

World Journal of *Clinical Cases*

World J Clin Cases 2022 May 16; 10(14): 4327-4712



OPINION REVIEW

- 4327 Emerging role of biosimilars in the clinical care of inflammatory bowel disease patients
Najeeb H, Yasmin F, Surani S

MINIREVIEWS

- 4334 Practical insights into chronic management of hepatic Wilson's disease
Lynch EN, Campani C, Innocenti T, Dragoni G, Forte P, Galli A
- 4348 Adipose-derived stem cells in the treatment of hepatobiliary diseases and sepsis
Satilmis B, Cicek GS, Cicek E, Akbulut S, Sahin TT, Yilmaz S

ORIGINAL ARTICLE**Clinical and Translational Research**

- 4357 Learning curve for a surgeon in robotic pancreaticoduodenectomy through a "G"-shaped approach: A cumulative sum analysis
Wei ZG, Liang CJ, Du Y, Zhang YP, Liu Y
- 4368 Clinical and prognostic significance of expression of phosphoglycerate mutase family member 5 and Parkin in advanced colorectal cancer
Wu C, Feng ML, Jiao TW, Sun MJ

Case Control Study

- 4380 Significance of preoperative peripheral blood neutrophil-lymphocyte ratio in predicting postoperative survival in patients with multiple myeloma bone disease
Xu ZY, Yao XC, Shi XJ, Du XR

Retrospective Study

- 4395 Association between depression and malnutrition in pulmonary tuberculosis patients: A cross-sectional study
Fang XE, Chen DP, Tang LL, Mao YJ
- 4404 Pancreatic cancer incidence and mortality patterns in 2006-2015 and prediction of the epidemiological trend to 2025 in China
Yin MY, Xi LT, Liu L, Zhu JZ, Qian LJ, Xu CF
- 4414 Evaluation of short- and medium-term efficacy and complications of ultrasound-guided ablation for small liver cancer
Zhong H, Hu R, Jiang YS

- 4425 Hematopoiesis reconstitution and anti-tumor effectiveness of Pai-Neng-Da capsule in acute leukemia patients with haploidentical hematopoietic stem cell transplantation

Yuan JJ, Lu Y, Cao JJ, Pei RZ, Gao RL

- 4436 Oral and maxillofacial pain as the first sign of metastasis of an occult primary tumour: A fifteen-year retrospective study

Shan S, Liu S, Yang ZY, Wang TM, Lin ZT, Feng YL, Pakezhati S, Huang XF, Zhang L, Sun GW

- 4446 Reduced serum high-density lipoprotein cholesterol levels and aberrantly expressed cholesterol metabolism genes in colorectal cancer

Tao JH, Wang XT, Yuan W, Chen JN, Wang ZJ, Ma YB, Zhao FQ, Zhang LY, Ma J, Liu Q

Observational Study

- 4460 Correlation of pressure gradient in three hepatic veins with portal pressure gradient

Wang HY, Song QK, Yue ZD, Wang L, Fan ZH, Wu YF, Dong CB, Zhang Y, Meng MM, Zhang K, Jiang L, Ding HG, Zhang YN, Yang YP, Liu FQ

- 4470 Multi-slice spiral computed tomography in diagnosing unstable pelvic fractures in elderly and effect of less invasive stabilization

Huang JG, Zhang ZY, Li L, Liu GB, Li X

SYSTEMATIC REVIEWS

- 4480 Distribution and changes in hepatitis C virus genotype in China from 2010 to 2020

Yang J, Liu HX, Su YY, Liang ZS, Rao HY

CASE REPORT

- 4494 Bow hunter's syndrome successfully treated with a posterior surgical decompression approach: A case report and review of literature

Orlandi N, Cavallieri F, Grisendi I, Romano A, Ghadirpour R, Napoli M, Moratti C, Zanichelli M, Pascarella R, Valzania F, Zedde M

- 4502 Histological remission of eosinophilic esophagitis under asthma therapy with IL-5 receptor monoclonal antibody: A case report

Huguenot M, Bruhm AC, Essig M

- 4509 Cutaneous mucosa-associated lymphoid tissue lymphoma complicating Sjögren's syndrome: A case report and review of literature

