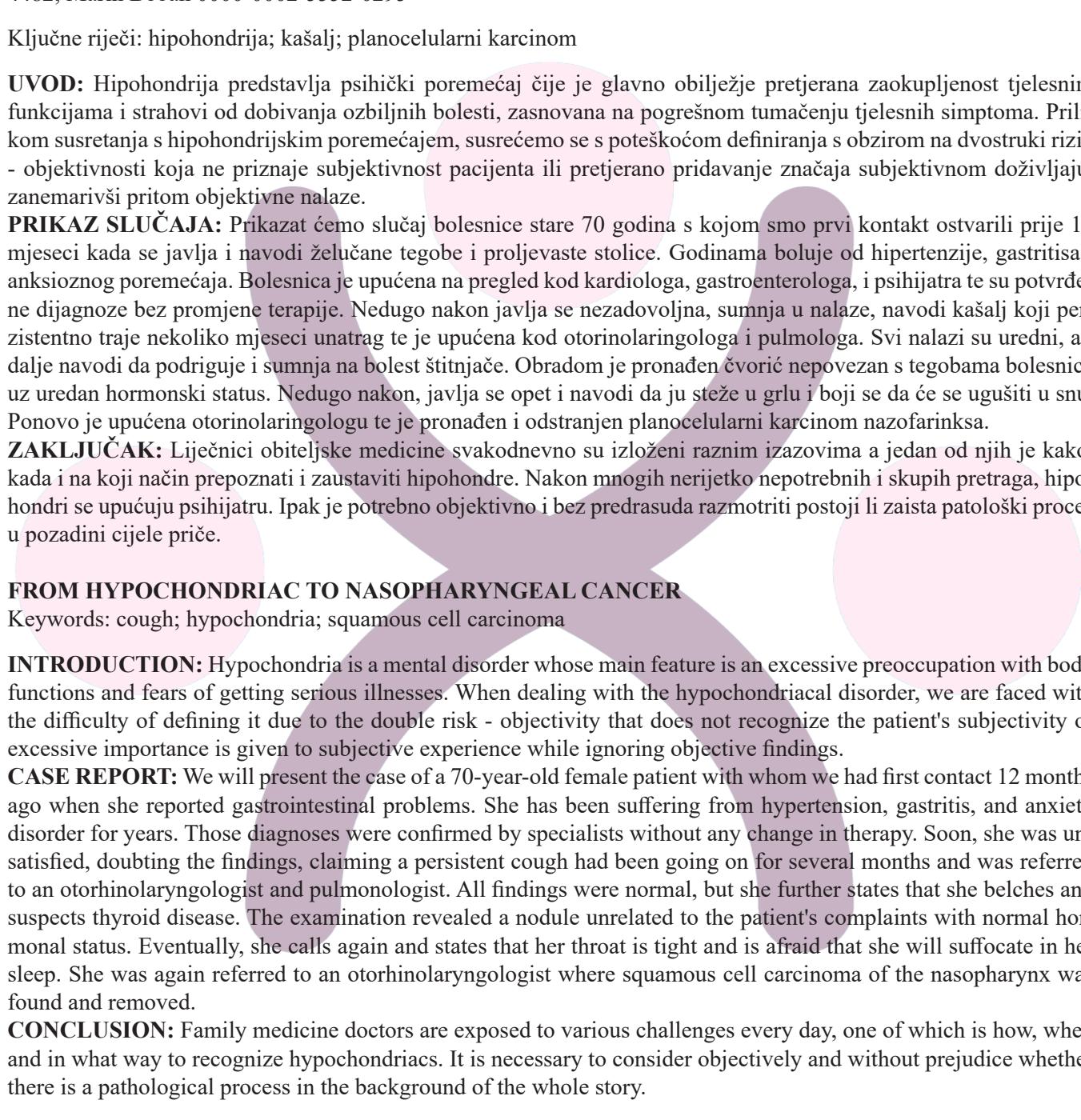


PS07 OD HIPOHONDRA DO KARCINOMA NAZOFARINKSATino Hmelina^a, Matija Ivančić^b, Stjepan Herceg^c, Marin Boban^d^a Opća bolnica Zadar^b Dom zdravlja Zagreb Centar^c Klinička bolnica "Sveti Duh"^d Zavod za hitnu medicinu Splitsko-dalmatinske županijeDOI: <https://doi.org/10.26800/LV-144-supl6-PS07>

