

Munchausen Syndrome Presenting with Bleeding per Nose, Ears, Eyes and Mouth

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Abstract

In 1951, Richard Alan John Asher first reported Munchausen syndrome as a factitious disorder. The essential feature of this disorder is that patients feign physical symptoms to get admission in a hospital. These patients may feign symptoms of disorder of any organ system. Even experienced clinicians are deceived by these symptoms and histories presented by these patients. Usually they know which of the symptoms and diagnoses usually require hospital admission or medication. Because of rarity of this disease and lack of knowledge and awareness even among the physicians, often misdiagnosis occur which results in unnecessary use of medical tests and evaluations. For these reasons this is one of the toughest and challenging diagnoses in any medical set up. We present this rare case of a patient who presented to the department of emergency, ENT and Eye repeatedly with Bleeding per nose, ears, eyes and mouth for 8 months. The patient was successfully treated, initially with psychotropic then psychotherapy with no recurrence. This interesting and rare case is presented to create awareness amongst all specially to medical population about Munchausen syndrome so that they can be diagnosed easily and treated with efficiency as well as misdiagnosis and unnecessary use of medical resources can be avoided.

Key-Word: Munchausen syndrome, Factitious disorder, Diagnostic dilemma.

Introduction

The term "Munchausen syndrome" was first coined by Richard Asher¹ in 1951. He used this term to describe a syndrome in which patients intentionally made symptoms to gain hospital admission repeatedly. The other names of this disorder are hospital addiction, poly-surgical and professional patient syndrome. Patients of Munchausen syndrome intentionally produce physical or psychiatric symptoms to gain medical attention and assume a sick role¹. Munchausen syndrome is a kind of factitious disorder where physical signs and symptoms are predominant and more striking features rather than psychological symptom. Patients with Munchausen Syndrome simulate, induce, or aggravate illness to receive medical attention. To achieve this, they may inflict painful, deforming even life-threatening injury on themselves, their children or other dependents. The primary motivation is not avoidance of duties or financial gain rather to receive medical care. Though the exact prevalence of this condition in Bangladesh is not known, limited studies indicate that patients with factitious disorder may comprise approximately 0.8 to 1.0 percent of psychiatry consultation patients². We documented this interesting case of a 9 years female child from Jashore, who was repeatedly reported and admitted in

emergency, ENT, EYE and Hematology Department with history of bleeding through nose, ears, eyes and mouth and has been a diagnostic dilemma for a long time, till she was successfully diagnosed and treated as a case of Munchausen syndrome.

Case Presentation

This 9 years old girl, student of class IV was repeatedly reported in emergency and admitted in ENT, EYE ward with history of bleeding per nose, ears, eyes and mouth. Earlier she was sent for hematological assessment and her blood sample was sent to India to ascertain any bleeding or coagulation factor defect. Neither any abnormality was found by ENT/EYE specialist nor any hematological abnormality was detected in laboratory investigations. Her first hospital admission was from 24 to 31 August 2017 and second time from 12 to 18 September 2017. On third hospitalization she was sent for psychiatric evaluation. History revealed that the bleeding was intermittent in nature and initially it occurred 10-12 times per day when she was at her residence. But after admission in hospital incidence was decreasing day by day. Lastly it decreased up to 1-2 times per day while staying in hospital.

Inquisitive history digs out that bleeding never started in front of others, when wiped out never bleed further. No abrasions, bruises, lacerations or injury marks were observed in and around bleeding sites and there is no history of per vaginal or per rectal bleeding. She was closely observed in psychiatry ward in front of others for hours and no bleeding occurred. Then she was kept alone and within few minutes she had bleeding. Immediately blood was collected and sent for investigation to determine whether it was blood or any other substance. Result confirmed it as human blood. So, it was required to observe her under strict surveillance. This is how Psychiatrists played a role of a detective. The girl was kept in psychiatry ward in front of psychiatrist and she was playing there. Later on she was left alone in the room keeping a mobile video on. In the next 5 minutes, she became restless, looking to and fro and was keenly observing whether anybody enters into room. As she found no one around her she started smacking in the oral cavity and then spit in her hand and put the liquid (which was actually blood) on her hand and then pours it to the right eye. Then and then she almost ran out of the room and complained of bleeding per eye (which was seen by video recording). Father was puzzled initially and the girl became upset seeing the video clip.

