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PSYCHOPATHOLOGICAL SYMPTOMS AFTER PLASTIC SURGERY

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ABSTRACT

This article analyzes women's motives for seeking plastic surgery and the various symptoms after surgery, as well as the statistical differences between Reactive Anxiety (RA) and Personal Concern (PC).

Key words: plastic surgery, personal typology, psychoemotional status, dysmorphophobia, psychoemotional disorder, prosopalgia, senestopathy.

INTRODUCTION

Physiognomics and visual diagnostics are one of the fastest growing areas of science in the world. Great attention should be paid to this area in medicine and psychology of Uzbekistan. Physiognomics and phrenology are one of the most effective directions in the study of human psychology on the facial structure of the individual and its correction. It is especially important in the field of plastic surgery. Recently, facial and jaw plastic surgery has been developing rapidly in Uzbekistan. Such operations are increasing day by day. Sometimes a well-performed surgery to change the appearance also leaves various complications. Therefore, in developed countries, plastic surgery centers work closely with

medical psychologists working in the field of physiognomy and phrenology. Preoperative and postoperative examinations by a medical (clinical) psychologist are included in the diagnostic and treatment standards of plastic surgery. Plastic surgery is not performed on a client who has not undergone psychological examination and, if necessary, special psychological correction.

Material and methods. Medical-psychological questionnaire in the study (Z.R. Ibodullaev, (patent No. 001031; 12.01.2018 y), used the methods of determining personality types (Ayzenk scale), determining the degree of depression (Gamilton scale), identifying reactive and personal anxiety (Spilberger-Hanin scale), physiognomic diagnostics of appearance (Vidikor-M program). Methods of Mathematical Statistics (percentage analysis, Student's t-criterion, R.Fisher's F-criteria, Mann-Whitney U-criteria, K. Methods of calculating the R-correlation coefficient of Pearson) were used to process empirical materials obtained in the study and to determine their statistical significance level.

In our study, 80 women aged 30–50 years (mean age 39.5 ± 4.6 years) who applied to a plastic surgeon were examined. According to the Eysenck Personality Questionnaire (EPQ), the subjects were divided into 3 groups: Group 1 - extroverts (27 people, 33.75%); Group 2 - introverts (25 people, 31.25%); Group 3 - neurotic individuals (28 people, 35%) [1].

Results of the research. In all groups, the typology of the personality was studied comparatively, and the motives for consulting a plastic surgeon to change the appearance were analyzed. Significantly, none of those included in the study consulted a plastic surgeon because of injuries, burns, or other physical defects in the facial area, they only chose surgery to make their appearance more beautiful. In all the groups studied, the number of applications for facial skin tightening was high: 25 in group 1 (74.5%), 23 in group 2 (90%), and 26 in group 3 (87.5%). Mutual statistical differences ($P > 0.05$). Among these operations, eyebrow and upper eyelid replacement was performed in 86% (group 1), 92% (group 2) and 93% (group 3), forehead skin tightening in group 1 - 98%, in group 2 - 97%, and finally In group 3, it was 100%. Nasal reshaping was 7% (group 1), 10% (group 2), and 12% (group 3). Those who also applied for mouth angle changes were more common in all three groups: 24 (87%) in group 1, 24 (95%) in group 2, and 27 (96%) in group 3. There was no statistical difference between the groups ($P > 0.05$). The operation of correction of the ear and its surroundings was distributed among the studied groups as follows: in group 1 - 78%; In group 2 - 64% and in group 3 - 46%. The statistical difference between groups 1 and 3 was large ($P < 0.01$). Respondents who participated in our study were studied and analyzed the reasons for applying to a plastic surgeon. Based on the physiognomic diagnosis, the main causes were distributed as follows: independently herself came to the same conclusion - in group 1 (42%), group 2 (34%), group 3 (24%); opinion of others - in group 1 (22%), in group 2 (13%), in group 3 (18%); because of her husband's infidelity - in group 1 (26%), in group 2 (18%), in group 3 (28%); due to her husband's proposal - in group 1 (4%), in group 2 (6%), in group 3 (4%); due to the influence of social networks - in group 1 (20%), group 2 (19%), group 3 (21%). It

is noteworthy that the number of people who applied to a plastic surgeon to change their appearance due to spousal infidelity differed significantly from the spouse's suggestion that “you should change your appearance” ($R < 0.01$).

