

Making a PANDAS/PANS Diagnosis with Delayed OCD Symptoms: A Case Report

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BACKGROUND

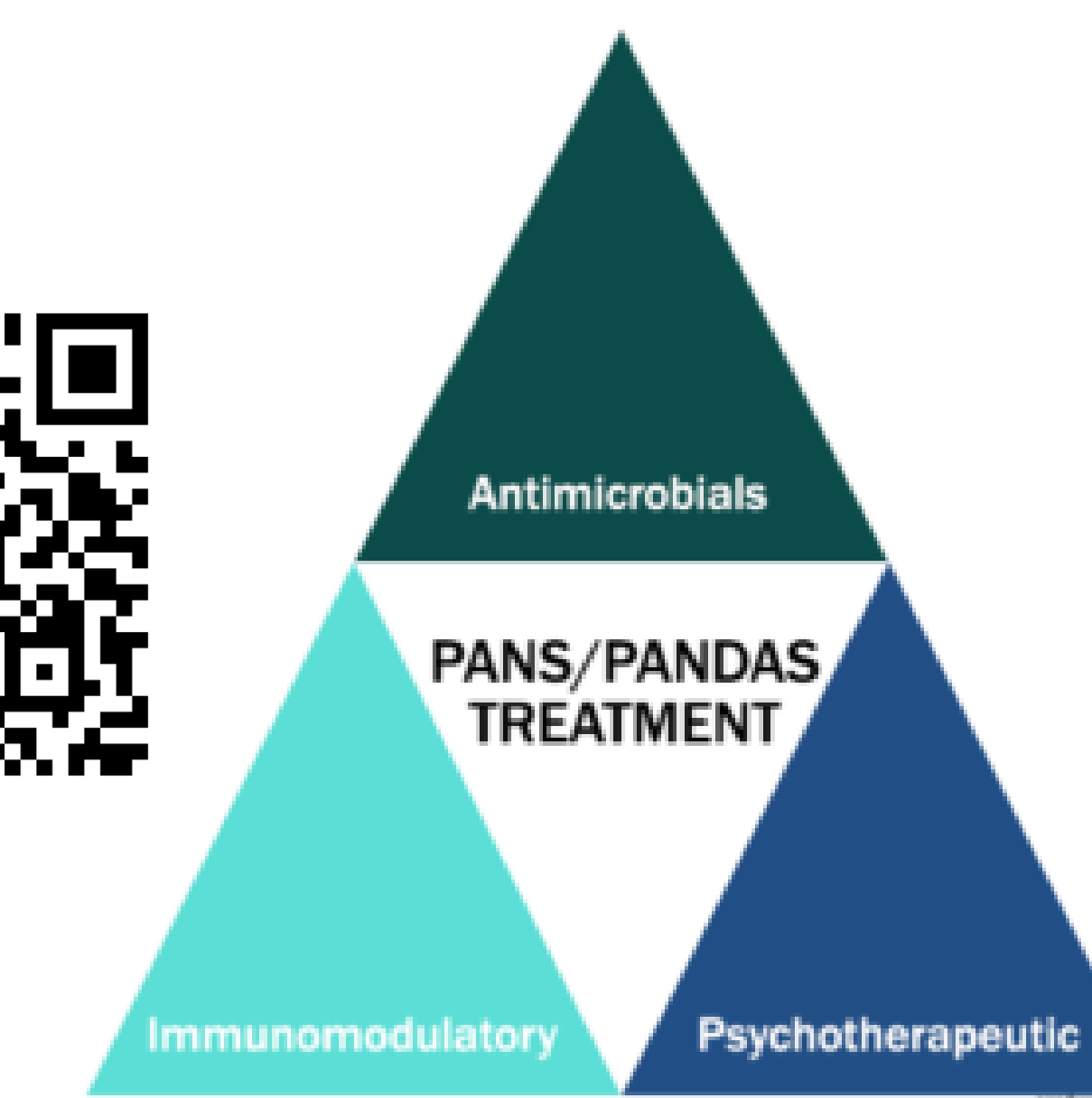
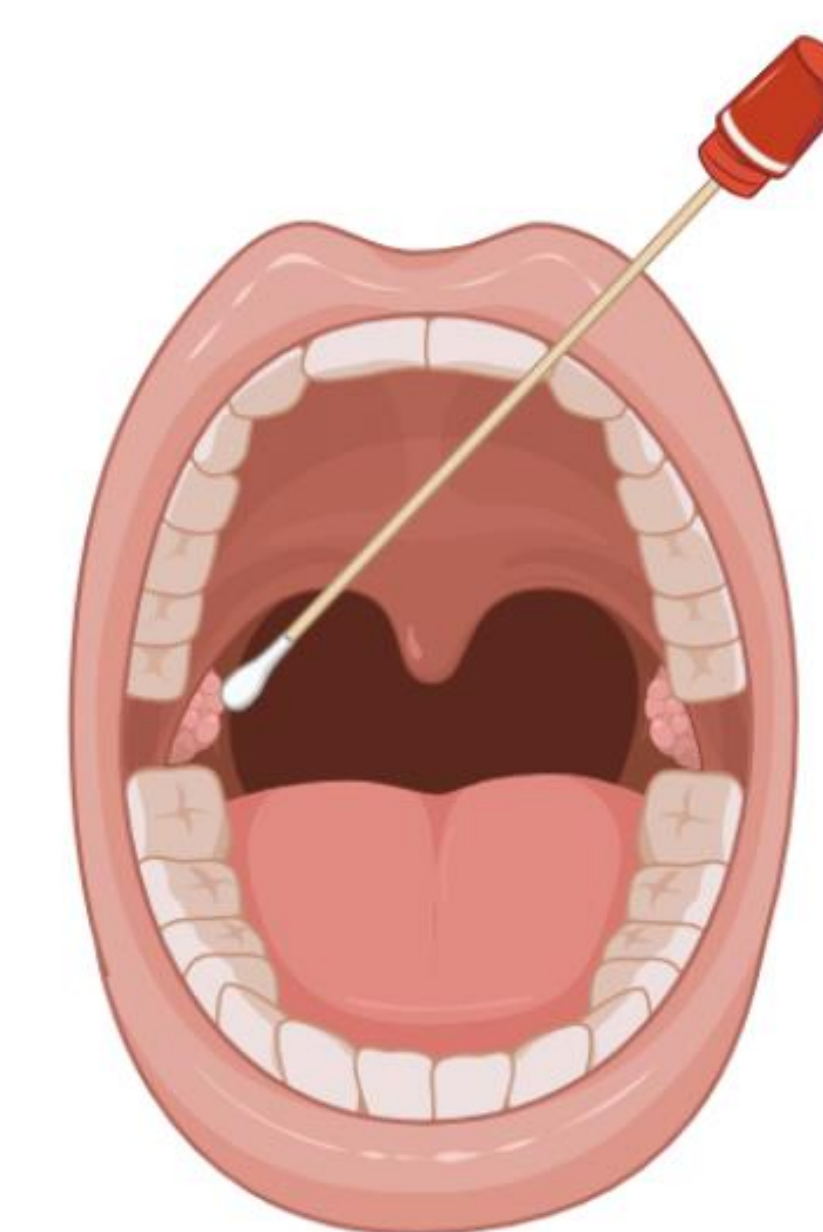
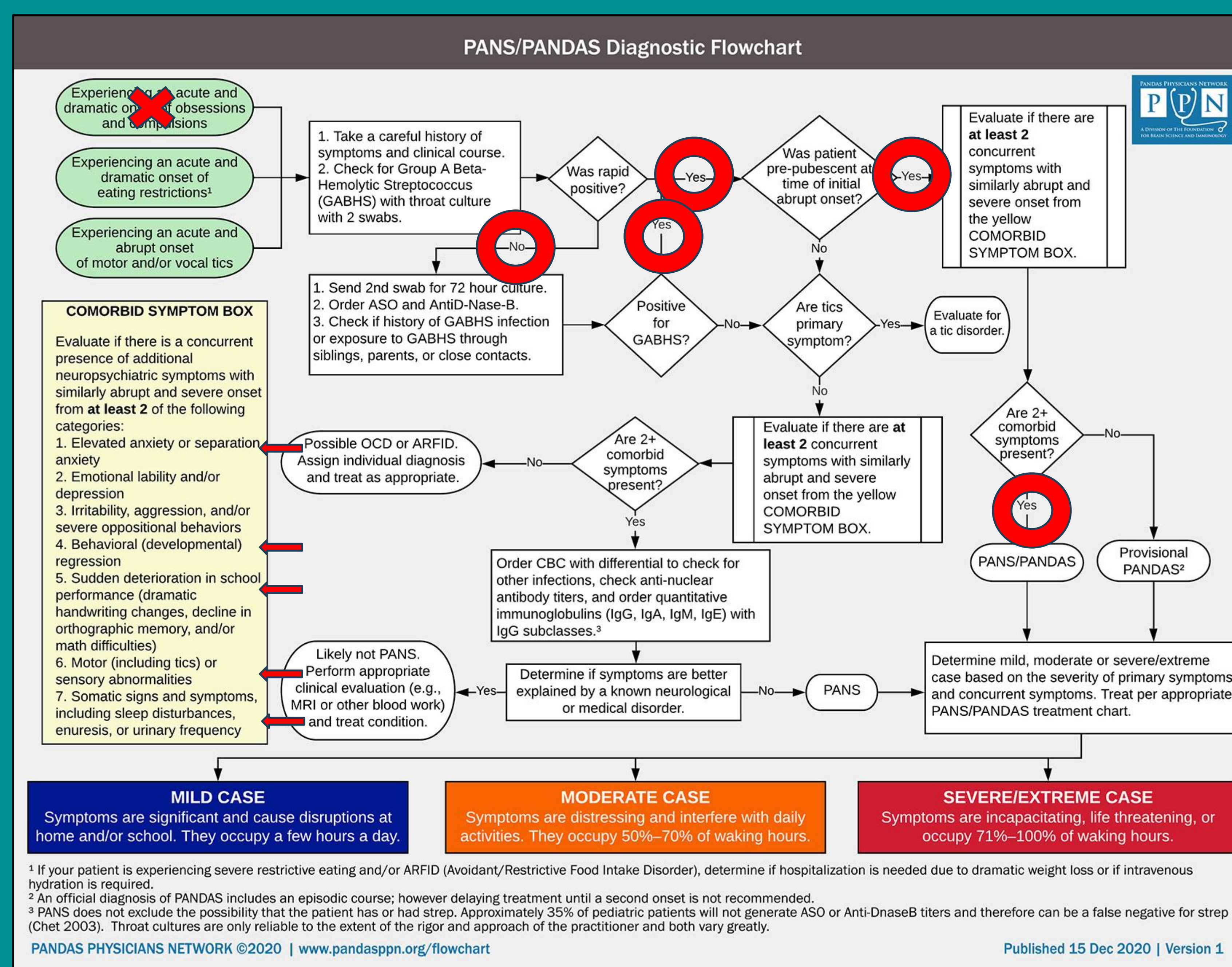
Pediatric autoimmune neuropsychiatric disorder associated with streptococcus (PANDAS) is an acute onset of neuropsychiatric symptoms commonly associated with abrupt obsessions and compulsions, eating restrictions, and/or motor/vocal tics. We present a case of PANDAS in a 12-year-old male who initially presented with behavioral regression, memory impairments, and motor tics, but developed symptoms of OCD later in his clinical course.

