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## LETTER TO EDITOR (VIEWERS CHOICE)

### REPLY TO "A RARE CASE OF PRIMARY POLYDIPSIA IN CHILD"

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Kamath et al reported a 2 year 11 months old boy with primary polydipsia. Thyroid dysfunction, head trauma, CNS infections, renal disorder or drug intake except for post measles local abscess, central diabetes insipidus (CDI), and nephrogenic diabetes insipidus were among the differential diagnoses. Another reported differential diagnosis was psychological polydipsia (1).

Herein, considering that the patient was with polydipsia, a significant gross motor developmental delay in early infancy, and head circumference of above the mean, another possible differential diagnosis should be mentioned. Pervasive developmental disorders (PDD) are a group of psychiatric disorder characterized by the main symptoms of limited social interaction and relationship, impaired communication and language problems, stereotypic, and limited interests. Autism is one of the PDD that its onset is in the first three years of age.

Meanwhile, developmental coordination problems in autism are frequent. It is suggested as a main and cardinal feature in children with autism spectrum disorders (2). Moreover, there is a debate about possible increased in head circumference in autism in early childhood in autism (3). Furthermore, there are some reports about possible polydipsia in some children with autism (4-6). Sometimes children with autism may show food choices or changed intake behaviors (7).

Therefore, it is suggested that one of the psychiatric diagnosis for children with psychogenic polydipsia can be pervasive developmental disorder.

#### REFERENCES

1. Kamath M, Nayak D, Nayak C D. A Rare case of Primary Polydipsia in Child. *Pediatric Oncall* [serial online] 2011 [cited 2011 April 1];8. Art # 25. Available from: <http://www.pediatriconcall.com/fordocor/viewersChoice/polydipsia.asp>
2. Fournier KA, Hass CJ, Naik SK, Lodha N, Cauraugh JH. Motor coordination in autism spectrum disorders: a synthesis and meta-analysis. *J Autism Dev Disord* 2010; 40: 1227-1240
3. Fukumoto A, Hashimoto T, Mori K, Tsuda Y, Arisawa K, Kagami S. Head circumference and body growth in autism spectrum disorders. *Brain Dev.* 2010 Oct 8. [Epub ahead of print]
4. Terai K, Munesue T, Hiratani M. Excessive water drinking behavior in autism. *Brain Dev.* 1999; 21: 103-106
5. Hiratani M, Munesue T, Terai K, Haruki S. [Two cases of infantile autism with intermittent water intoxication due to compulsive water drinking and episodic release of antidiuretic hormone (SIADH)]. *No To Hattatsu.* 1997; 29: 367-372
6. Raja M, Azzoni A, Giammarco V. Diabetes insipidus and polydipsia in a patient with Asperger's disorder and an empty sella: a case report. *J Autism Dev Disord.*1998; 28: 235-239
7. Tang B, Piazza CC, Dolezal D, Stein MT. Severe feeding disorder and malnutrition in 2 children with autism. *J Dev Behav Pediatr.* 2011; 32: 264-267

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