Clinical Case Reports



CLINICAL IMAGE

Suicide in adolescents with depression: the need for early diagnosis

Edgar Patricio Correa Díaz, Elisa Carolina Jácome Sánchez & Braulio Alexander Martínez

Department of Neurology, Carlos Andrade Marín Hospital, San Francisco of Quito University, Quito, Ecuador

Correspondence

Edgar Patricio Correa Díaz, Portoviejo y Ayacucho, PO Box 170411 Quito, Ecuador. Tel: +593 0996794692; E-mail: patocorrea2010@yahoo.com

Funding Information

No sources of funding were declared for this study.

Received: 9 June 2015; Revised: 29 July 2015; Accepted: 6 August 2015

Clinical Case Reports 2015; 3(11): 962-963

doi: 10.1002/ccr3.365

Key Clinical Message

Adolescent suicide is a public health problem worldwide. Parents and family play a crucial role in seeking professional help early enough to avoid catastrophic outcomes such as the death of a teenager.

Keywords

Adolescent, depression, suicide.

Question

What do Figures 1, and 2 demonstrate? How can this problem be avoided?

Response

Patient is a young man of 15 years with a 2-month history of anhedonia, apathy, abulia, insomnia, and suicidal thoughts. Neither the patient nor the family sought early professional intervention. Following an argument with his mother, the patient decided to shoot himself in the forehead. Patient entered emergency services in a coma with decerebrate posturing and an absence of brain-stem reflexes. Within 24 h, the patient died. Computed tomography (CT) of the brain (Fig. 1 and 2) showed multiple pellets from the bullet distributed in the frontal, temporal, and parietal lobes, in addition to cerebral edema.

The prevalence of suicidal ideation among adolescents is 15–25%, and suicide attempts in males have increased from 1.3% to 3.8%, and from 1.5% to 10.1% in females. This represents a complex worldwide public health problem in which multiple factors are involved, including biological, psychological, familial, social, individual, and

cultural factors. Of these, individual factors such as mood disorder are the most relevant [1]. Thus, depression is considered as a significant risk factor for suicidal ideation. The care and attention provided by the family members and those close to an adolescent, as well as screening by appropriately trained physicians for depressive disorders, is crucial in the diagnosis, reference, and treatment of this population, so that serious outcomes such as suicide can be avoided [2].

Conflict of Interest

None declared.

References

- Breton, J. J., R. Labelle, C. Berthiaume, C. Royer, M. St-Georges, D. Ricard, et al. 2015. Protective factors against depression and suicidal behaviour in adolescence. Can. J. Psychiatry 60(Suppl. 1):S5–S15.
- Mathet, F., C. Martin-Guehl, S. Maurice-Tison, and M. P. Bouvard. 2003. Prevalence of depressive disorders in children and adolescents attending primary care. A survey with the Aquitaine Sentinelle Network. Encephale 29:391– 400.

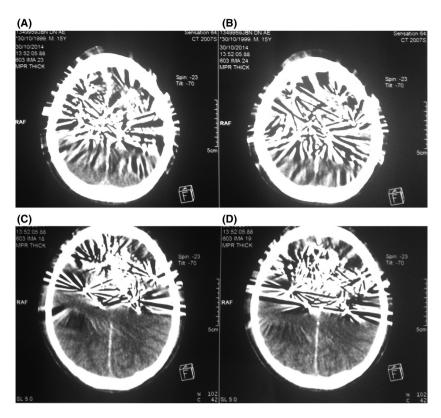


Figure 1. (A–D) Computed tomography of the brain showed pellets from the bullet in the frontal, parietal, and temporal lobes.

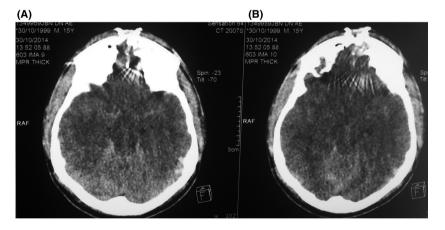


Figure 2. (A, B) Computed tomography of the brain showed cerebral edema and compression of the brain stem.