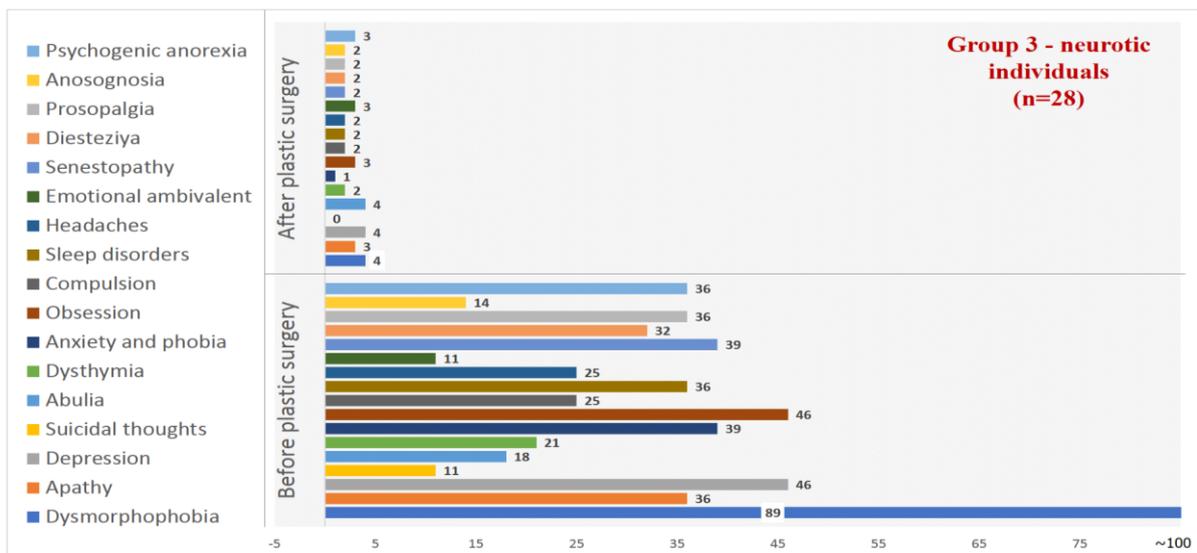
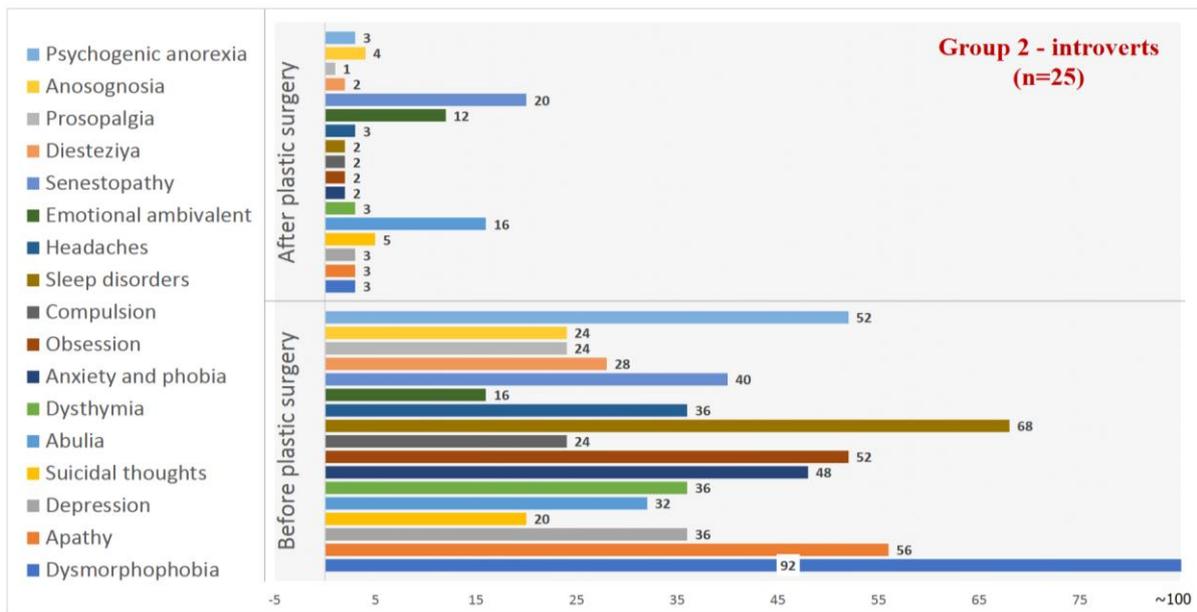
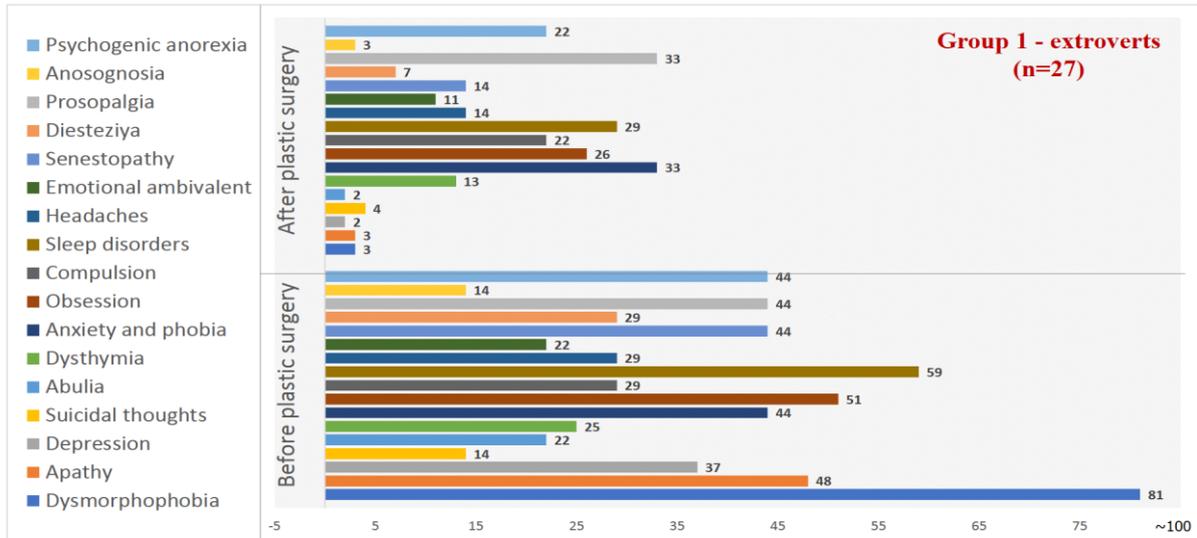
Hence, it can be concluded that for a man, the inner world is more interested in his wife than her appearance. Of course, research is needed in a large population to shed light on this controversial issue. Another reason that forced a woman to lie under anesthesia and under knife to change her appearance grabbed our attention. From the above figures, it can be seen that almost every fifth woman has consulted a plastic surgeon under the influence of social media. Based on the above, the psychoemotional status of women was studied comparatively in relation to the typology of the personality based on the requirements of physiognomy (Table 1.1).

