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## **PTSD in Libyan child**

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## **Abstract:**

Libyan children have suffered from the war during liberation of the country. Mental health in the population, especially children, can be affected by wars. Elimination disorders; secondary nocturnal enuresis and secondary encopresis are known to happen in children after exposure to a stress situation such as domestic violence and motor vehicle accidents. In this situation War is the cause of PTSD in children. Presentations of PTSD in children can be different from those in adults.

## **Introduction:**

The diagnosis of posttraumatic stress disorder (PTSD) was not introduced into the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until its third publication, in 1980. The DSM-IVTR has made some modifications, which have attempted to compensate for the difference in symptom presentation in children and adolescents.<sup>1</sup> There are no sufficient epidemiological studies of the prevalence of PTSD among children in the general population. The studies in United States have indicated that around 3-6% of high school students have PTSD as a result of domestic violence.<sup>2</sup> There are only few studies about prevalence of PTSD following wars. Macksoud and Aber found PTSD rates of 43% in Lebanese children up to 10 years after exposure to war trauma.<sup>3</sup> Ahmad & Mohamad found that among displaced Kurdish children in Iraq following the Gulf war, all had PTSD symptoms and 20% had PTSD.<sup>4</sup> Servan-Schreiber, Le Lin, and Birmaher reported a 30% rate of PTSD reactions in Tibetan refugee children in India.<sup>5</sup> Attanayake et al. systematically reviewed existing literature to identify studies on prevalence of post-traumatic stress disorder, anxiety, depression and psychosis among children exposed to armed conflict. They found that PTSD is the primary outcome ranging from 4.5 to 89.3%, with an overall pooled estimate of 47%.<sup>6</sup> A recent study in Libya showed that PTSD prevalence in populations exposed to a high level of political terror and traumatic events was estimated at 12.4% and was 19.8% for severe depression.<sup>2</sup>

## **Discussion:**

**Methods and Results:** Sex male children, four of them were brought to our clinic for evaluation of secondary nocturnal enuresis and other two for secondary involuntary encopresis.

Review of past history revealed that all children were completely normal and their elimination problems started after the war. All of them had normal hematological, urine, and Ultrasonographic studies.

**Case 1** An 8-year-old boy presented with secondary nocturnal enuresis that had been started 4 months after the beginning of the war. He had been having nightmares and nocturnal enuretic episodes nearly every night. His parents reported that he had been fully toilet-trained by age 2 years. Complete physical and neurological examinations were normal. Renal tests and urinalysis revealed no abnormalities. Child had improved with psychotherapy.<sup>3</sup>

**Case 2** A 10-year-old was brought by parents as he started to have nocturnal enuresis after 3 months from the start of war. He started to have nightmares. The child was dry at

the age of 2 years. Physical and neurological examinations were normal, as were renal tests, ultrasonography, urinalysis and cultures. Child has improved with psychotherapy

Case 3 An 11-year-old boy presented with complaints of sleep disturbances, abdominal pain and episodes of enuresis every night. He had been completely dry at night since age 2 years. Physical examination was normal as well as urinalysis, cultures and abdominal ultrasonography. Child improved with psychotherapy.<sup>4</sup>

### **Conclusions:**

Libyan children need further researches for the evaluation of PTSD among them. The elimination disorders; secondary nocturnal enuresis and secondary involuntary encopresis can occur as a part of PTSD in children.<sup>5</sup>

### **References:**

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