



Atypical autism in a child with biological and psychosocial risk factors: a case report

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Abstract

Background. Atypical autism is a subtype of pervasive developmental disorders characterized by incomplete fulfillment of the criteria for classical autism, either with respect to age at onset or the required symptom domains.

Objective. To describe the clinical characteristics, risk factors, and management of a child with atypical autism and global developmental delay.

Materials and methods. We report the case of a 6-year-7-month-old boy presenting with speech delay. Assessment included a detailed developmental history, psychiatric evaluation, and psychometric testing using the Childhood Autism Rating Scale (CARS).

Results. Developmental abnormalities were first noted at approximately 2 years of age and included persistent speech delay, motor delay, repetitive behaviors, and markedly limited verbal communication. The patient demonstrated basic social engagement via non-verbal means, although the quality of interaction was restricted. The CARS score was 34, consistent with mild-to-moderate autism. Biological risk factors included prematurity, low birth weight, neonatal intensive care unit (NICU) admission, and comorbid medical conditions. Psychosocial contributors included inconsistent caregiving and excessive screen exposure.

Conclusions. The patient was diagnosed with Atypical Autism with suspected Mild Intellectual Disability. Early identification and comprehensive, multidisciplinary intervention including behavioral therapy, occupational therapy, and family psychoeducation are essential to improve adaptive functioning and quality of life.

Keywords: autism spectrum disorder, child development disorders, intervention, risk factors.

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Атипичный аутизм у ребенка при наличии биологических и психосоциальных факторов риска: клинический случай

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Аннотация

Актуальность. Атипичный аутизм представляет собой тип общего нарушения развития, характеризующийся неполным соответствием критериям классического аутизма применительно как к возрасту дебюта, так и к необходимым для постановки диагноза группам симптомов.

Цель. Описать клинические характеристики, факторы риска и ведение ребенка с атипичным аутизмом и общей задержкой развития.

Материалы и методы. Представлен случай мальчика в возрасте 6 лет 7 месяцев с задержкой речевого развития. Обследование предполагало тщательный сбор анамнеза, психиатрическое освидетельствование и психометрическое тестирование с использованием рейтинговой шкалы детского аутизма (Childhood Autism Rating Scale, CARS).

Результаты. В возрасте около 2 лет впервые были выявлены следующие нарушения развития: длительно сохранявшаяся задержка речевого развития, задержка моторного развития, повторяющееся поведение и заметные трудности с вербальной коммуникацией. Пациент демонстрировал базовые навыки социального взаимодействия невербальными средствами, хотя качество общения было снижено. Оценка по шкале CARS составила 34 балла, что соответствовало аутизму легкой или средней степени тяжести. Биологическими факторами риска были недоношенность, малая масса тела при рождении, госпитализация в отделение интенсивной терапии новорожденных и сопутствующие заболевания. Психосоциальными факторами были бессистемный уход и слишком большое экранное время.

Выводы. Пациенту поставили диагноз «атипичный аутизм с подозрением на умственную отсталость легкой степени». Ранняя диагностика и комплексное междисциплинарное вмешательство, включающее в себя поведенческую терапию, эрготерапию и работу с семьей для повышения психологической грамотности, имеют решающее значение для повышения уровня адаптивного функционирования и качества жизни.

Ключевые слова: расстройство аутистического спектра, нарушения развития детей, вмешательство, факторы риска.

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Introduction

Atypical autism belongs to the spectrum of pervasive developmental disorders and differs from classical autism in either age at onset or the incomplete fulfillment of diagnostic criteria. Nevertheless, affected individuals exhibit impairments in social communication and interaction, along with restricted and repetitive patterns of behavior, even if not all domains are fully represented [1, 2]. Autism, or

Autism Spectrum Disorder (ASD), is a neurodevelopmental condition characterized by persistent deficits in social communication and interaction, accompanied by restricted and repetitive behaviors [1, 2]. Its etiology is multifactorial, involving complex interactions between genetic susceptibility and environmental influences [3, 4]. Biological risk factors such as prematurity and low birth weight, as well as environmental exposures including inadequate developmental

stimulation and excessive screen time, may adversely affect neurodevelopment [5]. This case report aims to describe the clinical presentation, risk factors, and management approach in a child with atypical autism accompanied by global developmental delay.

Materials and methods

Study design. This is a descriptive case report based on clinical evaluation.

Clinical assessment. The patient underwent a comprehensive assessment, including detailed developmental history-taking, psychiatric examination, and psychometric evaluation using the Childhood Autism Rating Scale (CARS).

Results (case presentation)

A 6-year-7-month-old boy presented with the chief complaint of inability to speak. Developmental concerns were first recognized at approximately 2 years of age, marked by persistent speech delay. The patient was able to produce only simple words, with no meaningful progression in expressive language. In addition to language delay, there was significant motor developmental delay. The patient achieved independent sitting at approximately 3.5 years and independent walking at 4.5 years. In daily interactions, communication relied primarily on non-verbal behaviors such as pointing or leading caregivers by the hand. Behavioral observations revealed restricted and repetitive patterns, including repeatedly arranging toys, prolonged fixation on specific parts of objects, and stereotyped hand-flapping. The patient also demonstrated resistance to changes in routine.

Socially, the patient showed interest in the environment and was capable of simple interactions; however, the quality of engagement was limited and verbal communication remained minimal. Emotional regulation was immature, with low tolerance to frustration. Developmental history identified several biological risk factors, including prematurity at 32 weeks of gestation, low birth weight (1500 grams), and a history of NICU admission. Comorbid medical conditions included mild atrial septal defect (ASD secundum), microcornea, a history of malnutrition and stunting, and tympanic membrane perforation.

Environmental factors included suboptimal developmental stimulation and excessive exposure to screen-based media. Psychiatric examination revealed compos mentis con-

sciousness, euthymic mood, appropriate affect, and an autistic pattern of thought processes. The CARS assessment yielded a score of 34, consistent with mild-to-moderate autism.

The diagnosis was established as:

- atypical autism;
- suspected mild intellectual disability.

Discussion

This case illustrates a neurodevelopmental disorder characterized by delayed communication, limited social interaction, and repetitive behaviors core features of ASD [6, 7]. However, the incomplete fulfillment of classical diagnostic criteria supports the classification of atypical autism. Biological risk factors, including prematurity and low birth weight, are known to disrupt brain maturation and neural connectivity [3, 4]. Early-life nutritional deficits may further compromise cognitive and language development.

Environmental influences also play a critical role. Excessive screen exposure and limited direct social interaction may exacerbate developmental delays [5]. Inconsistent caregiving practices may additionally impair the development of emotional regulation and adaptive functioning.

Management of ASD requires a multidisciplinary approach. Core interventions include behavioral therapy, speech and language therapy, and occupational therapy [8]. Early intervention has been consistently associated with improved developmental outcomes. Family psychoeducation and active caregiver involvement are essential to optimize treatment effectiveness [9, 10].

Conclusions

Atypical autism is a heterogeneous neurodevelopmental condition that requires comprehensive evaluation. In this case, both biological and psychosocial factors contributed to the clinical presentation. Early detection, timely multidisciplinary intervention, and sustained family involvement are key determinants in improving adaptive functioning and overall quality of life.

Conflict of interests. The authors declare that there is not conflict of interests.

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