

DEPRESSION IN MEDIASTINAL COMPRESSION SYNDROME

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Abstract

Psychological disorders like depression, anxiety or insomnia are common in children's diagnosed with mediastinal compression syndrome and predict worse quality of life. The aim of the study is to highlight the main aspects regarding the psychological disorders found in the evolution of the mediastinal compression syndrome in children with Hodgkin or non-Hodgkin lymphoma.

50 subjects aged between 4 and 17 years, diagnosed with Hodgkin or non-Hodgkin lymphoma were closely observed for a period of 5 years. The male gender and the patients lived in rural areas was dominant. The most frequent psychological disorders found in these patients were: depression, anxiety, pathological panic, insomnia, delirium, anorexia, nausea/sickness, pain, and a few cases of suicidal tendencies etc.

Key words: mediastinal compression syndrome, psychological disorders

Introduction

Symptoms of anxiety are common in children's diagnosed with mediastinal compression syndrome and predict worse quality of life. The mediastinal disorders that generate the mediastinal compression (the pulmonary, bronchial, and mediastinal located tumors and many other pulmonary, pleural, cardiac, esophageal and thyroidal diseases) can trigger the occurrence of neuropsychiatric manifestations accompanying the main disease (4). From these manifestations can “benefit” both the older child and the adult person that beside the main disease signs will show many other symptoms, psychiatric manifestations especially. The mediastinal syndrome represents the clinical expression of certain expansive processes located in the mediastinal structures. The main determining affections are:

- primary or metastatic mediastinal tumors: bronchi-pulmonary cancers, gastric cancers, esophageal cancers, the Hodgkin disease, thymus diseases, neurogenic tumors, embryonic tumors etc.
- mediastinal un-tumoral processes: intrathoracic goiter, hydatid mediastinal cist, inflammatory adenopathy, aneurisms of the aorta
- acute and chronic mediastinitis (1,3,5)
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Material and method

The lot of study consisted of 50 children – that have been admitted as in-patients in the Hemato-Oncology department of Saint Mary Hospital, over a period of 5 years, having been diagnosed with Hodgkin Disease or malign non-Hodgkin Lymphoma. The ages of the children were between 4 and 17 years. 83% of them have been diagnosed with Hodgkin Disease and 17% with malign non-Hodgkin Lymphoma. The male gender was dominant, accounting for 35 cases, whereas the feminine gender was accounting for only 15 cases. The mentioned types of disease have been found mainly in children aged over 8 years (43 cases). 57% of the patients lived in rural areas and only 43% were raised in urban areas. The children have been psychologically monitored, the specific symptoms being also closely observed.

Results

The clinical manifestations were extremely varied depending on the characteristics and the extent of the process. All 50 children were displaying characteristic symptoms of the main disease but also various neuro-psychological ones, especially obvious in the case of the older children. The following symptoms have been noted among our patients: enlargement of one lymph nodes group, unilaterally (30%), enlargement of the mediastinum (58%), restrictive respiratory dysfunction, weight loss (68%), lymphadenopathy (63%), rash and collateral circulation in the neck and chest areas (7%), superior vena cava syndrome 30%, depression 60% – in the older children in particular, anxiety 66% – in the younger children in particular, pathologic panic 6% (3 children), insomnia 22% (11 children), nausea, sickness 50% and anorexia 64% (32 children). 3 patients accused a memory deficit. Dyspnea (paroxystic, permanent or accentuated by effort) was present in 40% of the children, cough in 27% and tachypnea in 7%. Dysphagia was noted in 15 cases, intermittent at the beginning and only with solid food, sometimes accompanied by regurgitation and sialorrhea.

The diagnostic of Hodgkin disease was based on clinical, biological, histological criteria and also on the reading of the immunity deficit. 60% of children had the mixed cellularity subtype. The most frequent clinical manifestations were: unexplained fever lasting for longer than 8 days at 15 children; anorexia at 32 children; nocturnal perspiration 80%; pruritus 24%; weight loss 50%; depression 42% and anxiety 50%.

Feelings like uselessness and guilt, negative judgments regarding one self's qualities and value, or the

self blaming for being a person affected by disease and failing to deliver on professional and personal levels was found in 20 cases. Thoughts about death, suicidal ideas and even attempts were also reported in 2 cases. The obsessive self-incrimination for being an ailing person and because of that a burden for the loved ones, the feels they have lost their ideals and self-esteem, the sense and purpose of their existence generated the idea that the only viable option for their situation is the act of suicide, death appearing as an escape route from a reality now strange and foreign to them, impossible to comprehend or live in.

Frequently, depression was caused by the communication of the diagnosis of the disease or the treatment side effects. In many cases, radiotherapy produced side effects like stomatitis, glossitis, esophagitis and taste alteration, generating the lack of pleasure of eating, appetite loss and anorexia.

