In the case reported here, the absence of intention to lose weight and body-image distortion was initially neglected. Depressive symptoms, personality traits, familial relationship and ambivalence on the perspective of nutritional recovery were overestimated at the expense of clinical history and vomiting characteristics, leading to the initial misdiagnosis.

We thus conclude that, when assessing patients with a hypothetical ED, psychopathological symptoms must always be carefully evaluated. The exclusion of organic etiology must be a priority, even when the need of psychiatric and psychotherapeutic interventions is evident. In suspected AN cases without self-induced vomiting, idiopathic achalasia must always be excluded before the final diagnosis.

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