Table 1.1

The structure of psychoemotional disorders observed before consulting a plastic surgeon to change the appearance, %

Symptoms	Research groups			P ₁	P ₂	P ₃
	Group 1 (n = 27)	Group 2 (n = 25)	Group 3 (n = 28)			
Dysmorphophobia	22/81,5	23/92,0	25/89,3	>0,05	>0,05	>0,05
Apathy	13/48,1	14/56	10/35,7	>0,05	<0,05	>0,05
Depression	10/37,0	9/36	13/46,4	>0,05	<0,05	<0,05
Suicidal thoughts	4/14,8	5/20	3/10,7	<0,05	<0,05	<0,01
Abulia	6/22,2	8/32	5/17,8	>0,05	>0,05	<0,01
Dysthymia	7/25,9	9/36	6/21,4	>0,05	>0,05	<0,05
Anxiety and phobia	12/44,4	12/48	11/39,3	>0,05	>0,05	>0,05
Obsession	14/51,8	13/52	13/46,4	>0,05	>0,05	>0,05
Compulsion	8/29,6	6/24	7/25	>0,05	>0,05	>0,05
Sleep disorders	16/59,2	17/68	10/35,7	>0,05	<0,05	<0,01
Headaches	8/29,6	9/36	7/25	>0,05	>0,05	<0,05
Emotional ambivalent	6/22,2	4/16	3/10,7	>0,05	<0,01	<0,05
Senestopathy	12/44,4	10/40	11/39,3	>0,05	>0,05	>0,05
Diesteziya	8/29,6	7/28	9/32,1	>0,05	>0,05	>0,05
Prosopalgia	12/44,4	6/24	10/35,7	<0,01	>0,05	<0,05
Anosognosia	4/14,8	6/24	4/14,2	>0,05	>0,05	<0,05
Psychogenic anorexia	12/44,4	13/52	10/35,7	<0,05	<0,05	<0,05

Note: Group 1 - extroverts; Group 2 - introverts; Group 3 - neurotic individuals. R1 is the statistical difference between groups 1 and 2; R2 is the statistical difference between groups 1 and 3; R3 is the statistical difference between groups 2 and 3.



As can be seen from Table 1.1, the most common symptom in the whole group was dysmorphophobia. In introverts in particular, this disorder was very

common, accounting for 92.0%. Dismorphophobia is the practice of living in a phobia by looking for flaws in one's appearance [2]. A study of personality typology among plastic surgeon applicants has shown that dysmorphophobia is as common in our data as in other literature. The incidence of dysmorphophobia was significantly different from other psychopathological symptoms ($R < 0.001$). There was no statistical difference between the groups belonging to extraversion, introversion and neuroticism ($P > 0.05$). In conversations with those diagnosed with dysmorphophobia, it became clear that they were paying close attention to any "flaws" in their appearance, that she did not like the situation, that the idea was engulfing his brain and that she was constantly anxious and in a low mood. "I always have my hand on my face, I work on it incessantly, I go to the cosmetologist, I can get rid of this pain by having surgery at a plastic surgeon," said one of our clients. Therefore, in most cases, dysmorphophobia is formed on the basis of obsessive-compulsive disorders. One of the most common psychoemotional disorders was apathy, a syndrome that occurred in group 2, i.e., 56% of introverts, and was characterized by a statistical difference ($P < 0.05$) compared to individuals of the neurotic type. Apathy is manifested by indifference to the events and happenings in the environment, the loss of interest in one's loved ones, the desire for loneliness [3]. Even in introverts, apathy was detected in almost every second patient. Depression, which was considered more severe than apathy, in contrast, was more common in group 3 with a statistical difference than in group 2 ($p < 0.05$). This means that among women who decide to change their appearance, the tendency to depression is more prevalent among those who are of the neurotic type than those who are extroverts and introverts. Depression was manifested in them in a very depressed mood, dissatisfaction with their appearance, loss of motivation for action, numbness of thoughts. The prevalence and more severe manifestations of depression in neurotic-type individuals are certainly a serious problem. They had a depression rate of 22.2 ± 2.4 on the Hamilton scale [4]. Individuals of the neurotic type had higher levels of depression due to depressed mood, guilt, suicidal ideation, insomnia, loss of motivation, numbness of mind, anxiety, hypochondria, and somatic disorders. Depression rates were 14.4 ± 1.5 ($p < 0.05$) in extroverts and 15.2 ± 2.2 ($p > 0.05$) in introverts, i.e., moderate. We believe that the moderate expression of depression in groups 1 and 2 is related to personality typology, i.e., extraversion and introversion. It is known that in most cases, the companion of depression is anxiety and phobias. Anxiety and phobias were detected in 44.4% of cases in group 1, 48% in group 2, and 39.3% in group 3. There is no statistical difference between these figures. We compared the levels of reactive and personal anxiety (RA and PC) in all 3 groups. PC was higher in individuals of the neurotic type: in-group 1 - 31.8 ± 2.7 ; In-group 2 - 32.5 ± 1.9 ; In-group 3 - 51.8 ± 3.5 . At the same time, the indicator of group 3 differed from that of groups 1 and 2 by a statistical difference ($p < 0.05$). Hence, depression and anxiety are accompanying psychopathological symptoms, the degree of expression of which depends on the typology of the individual [5]. *Compared to RA, the values of PC were almost the same in all three groups, ie*

