

Arrastogenic Disease

A New Diagnostic Category

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Reprinted from MISSOURI MEDICINE

August, 1955, page 634

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THE RECENT interest in iatrogenic disease (produced by the physician) has bypassed an important category of disease: That which is produced by the patient himself. It is the purpose of this essay to define the limits of this new diagnostic category, to name it, and to cite examples of its manifestations.

DEFINITION

Arrastogenic (*αρρωστος* the sick; *γενος*: born from) disease is a category of factitious signs and symptoms unknowingly produced by the patient. It is to be differentiated sharply from malingering, occupational disease, psychosomatic disease and therapeutic misadventures.

CASE REPORTS

Ankle Edema

Case 1. V. P., a 70 year old retired machinist, was under hospital care for a bleeding peptic ulcer complicated by angina pectoris. On the fifth hospital day, at a time when the patient was progressing satisfactorily, he complained of swelling of the ankles. Two-plus pitting edema was noted up to the knees. Complete investigation revealed none of the usual causes for dependent edema. The same evening, however, the patient was seen eating his meal sitting on the edge of the bed with his feet dangling. When he was instructed to relieve the pressure at the popliteal spaces by resting his feet on a foot stool, the edema promptly disappeared.

Abdominal Pain

Case 2. J. G., a 28 year old mother of a 2 month old baby, complained of severe, nonradiating epigastric pain which lasted from twenty minutes to one hour and had occurred almost daily for the last four months. There was no relationship to meals and no selective dietary intolerance. Physical examination was unrevealing. After detailed questioning of the patient, it was discovered that she had been receiving three 5 grain tablets of ferrous sulfate daily for the last four months. Instead of taking the medication three times a day after meals as directed, the patient had been accustomed to swallowing all three at once, usually before the mid-day meal. When the iron medication was stopped, the patient's abdominal distress vanished.

Burning Tongue

Case 3. W. M., a 72 year old retired businessman, complained of constant burning of the tip of the tongue. Examination of the tongue was unrevealing. Several office visits later, the symptom was still present. At that time it was noticed that the patient was constantly flicking his tongue against his palate and upper incisors. When he was asked about this, the patient stated it was a habit he had developed since he was taking Artane for his parkinsonism. The Artane made his mouth dry and the dryness compelled him to pursue this habit, which in turn, constantly irritated the tip of his tongue.

Dermatitis of the "Scratchable" Areas

Case 4. A severe dermatitis was seen in a 45 year old woman which was unlike anything the dermatologist had seen before. The diagnosis, suggested when it was noted that parts where the patient could not scratch (e.g., between the scapulae) there were no lesions, was corroborated when the patient stated that there were worms crawling under her skin, and was confirmed when the psychiatrist made the diagnosis of schizophrenia.

Periorbital Edema

Case 5. Mrs. E. W., a 70 year old patient who had suffered a mild episode of cerebral thrombosis one year before, was seen frequently because of a feeling of pressure in her head, dizziness, crying spells, stiffness in the left leg and many other neurotic symptoms. Complete medical work-up on several occasions revealed only a residual left hemiparesis. On several occasions she complained of swelling about the eyes. The periorbital tissues indeed were swollen and slightly reddened. The cause of this became evident when it was observed that the patient rubbed her eyes frequently because they "were dry." Actually, it was just a nervous habit, and the constant trauma to the thin, aged skin produced the edema.

DISCUSSION

This is not intended to be an exhaustive presentation of the diagnostic category, arrastogenic disease, but rather is intended to be a brief introduction into a new concept of disease about which apparently nothing has been written heretofore. No references to this concept have been found in the available medical literature. All the recent furor and clamor over the new concept of "iatrogenic" disease has laid the blame for many diseases on the doorstep of the long suffering practitioner. Let us be fair to ourselves, therefore, and allow the patient to accept his share of the responsibility in this new search for exact etiologies of diseases, physical signs and symptoms.

No doubt once physicians begin thinking about signs and symptoms unknowingly produced by their patients, they will add a large number of cases to the few illustrative ones reported here from my own practice. Eventually, it might be seen that arrastogenic disease is just as important as iatrogenic disease.

SUMMARY

A new concept and a new word are introduced. The concept is that of disease, physical signs or symptoms unknowingly produced by the patient.

The word is "arrastogenic," meaning, "produced by the patient." Arrastogenic disease is to be differentiated from psychosomatic disease, malingering, occupational disease and therapeutic misadventures.

Medical Arts Bldg.

The assistance of Reverend Leo Ebisch, St. Marys Seminary, Perryville, in devising the word arrastogenic is gratefully acknowledged.