her biological age, so she had twice undergone plastic surgery for the skin sagging on the face. Despite the surgical intervention, the skin changes recurred and increased. In the course of the disease, the patient had been diagnosed with osteoporosis, chronic superficial gastritis, and hypertension; and started to feel the effects of biological ageing more severely. As the patient had started to experience psychiatric symptoms, she admitted to our clinic and was diagnosed with major depressive disorder. Her Hamilton Depression Rating Scale (HAM-D) score was 36. Escitalopram 10 mg treatment was started. The typical findings of WS observed in the patient included rapid ageing, loss of subcutaneous tissue, scleroderma -like skin changes resulting from skin atrophy, a beak-shaped nose and a bird-like face (Yamamoto et al. 2003, Oshima et al. 2017). Although the diagnosis of WS was made based on clinical findings, she consulted with the Genetics Department in respect of excluding other pathologies. Chromosome and full gene sequence analysis were normal. During the 6 weeks of follow-up, the patient benefited from the treatment. Psychological support was provided for the patient and family members.

CONCLUSION

Human aging is complex set of events in which biological, social and psychological changes developing together with advancing chronological age. The features associated with normal ageing develop extremely rapidly in WS with no opportunity for the psychological preparation for ageing. The literature related to the psychiatric aspect of WS is limited. This case demonstrated the importance of bio-psycho-social approach to rarely seen diseases such as WS, as they are at risk of psychiatric diseases such as depression which can contribute to mortality.

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Contribution of individual authors:

All authors made equal contribution to this case report in terms of drafting, writing, obtaining the patient' s consent, revising the paper and approved the final version of manuscript.

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