Liu Y, Zhu J, Huang YH, Zhang QR, Zhao LL, Yu RH

- 4519 Plexiform neurofibroma of the cauda equina with follow-up of 10 years: A case report

Chomanskis Z, Jusky R, Cepkus S, Dulko J, Hendrixson V, Ruksenas O, Rocka S

- 4528 Mixed porokeratosis with a novel mevalonate kinase gene mutation: A case report

Xu HJ, Wen GD

- 4535 Isolated pancreatic injury caused by abdominal massage: A case report

Sun BL, Zhang LL, Yu WM, Tuo HF

- 4541** Bronchiolar adenoma with unusual presentation: Two case reports
Du Y, Wang ZY, Zheng Z, Li YX, Wang XY, Du R
- 4550** Periodontal-orthodontic interdisciplinary management of a “periodontally hopeless” maxillary central incisor with severe mobility: A case report and review of literature
Jiang K, Jiang LS, Li HX, Lei L
- 4563** Anesthesia management for cesarean section in a pregnant woman with odontogenic infection: A case report
Ren YL, Ma YS
- 4569** Convulsive-like movements as the first symptom of basilar artery occlusive brainstem infarction: A case report
Wang TL, Wu G, Liu SZ
- 4574** Globe luxation may prevent myopia in a child: A case report
Li Q, Xu YX
- 4580** Computer tomography-guided negative pressure drainage treatment of intrathoracic esophagojejunal anastomotic leakage: A case report
Jiang ZY, Tao GQ, Zhu YF
- 4586** Primary or metastatic lung cancer? Sebaceous carcinoma of the thigh: A case report
Wei XL, Liu Q, Zeng QL, Zhou H
- 4594** Perianesthesia emergency repair of a cut endotracheal tube’s inflatable tube: A case report
Wang TT, Wang J, Sun TT, Hou YT, Lu Y, Chen SG
- 4601** Diagnosis of cytomegalovirus encephalitis using metagenomic next-generation sequencing of blood and cerebrospinal fluid: A case report
Xu CQ, Chen XL, Zhang DS, Wang JW, Yuan H, Chen WF, Xia H, Zhang ZY, Peng FH
- 4608** Primary sigmoid squamous cell carcinoma with liver metastasis: A case report
Li XY, Teng G, Zhao X, Zhu CM
- 4617** Acute recurrent cerebral infarction caused by moyamoya disease complicated with adenomyosis: A case report
Zhang S, Zhao LM, Xue BQ, Liang H, Guo GC, Liu Y, Wu RY, Li CY
- 4625** Serum-negative Sjogren's syndrome with minimal lesion nephropathy as the initial presentation: A case report
Li CY, Li YM, Tian M
- 4632** Successful individualized endodontic treatment of severely curved root canals in a mandibular second molar: A case report
Xu LJ, Zhang JY, Huang ZH, Wang XZ

- 4640** Successful treatment in one myelodysplastic syndrome patient with primary thrombocytopenia and secondary deep vein thrombosis: A case report
Liu WB, Ma JX, Tong HX
- 4648** Diagnosis of an extremely rare case of malignant adenomyoepithelioma in pleomorphic adenoma: A case report
Zhang WT, Wang YB, Ang Y, Wang HZ, Li YX
- 4654** Management about intravesical histological transformation of prostatic mucinous carcinoma after radical prostatectomy: A case report
Bai SJ, Ma L, Luo M, Xu H, Yang L
- 4661** Hepatopulmonary metastases from papillary thyroid microcarcinoma: A case report
Yang CY, Chen XW, Tang D, Yang WJ, Mi XX, Shi JP, Du WD
- 4669** PD-1 inhibitor in combination with fruquintinib therapy for initial unresectable colorectal cancer: A case report
Zhang HQ, Huang CZ, Wu JY, Wang ZL, Shao Y, Fu Z
- 4676** Cutaneous metastasis from esophageal squamous cell carcinoma: A case report
Zhang RY, Zhu SJ, Xue P, He SQ
- 4684** Rare pattern of Maisonneuve fracture: A case report
Zhao B, Li N, Cao HB, Wang GX, He JQ
- 4691** Suprasellar cistern tuberculoma presenting as unilateral ocular motility disorder and ptosis: A case report
Zhao BB, Tian C, Fu LJ, Zhang XB
- 4698** Development of plasma cell dyscrasias in a patient with chronic myeloid leukemia: A case report
Zhang N, Jiang TD, Yi SH
- 4704** Ovarian growing teratoma syndrome with multiple metastases in the abdominal cavity and liver: A case report
Hu X, Jia Z, Zhou LX, Kakongoma N