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Ključne riječi: hipohondrija; kašalj; planocelularni karcinom

UVOD: Hipohondrija predstavlja psihički poremećaj čije je glavno obilježje pretjerana zaokupljenost tjelesnim funkcijama i strahovi od dobivanja ozbiljnih bolesti, zasnovana na pogrešnom tumačenju tjelesnih simptoma. Prilikom susretanja s hipohondrijskim poremećajem, susrećemo se s poteškoćom definiranja s obzirom na dvostruki rizik - objektivnosti koja ne priznaje subjektivnost pacijenta ili pretjerano pridavanje značaja subjektivnom doživljaju, zanemarivši pritom objektivne nalaze.

PRIKAZ SLUČAJA: Prikazat ćemo slučaj bolesnice stare 70 godina s kojom smo prvi kontakt ostvarili prije 12 mjeseci kada se javlja i navodi želučane tegobe i proljevaste stolice. Godinama boluje od hipertenzije, gastritis i anksioznog poremećaja. Bolesnica je upućena na pregled kod kardiologa, gastroenterologa, i psihijatra te su potvrđene dijagnoze bez promjene terapije. Nedugo nakon javlja se nezadovoljna, sumnja u nalaze, navodi kašalj koji persistirno traje nekoliko mjeseci unatrag te je upućena kod otorinolaringologa i pulmologa. Svi nalazi su uredni, ali dalje navodi da podrijeva i sumnja na bolest štitnjače. Obradom je pronađen čvorić nepovezan s tegobama bolesnice uz uredan hormonski status. Nedugo nakon, javlja se opet i navodi da ju steže u grlu i boji se da će se ugušiti u snu. Ponovo je upućena otorinolaringologu te je pronađen i odstranjen planocelularni karcinom nazofarinks.

ZAKLJUČAK: Liječnici obiteljske medicine svakodnevno su izloženi raznim izazovima a jedan od njih je kako, kada i na koji način prepoznati i zaustaviti hipohondre. Nakon mnogih nerijetko nepotrebnih i skupih pretraga, hipohondri se upućuju psihijatru. Ipak je potrebno objektivno i bez predrasuda razmotriti postoji li zaista patološki proces u pozadini cijele priče.

FROM HYPOCHONDRIAC TO NASOPHARYNGEAL CANCER

Keywords: cough; hypochondria; squamous cell carcinoma

INTRODUCTION: Hypochondria is a mental disorder whose main feature is an excessive preoccupation with body functions and fears of getting serious illnesses. When dealing with the hypochondriacal disorder, we are faced with the difficulty of defining it due to the double risk - objectivity that does not recognize the patient's subjectivity or excessive importance is given to subjective experience while ignoring objective findings.

CASE REPORT: We will present the case of a 70-year-old female patient with whom we had first contact 12 months ago when she reported gastrointestinal problems. She has been suffering from hypertension, gastritis, and anxiety disorder for years. Those diagnoses were confirmed by specialists without any change in therapy. Soon, she was unsatisfied, doubting the findings, claiming a persistent cough had been going on for several months and was referred to an otorhinolaryngologist and pulmonologist. All findings were normal, but she further states that she belches and suspects thyroid disease. The examination revealed a nodule unrelated to the patient's complaints with normal hormonal status. Eventually, she calls again and states that her throat is tight and is afraid that she will suffocate in her sleep. She was again referred to an otorhinolaryngologist where squamous cell carcinoma of the nasopharynx was found and removed.

CONCLUSION: Family medicine doctors are exposed to various challenges every day, one of which is how, when and in what way to recognize hypochondriacs. It is necessary to consider objectively and without prejudice whether there is a pathological process in the background of the whole story.