Case Report:

Chronic supragastric belching as a tic; dramatic response to Trifluoprazine

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Abstract:
Belching is described as the release of gas from esophagus and stomach through the mouth with a typical sound and maybe an odor. There are two different types of belches, gastric and supragastric. We reported case, a patient was a sixty-year old rural woman who had come because of cold presentations. During the examinations we found frequent belches which by history it shows that patient have had episodes of belches without regurgitation periodically since 25 years ago. The episodes last from 15 minutes to 3 hours and it repeated up to 10 times in a day and it disturbed patient’s life. Trifluoprazine 1 mg tablet every morning and night was prescribed empirically with diagnosis of vocal tic. In the next visit, episodes of belches were stopped surprisingly and in 3 months follow up she had no episode of belching. It is concluded that Trifluoprazine can use in treatment of some cases with chronic or excessive supragastric belching.

Keywords: Trifluoprazine, Belching

Introduction:
Belching is described as the release of gas from esophagus and stomach through the mouth with a typical sound and maybe an odor. There are two different types of belches, gastric and supragastric. The main causes of belching are gastroesophageal reflux disease (GERD), functional dyspepsia and aerophagia (1). To our knowledge, there have been very few reports of chronic belching as a tic in the literature (2, 3).

Case Report:
The patient was a sixty-year old rural woman who had come because of cold presentations. During the examinations we found frequent belches which by history it shows that patient have had episodes of belches without regurgitation periodically since 25 years ago. The episodes last from 15 minutes to 3 hours and it repeated up to 10 times in a day and it disturbed patient’s life. The episodes weren’t related to physical situations or eating but they exacerbated in stressful situations or acute diseases and eliminated in sleep. The patient was been visited by different gastroenterologists and endoscopic procedures and barium meal had been done for patient that reported a brief inflammation in esophagus and stomach with positive H-pylori infection. Patient had used anti-acid and prokinetic drugs and H-Pylori was eradicated but there had been no relief for belches. Patient was disappointed of treatments and hadn’t followed treatment and had got used to this life style.
In examination blood pressure was 160/90 mmHg. Patient’s height 164 cm and weight 70 kg. Trifluoprazine 1 mg tablet every morning and night was prescribed empirically with diagnosis of vocal tic. In the next visit, episodes of belches were stopped surprisingly and in 3 months follow up she had no episode of belching.
Belches with frequency of up to 20 per minute, mostly not meal related, with no scent or taste that are loud and are related to anxiety or neurosis are defined as supragastric belches(2). We observed similar symptoms in our patient. We believe that our patient’s symptoms were related to a vocal tic because she responded dramatically to an anti-psychotic drug. We could not find any similar report to compare with our patient. Moreover, during supragastric belching, the air is injected by pharyngeal muscle contraction or through suction created by a negative intrathoracic pressure (4) and this contractions can suppress by antipsychotic drugs.

Conclusion:
It is concluded that Trifuoprazine can use in treatment of some cases with chronic or excessive supragastric belching.

References: