Munchausen Syndrome as a Case of Rare Psychiatric Disorder

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Abstract
This is a case of 16 years old girl presented with munchausen syndrome. She has a 3 years history of non specific joint pain, bleeding of fingers and toe nails, episodic fainting spells. She had depressive symptoms for the last 1 month. She was admitted to the psychiatric ward of POF Medical Complex Wah Cantt for observation and found to cut her cuticles with blade, on confrontation, patient and her family started to quarrel with the hospital staff and left against advice.

Keywords: Munchausen syndrome, Psychiatric Disorder, Self mutilating behavior

Introduction
The Munchausen's syndrome (MHS) is a rare psychiatric disorder classified among the self-manipulated diseases. The typical presentation of Munchausen syndrome is characterized by a restless journey from physician to physician and hospital to hospital, an ever-changing list of complaints and symptoms, and an alarming variety of self-intoxications and self-injuries designed to better portray the illness that the patient asserts he or she has [1]. There is a subset of women patients who vary from the classic presentation in that they reproduce a single set of symptoms, repeatedly [3]. These patients are frequently dramatic in their presentation of symptoms and are often sophisticated and knowledgeable in medical terminology associated with misleading physical and laboratory findings as well as an exaggerated, distorted medical history [2] [3]. As a result of their confusing, skillful mimicry, they may be subjected to many unnecessary medical and surgical procedures [2].

Incidence of Munchausen syndrome peaks in young to middle-aged adults, occurring in both sexes [3]. The potential for significant morbidity and mortality exists, as patients with Munchausen syndrome go to extreme measures to simulate true organic diseases and may cause real disease in the process [3]. In a psychiatric hospital, out of a total of 775 admissions under the age of 65 in 1986, four patients were diagnosed as having Munchausen's syndrome (0.5%) [8] [9]. Redefining the factitious illness as psychiatric with continued involvement of a primary physician and family support are also keys to successful management; prognosis for patients with Munchausen syndrome generally is poor [5] [3].

In this case report, the patient deliberately produces cuts by traumatizing her skin near her finger and toenails. The case points to Münchausen syndrome as a possible rare cause of some long, unsuccessfully treated diseases [6].

Case Report
A 16 years old, single girl left the school in 5th class presented with 3 years history of joint pain at multiple sites and episodic bleeding from finger, toe and nails. For the past 1 month she developed loss of interest in daily activities, weeping spells, episodic fainting spells and hyperventilation, abdominal pain, disturbed sleep and appetite. She was seen by various doctors during this time and received treatments including appendectomy. She was seen by various doctors during this time and received treatments including appendectomy. She has a past history of similar dissociative symptoms, following by adjustment issues at school, during that time she attempted suicide as well with the intention of manipulation.

Family history revealed disturbed parental relationships. She is 5th in the sib ship of 6 children. She was adopted at the age of 10 years and rejoin parents 3 years ago against her will after which problem started. Her sister has histrionic personality issues. She has been described as an introvert person, sensitive to criticism, non friendly, difficulty in adjustment and poor coping skills.

Discussion
Clinical presentations of Munchausen syndrome are variable than are generally realized and patients present them in different ways. These symptoms may include haematoma, infected wound, haemoptysis, abdominal

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pain, renal colic, fever, hypoglycaemia, nausea, vomiting, dizziness and seizures These patients may use blood or faeces to contaminate urine samples, use insulin to produce hypoglycemia, or infect or scratch their operation wounds [4]. The case literature describes cases in which the patients repeatedly simulated or self-induced a single medical problem (e.g., non healing wounds) and a roughly equal number of cases in which individual patients presented over time with a wide diversity of medical problems , as might be expected, the prevalence is even higher among patients with unexplained or intractable medical complaints 9.3% of a sample of persons with fever of unknown origin were determined to have simulated or produced fevers. Another study found that an astounding 40% of brittle diabetics altered their medication compliance or diet to intentionally produce diabetic instability [7].

The case presented fulfills the criteria of the disorder, hence presents the clinical picture of Munchausen syndrome. Patient presents with the self mutilating and manipulative behavior, disturbed family history, multiple hospitalizations, non cooperative behavior towards the treatment, against medical advice discharge. It is assumed that Munchausen syndrome is a product of individual development and environmental factors which are expressed through a psychopathic personality, which includes criminal tendencies, colorful lying and an urge to travel widely [4]. Once the pattern of Munchausen’s behavior becomes established then it seems to form an irresistible compulsion, although individual hospital admissions may be provoked by mood swings and minor environmental setbacks [4], similar is the case of this patient as there is an attack of self mutilating behavior followed by minor changing’s in the environment and emotional upheavals. The final driving force, which precipitates the patient into a hospital career, is still missing and is possibly quite accidental and seems to occur at any age [4]. The absence of a clear source of primary or secondary gain is the hallmark that distinguishes Munchausen syndrome from other factitious illnesses [3]. Several authors have regarded factitious illness behavior as a primitive defense mechanism against sexual and aggressive impulses [7], this might be the cause with this patient as there is a history of sexual abuse, aggressive impulses towards the family and environment which is manifested in the form of manipulated behavior.

Patients with Munchausen syndrome are seldom willing to admit that they have feigned or caused their own medical or emotional problems. When confronted by medical and nursing staff or with policies they find offensive (e.g., no leaving the unit at will), they often become angry and discontinue their care at that particular facility. Against-medical-advice (AMA) discharges are common, as are threats of retribution through lawsuits or physical attacks [7]. Similarly in this study, when patient was confronted for cutting herself, she and her family became abusive, blame the medical staff and took against medical advice.

Diagnosing Munchausen syndrome is very difficult, but early diagnosis could to a considerable extent prevent the iatrogenic risks [1]. Once they are admitted in hospital they continue to be demanding and difficult and may blame doctors or paramedical staff for uncooperative attitude and inefficiency [4]. Indeed, the management of Munchausen syndrome is aggravated by the low compliance in these patients, they often threaten litigation and are generally abusive [1] [4].

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