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CORRESPONDENCE

Content Psychogenic Sneezing in Children

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PSYCHOGENIC SNEEZING IN CHILDREN

De Sousa’s case report on childhood psychogenic sneezing1 reminds professionals about an important childhood condition, which is often considered as a rare occurrence. Although Butlani and O’Connell2 argue that it is not rare and held the opinion that functional respira- tory disorders are common and affect mostly children, adolescents, and young adults, resulting in consider- able morbidity and contributing significantly to patient and physician cost and frustration. A history of a psychi- atric disorder with temporally related psychogenic stres- sors is frequently found in these cases. Professionals disagree on the technical classification of some of these conditions (ie, psychosomatic versus somatoform), but there is agreement that treatment directed toward un- derlying stressors should be the cornerstone of therapy.

Intractable paroxysmal sneezing is a clinical en- tity that was first described in 19493.

According to Bhatia et al (2004), there have been more than 40cases reported, mainly among adolescents and children and of these, majority were psychogenic in origin4. Careful history, presentation, evaluation of psy-

of isotonic sodium chloride solution with sugges- tion therapy has been successfully tried to rid the patients of their intractable sneezing, in two cases6. I was briefly involved with a case of a young child, few years back, which presented with psychogenic sneezing and treated by my clinical psychologist col- league successfully with suggestion therapy. No phar- macological treatment was required. We did not report the case.

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chosocial factors and psychodynamic formulation is of-

ten required. Goplan and Browning5 advise on use of topical nasal anaesthesia for control of symptoms – that may help to differentiate psychogenic sneezing from organic sneezing. Various treatment modalities have been suggested and used in these cases. A trial

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125