CASE

- Medical history: Kawasaki disease c/b LAD aneurysm (2022), body dysmorphia, RFID, eating disorder, ASD, ADHD, anxiety, recent flu illness and sinusitis
- CC: acute behavioral changes including - fatigue, facial grimacing, short-term memory impairments, and behavioral regression, (calling mom "mommy", unable to dress himself, or wipe after using the restroom), inappropriate behaviors, requiring support for ADLs, reemergence of stimming behaviors
- Notable history: major stressor is school with decline in grades and poor relationship with teachers
- Medically admitted with complete work-up, including: Pediatric Neurology, Infectious Disease, Genetics, and Psychiatry consultations

Significant Labs/Imaging	Results
MRI brain w/ and w/o	No acute intracranial abnormality
Lumbar Puncture	No infectious, inflammatory, or structural abnormalities notes
24h EEG	No epileptiform activity
Nutritional deficiency labs	WNL
Serum encephalitis panel	WNL
Urine organic acids	WNL
CRP, ESR, ASO titer, Rapid Strep	WNL, 31, 295, (-)

The diagnosis of PANDAS/PANS should not be excluded in the absence of OCD symptoms



PSYCHIATRY CONSULT

- Psychiatry consult for AMS
- Rapid strep, throat culture, and ASO titer
- 4-week course of Azithromycin 500 mg, Naproxen 375 mg TID, and Sertraline 12.5 mg daily
- Referral to Pediatric Neuropsychiatry and Immunology Program at MGH

DISCUSSION

- Differential for acute-onset behavioral changes in children
- Existing PANDAS diagnostic criteria for OCD and/or tic disorder w/ concurrent GAS infection
- Existing PANS diagnostic criteria OCD and/or restricted food intake with AMS without GAS
- OCD is the symptom of focus for most people and providers
- This case is unique due to initial presenting symptoms: behavioral regression and tics with late onset OCD
- Significant to discuss to prevent delayed diagnosis of PANS/PANDAS
- Future research for patients with comorbid ASD, ADHD, and anxiety

REFERENCES

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