there was no statistical difference between them: in group 1 - 32.4 ± 3.1 ; In group 2 - 30.4 ± 2.3 ; In group 3 - 34.1 ± 2.8 ($p > 0.05$). It is well known that PC is a trait that reflects a person's tendency to worry and determines his or her individuality. Risk factors that threaten human life are reflected in personal anxiety. PC is more stable than reactive anxiety and does not always change like RA. Probably because of this, the PC was not high before plastic surgery to change the appearance. Mood disorders of different degrees, ie dysthymia, manifested differently in the studied groups: dysthymia was observed in group 1 - 25.9%, in group 2 - 36%, in group 3 - 21.4% of patients. Dysthymia is a psychopathological symptom specifically indicated in KXT-10 (F34.0) and is diagnosed as a separate diagnosis in cases where persistent mood disorders have been present for more than two years. Dysthymia is not as severe as depression and does not last for years. Dysthymia often begins in adolescence, sometimes intensifying and sometimes disappearing in different situations of life. In dysthymia, antidepressants do not have to be prescribed, and psychotherapeutic conversations work well. Obsessive-compulsive disorder (F42) has a special place in all groups included in the cohort. It is known that obsession develops on the basis of long-lasting neurotic disorders, and compulsion develops on the basis of long-lasting obsession. Obsession occurred in 51.8% of patients in group 1, 52% of patients in group 2, and 46.4% of patients in group 3, while compulsion based on that obsession occurred in 29.6% of patients in group 1, 24% in group 2, and 25% in group 3 detected. There was no statistical difference between the groups ($P > 0.05$). Thoughts about the "defect" in the appearance of obsession are ingrained in the brain, whether surgery is necessary or not, whether such thoughts and fears and anxieties, sleep at night with conflicting thoughts and waking up in the morning with such thoughts. attempting to perform unnatural stereotypical behaviors with, i.e., initiating compulsive behaviors [6]. For obsession to begin, the obsession must be chronic. From the above figures, it can be seen that compulsion does not develop in all those who have been diagnosed with obsession. However, in almost half of those with obsession, compulsion is detected, resulting in obsessive-compulsive syndrome. As a result, it has a serious negative impact not only on the mental but also on the physical condition of the patient. Unpleasant thoughts about their appearance disrupt their sleep. Sleep disorders were detected in 59.2% of patients in group 1, 68% in group 2, and 35.7% in group 3 patients. It should be noted that sleep disorders in neurotic individuals differed statistically significantly from extroverts and introverts ($r < 0.05$ and $r < 0.01$, respectively). Headaches also formed on the basis of neurosis and depression. Headaches were observed in 29.6% of cases in group 1, 36% in group 2, and 25% in group 3. In some cases, these pains have become chronic and we have also observed cases of patients being exposed to analgesics, which have a strong effect. Especially facial pain, i.e. prosopalgia, poses serious problems not only for the patient but also for the plastic surgeon and medical psychologist.

