

CAMPTOCORMIA - A CASE REPORT

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Camptocormia or 'hysterical bent back' has not been reported so far very frequently in the literature. The syndrome was described as the hysterical phenomenon to escape from hardships of military life and combat situations by Brodie (1837). Rosanoff and Saloff (1915) named the condition as 'camptocormia'. In 1918, Hurst described the 'bent back syndrome' of soldiers in which the patient walked slowly, bending forward with shaking arms and legs, complaining of a very severe backache. On examination these patients did not reveal any positive radiological or orthopaedic abnormality except for a few hysterical features on psychiatric examination. They were subjected to a number of physical therapies but they responded to suggestive psychotherapy and hypnosis (Hurst, 1918). Belgrana (1947) reported a few cases of hysterical bent back, all were males and non-military personnels. In 1961, Kosbab was the first to report a female case of camptocormia. The past literature reveals that this illness is very rare in the population and it is interesting to know that it is much less common among females who usually present with a very wide range of hysterical symptoms.

It is therefore, significant to report a female case of camptocormia.

Case - Smt. R.D. 36 years old house-

wife, mother of six children, widow (husband died about 3 years back in an accident) presented at Our Patients Department of Orthopaedics, S. N. Medical College Hospital, Agra with the complaint of severe backache for last one week. She was having an atypical posture bending forward from the hips. She reportedly had episodes of severe backache associated with bent back for the last three years, each episode lasting for a week or so. The first 'attack' she had immediately after her husband's death. On examination of spine she did not reveal any localized tenderness or deformity in the thoraco-lumbar region and it was noticed that when she was asked to lie down in the bed the facial expression of agony disappeared immediately and the posture was no more abnormal. All the investigation reports including antero-posterior and lateral X-ray of thoraco-lumbar spine did not reveal any abnormality. She did not respond to the conservative line of treatment. Keeping in mind the obstinacy of symptoms in the absence of objective signs she was referred to psychiatry department where on psychiatric assessment she was found to have 'conversion hysteria' presented as bent back. She was hospitalized. On interrogation she was found to have a few histrionic traits in the premorbid personality e.g. she used to be a suggestive, demonstrative and emotionally labile person with a talent of copying

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the activity of others. She was subjected to a combination of supportive psychotherapy and anxiolytics to which she responded very well and was discharged from psychiatry indoor after two weeks.

It is found that environmental factors play a very significant role in the genesis of mental disorders, as hysteria. The persons who have hysterical traits in their premorbid personality are more prone to develop this illness whenever they are subjected to emotional trauma in the form of loss or bereavement. Sometimes this presentation is used as a defense to escape from stressful situations as reported by Hurst and others. It seems that both sexes have the equal predisposition to develop this unique

mode of presentation of conversion hysteria.

References

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