

Psychogenic Sneezing

A 10-year-old boy with no personal or family history of allergic disorders presented with intractable sneezing of 5 days. The sneezing used to be continuous except during sleep and while talking (*Fig. 1, Web Video 1*). Physical examination and local examination of the nose was normal. Nasal decongestants and oral antihistamines were tried without any benefit. On detailed psychological evaluation, it was found that the child wanted to join an English-medium school as advised by his school teacher, but could not do so because of financial constraint of parents. The child and parents were counseled regarding the nature of symptoms and perpetuating factors. He was prescribed tablet Alprazolam 0.25 mg twice a day for a week. The frequency of sneezing episodes reduced over a week, and the episodes subsided in a month.

Psychogenic sneezing occurs between 9 and 15 years of age, and is characterized by: (i) occurrence in adolescent females, (ii) asymptomatic while asleep, (iii) eyes will be open while sneezing, (iv) no response to a wide variety of medications but subsides with psychotherapy, (v) has an “aborted” or “pseudosneeze” pattern (absence of inspiratory phase with lack of aerosolization of nasal secretions and associated short nasal grunting), (vi) physical examination and investigations are normal, Significant psychiatric history may not be evident. The differential diagnosis are allergic



FIG.1 Child during sneezing episode (see video link).

rhinitis, foreign body in the nose and vasomotor rhinitis. It is important to recognize this entity so as to avoid unnecessary investigations and treatment; psychotherapy remains the treatment of choice.

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NOTICE

Call for Submission of ‘Clinical Videos’

Under this section, *Indian Pediatrics* publishes videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by pictures. A video file submitted for consideration for publication should be of high resolution and should be edited by the author in final publishable format. MPEG or MP4 formats are acceptable. The maximum size of file should be 20 MB. The file should not have been published elsewhere, and will be a copyright of *Indian Pediatrics*, if published. For this section, there should be a write-up of up to 250 words discussing the condition and its differential diagnoses. The write up should also be accompanied by a thumbnail image for publication in the print version and PDF. Submit videos as separate Supplementary files with your main manuscript. A maximum of three authors (not more than two from a single department) are permissible for this section. In case the video shows a patient, he/she should not be identifiable. In case the identification is unavoidable, or even otherwise, each video must be accompanied by written permission of parent/guardian, as applicable. Authors are responsible for obtaining participant consent-to-disclose forms for any videos of identifiable participants, and should edit out any names mentioned in the recording. The consent form should indicate its purpose (publication in the journal in print and online, with the understanding that it will have public access) and the signed consent of the parent/legal guardian. The copy of the consent form must be sent as supplementary file along with the write-up, and original form should be retained by the author. A sample consent form is available at our website www.indianpediatrics.net.