LETTER TO THE EDITOR

- 4709** Perfectionism and mental health problems: Limitations and directions for future research
Nazari N

ABOUT COVER

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INDEXING/ABSTRACTING

The *WJCC* is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for *WJCC* as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The *WJCC*'s CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Hua-Ge Yan*, Production Department Director: *Xu Guo*, Editorial Office Director: *Jin-Lei Wang*.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

May 16, 2022

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INSTRUCTIONS TO AUTHORS

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GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

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PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Perfectionism and mental health problems: Limitations and directions for future research

Nabi Nazari

Specialty type: Medicine, research and experimental

Provenance and peer review: Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): B
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): E

P-Reviewer: Morozov S, Russia; Tasdelen Bas M, Turkey; Chaudhury S, India

Received: January 27, 2022

Peer-review started: January 27, 2022

First decision: March 16, 2022

Revised: March 19, 2022

Accepted: April 9, 2022

Article in press: April 9, 2022

Published online: May 16, 2022



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Abstract

Research has indicated that perfectionism is prevalent among adolescents and may be harmful in terms of its association with mental health problems. This letter aims to create a paradigm for future studies of the perfectionism. Specifically, we suggest gaps and implications that must be considered at perfectionism future research in terms of assessments, interventions, settings, potential treatments, gender, and social media.

Key Words: Perfectionism; Adolescents; Treatment; Gender; Mental health problems

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Core Tip: Consistent with biopsychosocial and public health promotion perspectives on health, comprehending the consequences of perfectionism for health and well-being necessitates unifying instead of soloing studies on such linked factors and examining them in their particular contexts. As a transdiagnostic process, that perfectionism is hard to change. Consequently, treatments must be customized to address perfectionists' cognitive and emotion control difficulties, and adolescents meta-cognitive views about ability, self, and meaning of failure.

Citation: Nazari N. Perfectionism and mental health problems: Limitations and directions for future research. *World J Clin Cases* 2022; 10(14): 4709-4712

URL: <https://www.wjgnet.com/2307-8960/full/v10/i14/4709.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i14.4709>

TO THE EDITOR

We read, with great interest, the article by Livazović addressing the relationships between perfectionism and the quality of interpersonal interactions (family members, peers, and colleagues) and media consumption[1]. This study aimed to determine the predictive value of social connectedness, demographic characteristics, and media use with regard to perfectionism. These results add to the growing body of knowledge. We agree with the authors' insight that perfectionism is best defined as a multidimensional construct. Additionally, perfectionism is best characterized as a multidimensional personality trait. This conceptualization is critical. Perfectionism exhibits distinct and often antagonistic interactions with positive and negative psychological processes and their consequences. To fully comprehend multifaceted perfectionism, it is fundamental to understand how many aspects connect to processes and results and how they link to stable personality qualities. Additionally, it is critical to understand how perfectionism and its many characteristics fit within a comprehensive personality framework.

From the perspective of self-determination theory, multidimensional perfectionism comprises two distinct components: (1) Perfectionistic striving (PS); and (2) Perfectionistic concern (PC). PS is mainly associated with motivations and regulatory styles characterized by higher degrees of self-determination, such as intrinsic motivation, integrated regulation, and identified regulations[2]. In contrast, PC is mainly associated with motivations and regulatory styles characterized by lower degrees of self-determination, such as introjected regulation. However, PS may also show positive relationships with introjected and external regulation even when the overlap with perfectionist concerns is controlled, suggesting that the motivational qualities of PS may reach the domain of less self-determined regulation. One possibility is that the pattern of striving and concerns shows positive relationships with external and introjected regulation, which can be explained by the fact that both regulations focus on rewards and punishments.

