



## Case Report

# Early-Onset Schizophrenia Presenting with Extra-Campine Hallucinations and Obsessive-Compulsive Symptoms: A Rare Clinical Constellation.

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## ABSTRACT

Early-onset schizophrenia (EOS), defined as onset before 18 years of age, is a rare and diagnostically challenging condition. We report the case of a 15-year-old boy presenting with progressively worsening academic and social functioning, unusual hallucinations perceived from distant locations (extra-campine hallucinations), and co-occurring obsessive-compulsive symptoms (OCS). These symptoms were further complicated by intermittent cannabis use, although psychotic features clearly predated substance involvement. Despite outpatient treatment with antipsychotics, symptom persistence warranted inpatient management. This case underscores the importance of early recognition, comprehensive evaluation, and individualized intervention in EOS.

**Keywords:** Adolescent psychosis, Cannabis use, Early-onset schizophrenia, Extra-campine hallucinations, Obsessive-compulsive symptoms,

## INTRODUCTION

Schizophrenia is a chronic and disabling psychiatric disorder characterized by distortions of thought, perception, emotion, and behavior.<sup>[1]</sup> The onset typically occurs in late adolescence or early adulthood, though in rare cases, onset before 18 years—termed early-onset schizophrenia (EOS)—is observed.<sup>[2]</sup> EOS is diagnostically challenging, and attenuated or early psychotic phenomena may complicate early detection.<sup>[3]</sup> EOS is often associated with a more severe course, neurodevelopmental deficits, and poorer long-term outcomes.<sup>[4]</sup> Among the rarer features of schizophrenia are extra-campine hallucinations, defined as perceptions of stimuli occurring beyond the normal sensory field.<sup>[5,6]</sup> When coexisting with obsessive-compulsive symptoms (OCS)—reported in 12–30% of schizophrenia patients—diagnostic and therapeutic complexity increases.<sup>[7]</sup> The additional presence of cannabis use, a known environmental risk factor for psychosis, further complicates clinical evaluation.<sup>[8]</sup> This report highlights the interplay of these rare and overlapping features in an adolescent with EOS.

## CASE REPORT

Mr. X, a 15-year-old boy studying in Class IX, presented with a two-year history of declining academic performance, poor concentration, inappropriate smiling, and social withdrawal. Over 18 months, he developed irritability, restlessness, and disinhibited behavior. During the last six months, he exhibited pronounced compulsive behaviors—repeatedly arranging household items, excessive hand-washing, and fear of leaving objects outdoors overnight. He described hearing

male voices speaking positively about him, perceived as emanating from distant places ('London' or 'America'), consistent with extra-campine auditory hallucinations.<sup>[5]</sup> He also reported persecutory delusions and thought broadcasting.

Academic and social functioning markedly deteriorated. Though he used cannabis intermittently over the preceding year, psychotic symptoms clearly predated substance use.

On mental status examination, he showed blunted affect, impaired attention and memory, and persecutory delusions. Based on ICD-10<sup>[9,10]</sup>, a diagnosis of Schizophrenia (F20.0) with Obsessive-Compulsive Symptoms and Harmful Use of Cannabis (F12.1) was made. He was initially treated with risperidone (up to 4 mg/day) and benzodiazepines for agitation. Due to suboptimal response, the regimen was modified to haloperidol (5 mg/day), olanzapine (10 mg/day), and promethazine (25 mg at night). Persistent symptoms warranted inpatient management and a multidisciplinary approach involving psychotherapy, psychoeducation, and family sessions.

## DISCUSSION

EOS is associated with greater genetic loading, neurodevelopmental abnormalities, and poorer cognitive outcomes<sup>[11]</sup> compared to adult-onset schizophrenia.<sup>[2]</sup> The rarity of extra-campine hallucinations—where voices or sensations are perceived beyond the sensory field—may cause diagnostic confusion with dissociative, neurological, or substance-induced conditions.<sup>[4,5]</sup> The coexistence of OCS in schizophrenia, termed 'schizo-obsessive disorder,'<sup>[10]</sup> is associated with more severe psychopathology, greater functional impairment, and poorer response to treatment.<sup>[8]</sup> Antipsychotics such as clozapine and olanzapine may exacerbate OCS, while SSRIs (fluoxetine, sertraline)<sup>[12]</sup> can alleviate them, though they must be used cautiously due to potential psychosis worsening.<sup>[9]</sup> Cannabis use, particularly in adolescents with genetic or neurodevelopmental vulnerability, increases the risk of both onset and relapse of psychosis.<sup>[12]</sup> However, in this patient, symptom chronology established primary schizophrenia with secondary cannabis use, not substance-induced psychosis.

This case underscores the diagnostic overlap and management challenges of EOS with rare phenomenology. Comprehensive treatment must integrate pharmacotherapy, psychotherapy, psychoeducation, and family involvement, with close monitoring for relapse or OCS exacerbation.

### Take-home messages

- Extra-campine hallucinations are rare but diagnostically significant in EOS.

- Coexisting OCS indicates a severe, treatment-resistant subtype.
- Cannabis use may cloud diagnosis, but should not obscure the underlying psychotic disorder.
- Inpatient multidisciplinary care optimizes functional outcomes.

## CONCLUSION

Early recognition of rare symptom combinations, like extra-campine hallucinations and OCS, in early-onset schizophrenia is vital for timely and appropriate intervention. A multidisciplinary approach, with cautious pharmacological management and psychosocial rehabilitation, is essential for improving prognosis in such complex adolescent cases.

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