

# A teenage girl with unexpected bleeding: Munchausen syndrome

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### ABSTRACT

*Munchausen syndrome is a factitious disorder which was reported by Richard Alan John Asher for the first time in 1951. In this condition the patient intentionally produces physical or psychological signs or symptoms. Patient plays a sick role without any external incentives. Though it is a rare disease as to be found in less than 1% in clinical settings, still it should be considered as a differential diagnosis in some cases to prevent unnecessary medical expenses. Sometimes it might be found challenging to diagnose a case as Munchausen syndrome because patient may have adequate medical knowledge to skip physician's eye for a while. We present case history of a case of 15-year-old girl, who visited outpatient department of Transfusion Medicine and Clinical Haematology with bleeding from various parts of her body. She was diagnosed as Munchausen syndrome. She got required treatment and was referred for psychological assessment and support.*

**Key words:** Bangladesh, bleeding, factitious disorder, Munchausen syndrome.

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### INTRODUCTION

Munchausen syndrome was reported by Richard Alan John Asher in 1951 in Lancet for the first time. In this disease, patients intentionally produce physical or psychiatric symptoms to assume a sick role to gain

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medical attention.<sup>1</sup> It is a factitious disorder imposed self-intentionally. They visit multiple hospitals, medical centers and doctors repeatedly with symptoms of no significant underlying medical condition. They appear as medical mystery as their laboratory tests and radiological reports remain conflicting with their alleged history, symptoms and physical findings. As a result, unnecessary medical expenditure increases.<sup>2</sup>

It is a disorder of unknown etiology. It is thought that psychosocial factors influence a person to develop this syndrome. There may be some triggering factors like unpleasant childhood, abandonment from loved one, traumatic experiences and sexual abuse.<sup>3</sup> In Munchausen syndrome patients usually have medical knowledge. Evidence of self-induced injury may be found. Over 50% of patients have been reported to present with skin injuries or lesions.<sup>4</sup> It is estimated that less than 1% of patients in the clinical setting will have Munchausen disorder.<sup>5</sup> Here, we present case history of a young girl who presented with abnormal bleeding and was diagnosed as a case of Munchausen syndrome.

### CASE REPORT

This is a case of a 15-year-old girl came to Department of Transfusion Medicine and Clinical Haematology of BIRDEM General Hospital with her mother. Her

complaint was bleeding out from various part of body. According to her statement she bled from nose two months ago. She showed her mother and got some home care by her and the bleeding stopped after a while. She again bled on the same day after 4-5 hours. The next day she visited an ENT specialist. There she underwent physical examination but no abnormality was detected.

Haemoglobin was 12 gm/dl, total count  $6125/\text{mm}^3$ , platelet count was  $293000/\text{mm}^3$ , prothrombin time (PT) was 12 sec and activated partial thromboplastin time (APTT) was 24 sec with INR 1.0. She was given some symptomatic management. Later-on she developed haematemesis. Her mother again consulted with ENT specialist but like as before no abnormality found. Meanwhile the mysterious bleeding got started from finger and toes. Sometimes it ridiculously came out from root of the hair too. ENT specialist advised for hematology consultation.

Then the girl came to our outpatient department. The girl was examined thoroughly. Clinically she was healthy but she showed some photographs of bleeding from various part of her body as evidence of her illness. On the next visit she came with laboratory test reports where hemoglobin level was 12.1 gm/dl, bleeding time 3 minutes, clotting time 9 minutes, platelet count  $287000/\text{mm}^3$  and factor VIII assay 87% (normal). Her menstruation was also regular with a normal flow. Detailed history about the bleeding was taken more elaborately to solve the mystery. This time she was restless yet cooperative. After hearing from her, we noticed an interesting matter that every time the bleeding started when she was all alone indicating self-inflicted bleeding. Bleeding stopped spontaneously within a short period of starting indicating superficial self-inflicted wound and normal bleeding and clotting time. It is to be noted that she is the fourth child of her parents. Her elder siblings are engaged in their own life and this teen aged girl got their company hardly and she was left alone.

History, relevant clinical examinations and investigations lead her diagnosis as Munchausen syndrome. For her psychological assessment she was referred to psychiatrist. There she got empathetic counseling and management. Her family members were also involved in counseling sessions.

## DISCUSSION

A patient suffering from factitious disorder presents with physical or psychological symptoms. These symptoms are produced by the patient intentionally. Munchausen syndrome can be distinguished from other factitious disease by some characteristic features. Symptoms never go under remission and each time the outcome is worse. History of repeated hospitalization is commonly found. The diagnostic and statistical manual of mental disorder fifth edition (DSM-5) describes following criteria to diagnose a factitious disease as below<sup>6</sup>

- (a) Creating a physical or physiological sign or symptoms or causing any injury or disease deliberately to deceive.
- (b) Pretention being sick or showing off to have problem in functioning.
- (c) Pretending without even any visible gain.
- (d) Behavior is different from other mental disease e.g. delusion or any other type of psychotic disorder.

So, any patient deliberately lying, having history of repeated hospitalization and investigation, history of drug/substance abuse, psychological or physical abuse with recurrent physical or psychological symptoms and without any external gain should check properly and consider for Munchausen syndrome as one of the diagnosis. Patient with Munchausen syndrome cannot inhibit himself from pretending and the motive behind it is to attract sympathy and gain attention.<sup>7</sup> they need pure love from parents, siblings, family members and friends.

Munchausen syndrome is a challenging diagnosis to manage. It requires patience and empathy to treat them and patient's self-consciousness is also necessary for prevention of feigned sickness.<sup>8</sup> They should be handled by alliance of clinician and psychiatrist. Also mental health assessment should get importance for early diagnosis of such illness. Consistent visit to clinician-psychiatrist and regular psychotherapy session can draw an excellent outcome to this patient.

Munchausen syndrome should keep as differential diagnosis in any unexplained bleeding manifestation. Proper history taking and correlation with the laboratory tests are vital to solve the mystery of this diagnostic dilemma. Awareness should be spread among health

care providers. Emotional conflict during adolescent period with mysterious bleeding history should be researched for proper evaluation, diagnosis and to set an appropriate measure to solve this mystery.

### Conclusion

Factitious disease should always keep under consideration, if patient complaints for unexplained bleeding with repeated hospital visit.

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**Consent:** Informed written consent was taken from parents of the patient for publication of this case report.

**Conflicts of interest:** Nothing to declare.

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