A case of mistaken hematochezia: Charles Bonnet Syndrome as a mimicker of Gastrointestinal Bleed

Maria Mendoza De la Garza, MD

Geriatric Update for the Primary Care Provider
November 2016
Case presentation

• 91-year-old community dwelling female
• Independent in all her ADLs and IADLs
• Cognitively intact

• Past medical history:
  • Peripheral arterial disease
  • Hypertension
  • Coronary artery disease
  • Macular degeneration
Case presentation

- Presented to the Emergency Department with three days of weakness, nausea, hematemesis and hematochezia.

- She had a negative fecal occult blood testing (FOBT)

- Complete blood count (CBC) was within the normal limits.
Case presentation

• Her vital signs were stable

• She had an unremarkable abdominal examination.

• She was discharged home on daily proton pump inhibitor (PPI) therapy and was seen in the clinic the next day.
Case presentation

- Her nausea and vomiting resolved but the patient continued reporting persistent hematochezia.

- Her CBC and FOBT were repeated and remained unchanged.

- The patient also had normal iron studies, TSH, creatinine and *H. pylori* stool antigen.
Case presentation

- The patient remained hemodynamically stable with no evidence of active bleeding but due to her persistent symptoms, her PPI was increased to twice a day.
Case presentation

- After further investigation, it was discovered that she carried a diagnosis of Charles Bonnet Syndrome and had previously suffered from visual hallucinations.

- The patient’s daughter was contacted and confirmed that the color of the patient’s stool was brown with no blood and that the patient was doing well.
Charles Bonnet syndrome (CBS)

- First described by Charles Bonnet in 1976
- First introduced into English-speaking psychiatry in 1982
Charles Bonnet syndrome (CBS)

- Under-recognized condition characterized by three clinical features:
  - Visual release hallucinations
  - Acute or chronic ocular pathology causing visual deterioration
  - Preserved cognitive status

- Other characteristics include insight into the unreality of the perceptions and absence of mental disorders.
CBS Risk Factors

• Visual impairment
• Stroke
• Social isolation
• Age
• Dimly lit conditions, evening hours, and states of drowsiness or relaxation.

• The neurophysiology explaining the visual hallucinations is not clearly elucidated.
Charles Bonnet syndrome (CBS)

- A case series of 45 patients from Spain reported:
  - 66% prevalence in color hallucinations
  - Women over 80 years old constituted 68% of the patients
  - 35% had a frequency of 3 episodes per day
Charles Bonnet syndrome (CBS)

• A group from Australia found that approximately 1 in 3 individuals with advanced retinitis pigmentosa experienced visual hallucinations.

• 70.4% experienced simple hallucinations comprising inanimate light patterns that usually lasted seconds

• One-third of participants experienced emotional distress

• 29% of participants reported that they had not informed anyone about their visual hallucinations.
Treatment

• Treatment of CBS requires discussion

• There is no evidence-base to guide treatment

• Education and reassurance of the benign nature of the events

• Treatment of a reversible cause of visual loss is the first step in management
Take home points:
Charles Bonnet syndrome (CBS)

• The lack of awareness of CBS often leads clinicians to suggest inappropriate medications, tests and diagnoses.

• CBS is a complex disorder that usually presents in the geriatric population.

• Charles Bonnet syndrome is a clinical diagnosis of exclusion.
Take home points:
Charles Bonnet syndrome (CBS)

• Like other geriatric syndromes, the appropriate diagnosis and management of CBS requires a multidisciplinary approach from primary care physicians, ophthalmologists, neurologists and psychiatrists.
References


Questions & Discussion