Prozopalgia was detected in 44,4% of cases in the 1 Group, 24% in the 2 Group ($r < 0,001$), 35,7% in the 3 group ($p > 0,05$). Questions such as why the pain in

the face arises in patients who have been diagnosed with prozopalgia, whether this condition does not interfere with the operation, then the neuralgia does not develop, my face does not ache, does not interfere with the rapid completion of the operation role, of course, should find its own answer and prompt solution.

Prosopalgia was detected in 44.4% of cases in group 1, 24% ($p < 0.001$) in group 2, and 35.7% ($p > 0.05$) in group 3. Questions such as what causes facial pain in patients diagnosed with prosopalgia, whether the condition interferes with surgery, whether neuralgia develops later, whether the face is crooked, whether it prevents the surgical site from healing quickly, must be answered and quickly resolved. Senestopathy, i.e., various unpleasant sensations on the face, tingling, irritability, itching, and even pain-like conditions, was detected in 44.4% of patients in group 1, 40% in group 2, and 39.3% in group 3. The manifestation of senestopathy in combination with compulsive actions formed on the basis of obsessive disorders has made physiognomic psychodiagnostics and psychocorrection much more difficult. We believe that a separate psychotherapeutic approach will be required in cases where obsession, prosopalgia, and compulsion coexist. Otherwise psychotherapeutic treatments may be ineffective. The results of physiognomic psychodiagnostics, taking into account the typology of the personality of women who want to change their appearance with the help of plastic surgery, show that they have dysmorphophobia, obsessive-compulsive disorder, depression, anxiety-phobic disorders, dysthymia, psychopathology and prosopalgia. and most of these disorders are manifested depending on the typology of the individual [7]. The main reasons why women turn to plastic surgeons have been revealed in the media, including advertisements on social media, trips to beauty salons, problems with their spouses, and other reasons. In such women, other qualities that characterize the person, such as knowledge, spirituality, enlightenment, and moral principles, take second place. In women who decide to change their appearance through plastic surgery, physiognomic psychodiagnostics should be studied taking into account the typology of the person, and only then such operations should be allowed. This prevents yatropathy and dysmorphophobia that can occur after surgery.

Conclusion

1. The results of physiognomic psychodiagnostics, conducted taking into account the typology of personality in women who want to change their appearance with the help of plastic surgery, have shown that psychopathological symptoms such as dysmorphophobia, obsessive-compulsive disorders, depression, anxiety-phobic disorders, dysthymia, prozopalgia and emotional ambivalence occur in them, and most of such disorders are manifested depending on the personality typology.

2. Physiognomic psychodiagnostics in women who decided to change the appearance by means of plastic surgery should be studied taking into account the typology of the personality, and only after that such operations should be allowed. And this will prevent yatropathy and dysmorphophobia, which can occur after the operation.

3. In women who want to change their appearance through plastic surgery, rational psychotherapy should be conducted taking into account the typology of the personality. Here in all cases-psychopathological symptoms, such as phobias, disorders, obsession and depression, decreased by 2-3 times after rational psychosis, in some cases, for example, depression, dysmorphophobia 3,5-4 times.

4. Anxiety after a plastic surgical operation in appearance-phobic disorders were statistically significantly reduced, depending on the type of person, that is, in individuals of the Extravert, introvert and neurotic type. Obsessiv-compulsive disorders, which existed before the operation, decreased by 1,8-2,6 times in all the studied groups after the successful operation and were made possible to initiate early psychorehabilitation processes in them.

5. Somatoform and Psychovegetative disorders, which existed before the operation, that is, after the operation, dizziness, tachycardia, neurorespirator syndrome, hyperhidrosis, general tremor, abdominalgia decreased by 2,5-3,8 times without a person type, and this condition did not even depend on the type of operation

6. Anxiety-phobic, prozopalgia, senestopathy, obsessive-compulsive and somatoform disorders in individuals of the extrovert, introvert and neurotic type are formed on the basis of dissatisfaction with the appearance, and such disorders, in most cases, after a successful plastic operation, are eliminated negative symptoms are replaced by positive symptoms.

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