Gender and perfectionism

In terms of gender, girls are more likely than boys to be addicted to technology and to be compared with others. Self-critical perfectionism was associated with an increased risk of sadness and a decreased sense of self-worth among girls who used social media. By avoiding social media more often, the impact may be mitigated. This gender difference may be because what girls use on online media is more important than the amount of time. A new study examined whether perfectionism has a significant effect on determining whether and how online behavior impacts the mental well-being of girls[3].

Health and perfectionism

Concerning health issues, scholars' dependence on subjective self-report questionnaires to measure health-related constructs is a well-known and significant weakness in perfectionism. However, the employed measures are critical for capturing health outcomes that may be employed to predict morbidity[4]. They are insufficient to address the complicated relationships between perfectionism, psychological distress, health practices, and health. Consequently, researchers have encouraged the conduction of multi method and multi-informant studies that better reflect biopsychosocial models of health. The suggested objective is that research in this area will also prove that the health costs associated with perfectionism cannot be limited to higher levels of neuroticism or lower levels of conscientiousness. Additionally, perfectionism has specific mental health problems distinct from the health risks and related variables linked with the other personality traits. Once the unique health risks associated with perfectionism are better understood, it will be critical to develop a research agenda focused on developing and implementing a preventive approach that simultaneously decreases perfectionistic strivings and concerns while increasing resilience in at-risk perfectionists.

Intervention

Direct classroom treatments targeting perfectionism result in considerably reduced levels of perfectionism in children and adolescents. Empirical data support the adoption of intensive, complex interventions focused exclusively on perfectionism rather than on numerous goals to reduce perfectionism's detrimental effects. This is consistent with the finding that cognitive-behavioral therapies targeting perfectionism have been linked with significant reductions in perfectionism and moderate reductions in emotional disorders, anxiety, and depression in adult clinical populations. Key themes were also identified to develop resilience to diminish perfectionism in classroom settings[5], including lowering the perceived importance of meeting impossible standards, viewing failures as stepping stones to success and growth, being compassionate to counter self-blame, and to provide stress management. Compared to adult interventions, findings revealed that perfectionism interventions in children and adolescents have comparable effects in transdiagnostic outcomes[5], particularly affectivity, self-criticism, body dissatisfaction, and maladaptive behavior.

Self-compassion may be an effective intervention to reduce the severity of maladaptive affective behaviors in response to difficult everyday situations and stressful events that can facilitate recovery from adversity. There is growing evidence that higher levels of self-compassion are linked with greater

levels of positive and adaptive responses (e.g., happiness, optimism, life satisfaction, and specific goal achievement, healthier physiological responses to stress, and negative outcomes (e.g., lower levels of depression, anxiety, and stress)[6,7]. Particularly for perfectionism, the mechanisms related to self-compassion, such as awareness about painful experiences instead of avoiding, connectedness instead of isolating, and kindness instead of harshly judging, may be protective factors against psychopathology vulnerabilities.

Conclusion

Consistent with biopsychosocial and public health promotion perspectives on health, comprehending the consequences of perfectionism for health and well-being requires unifying instead of soloing studies on such linked factors and examining them in their particular contexts. From a developmental psychopathology viewpoint, perfectionism's effect on children's health might take numerous pathways. For example, perfectionism may have a detrimental effect on children's health[8]. A developmental validation and implication of the objective and specific multidimensional research instruments is a sophisticated approach to measure perfectionism and support professionals in reducing the burden of harm-related perfectionism among adolescents. Another pathway involves greater paternal and environmental risk factors (including parental perfectionism) and the impacts of the risk factors on parenting quality, which lead to higher levels of youth perfectionism and mental health problems. There is currently a lack of evidence to investigate perfectionism interventions' most effective format and specific disorders. As a transdiagnostic process, perfectionism is harmful and hard to change. Consequently, treatments must be customized to address perfectionists' cognitive and emotion control difficulties and adolescents' meta-cognitive views about the ability, self, and meaning of failure[9].

FOOTNOTES

Author contributions: All authors actively reviewed and revised the manuscript and approved the finally submitted manuscript.

Conflict-of-interest statement: The authors declare that they have no conflict of interest.

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Corresponding Author's Membership in Professional Societies: American Psychological Association, C2000157758.

S-Editor: Wang LL

L-Editor: A

P-Editor: Wang LL

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