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Treatment of Vomiting Attacks in Patients with Williams Syndrome Using Mianserin and Telazine

The Editor,

Sir,

Williams syndrome is a genetic syndrome that comprises developmental delay and heart defects, low muscle tone, widely spaced teeth, a long philtrum and a flattened nasal bridge and premature social relationships. The ratio is 1:20 000 (1, 2). A special treatment approach is not known to change the vomiting attacks, eating disorders and premature social relationships. Here, we wish to put forward that mianserin and telazine combination had positive outcomes in a patient with Williams syndrome.

The patient is a 23-year old single woman who is flirtatious and very social. According to her mother, she focusses on unnecessary things; she shops too much and memorizes the phone numbers from the phonebook. She vomits a lot; anti-emitic drugs are insufficient. She has insomnia. She wants to be alone when she is angry. She has an unrestrained interest in men and always wants to meet with someone. There are grammar mistakes in speech but not errors of logic. She has visual impairment, 7.5 degree myopy, and is astigmatic.

Her vomiting episodes started at 15 years of age. Up to two years of age, she would only eat a cup of baby food for the entire day. In childhood, there was a problem getting her to eat but she would take fruits. She completed her primary school with some special help. Her writing skills were good. After primary school, she could not read any books. Her appearance was different from others and she did not know how to laugh and she had enuresis. Doctors said that she had some mucle issues. When she was 15 years old, her father threatened her and that caused a deep trauma. Because of that trauma, her vomiting problem started (physiologic defect with a deep psychological trauma). Her parents are not related to each other, but are from the same geographic region. Genetic studies revealed deletion in the gene for elastin and she was diagnosed as Williams syndrome.

She could not tolerate the selective serotonin reuptake inhibitor (SSRI) and tricyclic antidepressant (TCA) group of anti-depressives and atypical anti-psychotics that were given by doctors. She started to take mianserin 10 mg but her complaints continued so the dose was increased to 15 mg and 1 mg telazine was added. Her vomiting suddenly stopped and hyperphagia occured. She gained five kilograms. After these results, the mianserin dose was decreased to 5 mg per day; the telazine dose was not changed. At this dose, hyperphagia disappeared, trichiniasis and vomiting stopped and she recovered. Her psychological demanding feature and exaggerated social relationships decreased.

We therefore suggest a combination of mianserin and telazine for patients with the above-named complications in Williams syndrome.

Keywords: Mianserin, telazine, Williams syndrome

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Initial Bronchoscopic Treatment of Tracheal Schwannoma: A Rarely Seen Tumour

The Editor,

Sir,

Primary tracheobronchial schwannomas are relatively rare neoplasms found in the trachea. Benign types of these tumours were rarer than 0.5% (1). They can present with chronic cough, progressive dyspnoea and obstructive symptoms but they are usually asymptomatic since the mass lesion grows significantly (1).

A 42-year old male non-smoker was admitted to our hospital with dyspnoea on exertion, having no other disease than Type 2 diabetes mellitus. Chest X-ray of the patient is given in Fig. 1. His bronchoscopic evaluation showed a mass lesion covered by mucosa on the left wall occluding 80% of the lumen (Fig. 2A). The left main bronchus was occluded at its entrance by the tracheal mass. The lesion was photocoagulated by diode laser and taken out by core out method. Coagulation with diode laser was repeated to the base to control bleeding (Fig. 2B).