The finding of the diagnostic in a random, unplanned way and improper circumstances generated stupefaction, loss of trust, disbelief and confusion. The affected child appeared as a sad, pessimistic, discouraged person. In some cases the patients reported feeling drained of energy, with no feelings or, on the contrary, restless, the presence of the depressive disposition being easily noticed in the physiognomy and behavior of the person. We noticed that children's diagnosed with mediastinal compression syndrome that were excessively timid, generally humble, peaceful and well-behaved towards superiors and people perceived as more powerful, had an aggressive evolution than the persons less humble, timid, introverted and more likely to express negative emotions.

The main factors that influenced the state of mind of children diagnosed with syndrome of mediastinal compression were:

1. the type and class of cancer and its responsiveness to therapy (benign tumors raised less problems regarding treatment compared with the malignant tumors, which have rapid evolutions and will only allow for reserved prognoses)
2. the stage of the disease when diagnosed
3. the mental and physical state of the individual before the diagnostic
4. the attitude of the person regarding this type of disease, the acceptance of compromise, the will to get through the therapy and take advantage of the medical and support services available
5. the family's attitude towards the person diagnosed with mediastinal compression syndrome;
6. the extent of control available over the side effects of the treatment.(1,2,3)

Cancer patients have a series of common concerns, known in the medical practice as "6D": 1.death; 2.dependency on family, partner, doctor, care team; 3. disfiguration – changes in the physical appearance and personal image, diminishing or loss of sexual functions; 4.depreciation of work capabilities, of chances of professional, learning and free activities success; 5. destroying of personal relationships; 6. discomfort and pain in the terminal stages of the disease (1, 2)

The patient's capability to face these concerns depends on the quality of the medical team, psychological (emotional) help and the social aspects, including:

- the disease itself (location, symptoms, clinical aspects, necessary type of treatment)
- psychological and social status before the start of the disease
- the disease's threat level to the individual's goals and aspirations specific to age, profession, family status
- cultural and religious attitudes
- the existence around the patient of people capable of offering quality emotional support
- patient's potential for physical and psychological recovery, patient's personality and capacity of facing difficult situations (2,3)

Discussions and conclusions

The mediastinal tumors cases are on the rise regarding incidence and prevalence and represent an important segment of pathology. The increase in the number of cases has allowed a better understanding of this pathology, offering more and more complex and revealing data.

The tumoral pathology of the mediastinum is extremely complex, a relatively small anatomical area housing a vast variety of histological types. The mediastinum can be the stage for a large number of primitive tumors and a series of secondary lesions caused by vicinity or metastatic dissemination.

The mediastinal lymphomas of Hodgkin or non-Hodgkin types represent an important share of the mediastinal tumoral pathology. The Hodgkin lymphoma was the form most frequently appearing in the study lot. Among the non-Hodgkin lymphomas the most frequent are the big cells ones, of type B. An important segment of the mediastinal tumoral pathology is represented by the secondary tumors, they affecting the mediastinum by direct invasion or by metastatic dissemination.

The most frequent psychological disorders found in the patients diagnosed with mediastinal compression syndrome and cancer, in particular, was: depression, anxiety, pathological panic, insomnia, delirium, anorexia, nausea/sickness, pain, suicidal tendencies etc. The most common mental/psychiatric manifestation of those affected is depression, which can have serious consequences regarding both the evolution and the prognosis of the disease. When a sudden behavioral change is noted in a cancer patient the doctor should investigate all potential causes for delirium.

The acknowledging of the diagnostic in random, unsuitable circumstances can produce stupefaction, loss of trust, confusion and unnecessary additional suffering to the children patients. All these could be avoided if the mediastinal compression sufferers, previous to the revealing of the diagnostic, would be psychologically assessed (to establish their capability of facing the reality of their situation and more importantly, to understand it) and given a minimum of preparation to help them deal with the situation (emotional support, encouraging of attitudes of hope,

braveness, patience, active involvement in the fight against the disease etc.). Even if, understandably, in shock and traumatized, the family members must keep themselves together and, at very least in the presence of the affected person, should avoid lamenting, bewailing, pitying, reproaching; the patient needs his/her dignity and human qualities to be respected and that is being offered the best care and best available treatment in order to be brought back to normal health.

The cancer treatment can imply certain medical techniques that cause pain and discomfort. The lack of explaining of these techniques and quality family, friends and medical team support, can increase the patient's fear and anxiety. When the organism doesn't respond as expected to the treatment, the patient could lose hope. The side effects of chemotherapy (hair loss, nausea, sickness etc.), the surgery

procedures (organ extirpation or amputations) will cause the cancer patient extensive psychological trauma.

A realistic perspective and a positive attitude towards the illness and life in general can help an individual fight the disease and can be a valuable supplement to the conventional treatment. Attitudes like optimism, courage, hope, active involvement can encourage a positive evolution of the disease, whereas pessimism, despair, impatience, the refuse to communicate with the specialists and to accept the medical care can cause the sufferer's situation to degenerate rapidly, with death the likely outcome

Depression following the disease's diagnosis, treatment and medication is a common occurrence, it is however difficult to determine with any degree of certainty whether depression in a mediastinal compression case is linked or not to a pre-existent disposition disorder.

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