Discussion

Factitious disorder has been divided into two groups depending on the types of signs or symptoms feigned. There is one disorder marked by psychological symptoms and another marked by physical symptoms. Both may occur together. In factitious disorder with predominantly psychological signs and symptoms some patients

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show psychiatric symptoms judged to be feigned. This determination can be difficult and is often made only after a prolonged investigation. The feigned symptoms frequently include depression, hallucinations, dissociative and conversion symptoms, and bizarre behavior. Because the patient's condition does not improve after routine therapeutic measures are administered, he or she may receive large doses of psychoactive drugs and may undergo electroconvulsive therapy.

Factitious disorder with predominantly physical signs and symptoms is the best-known type of Munchausen syndrome. Clinical presentations are myriad and include hematoma, hemoptysis, abdominal pain, fever, hypoglycemia, lupus-like syndromes, nausea, vomiting, dizziness, and seizures. Urine is contaminated with blood or feces; anticoagulants are taken to simulate bleeding disorders; insulin is used to produce hypoglycemia; and so on. Such patients often insist on surgery and claim adhesions from previous surgical procedures. These features are dramatic and more alarming than other types of factitious disorders that distinguish Munchausen syndrome. Among factitious disorder Munchausen Syndromes are alarming and with worse prognosis. Bleeding is one of the main presenting features of Munchausen syndrome. As it is an alarming and more dramatic symptom, extensive investigations and numerous hospitalizations are carried out for diagnosis³.

In Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) no distinction is made between the two and the disorder is divided into that "imposed on self" and that "imposed on another" (factitious disorder by proxy). According to DSM-5, following criteria must be fulfilled to diagnose a case of factitious disorder imposed on self⁴:

- a) Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception.
- b) The individual presents himself or herself to others as ill, impaired, or injured.
- c) The deceptive behavior is evident even in the absence of obvious external rewards.
- d) The behavior is not better explained by another mental disorder, such as a delusional disorder or another psychotic disorder

Clues that should trigger suspicion of Factitious Disorder include unusual, dramatic presentation of symptoms that defy conventional medical or psychiatric understanding, symptoms do not respond appropriately to usual treatment or medications, emergence of new, unusual symptoms when other symptoms resolve, eagerness to undergo procedures or testing or to recount symptoms, reluctance to give access to collateral sources of information, extensive medical history or evidence of multiple surgeries, multiple drug allergies, medical profession, few visitors, ability to forecast unusual progression of symptoms or unusual response to treatment. In Bangladesh medical documents are not preserved electronically. For this reason such patients can easily fake history and undergone same investigations repeatedly. So finding out and diagnose such cases a physician requires high index of suspicion. Most doctors are focused on the acute presentation and the likely management and for that most doctors carry out unnecessary medical interventions

and hospitalizations in such cases, which can be a poor prognostic factor in Munchausen syndrome³.

Several risk factors have been identified for predisposing to this disease including past serious illness, loss of a close relative, personality disorder and being a healthcare worker⁵. Possibly our patient had the motive to gain sympathy and attention as her mother was pregnant and could not take care of her and also the father used to remain away from home as the father was a serving soldier.

The most important prognostic factors of these patients are early suspicion and identification of disease, prompt psychiatric referral and the presence of mood disorder or personality disorder⁶. The three major goals in the treatment and management of factitious disorders are (1) to reduce the risk of morbidity and mortality, (2) to address the underlying emotional needs or psychiatric diagnosis underlying factitious illness behavior, and (3) to be mindful of legal and ethical issues. Perhaps the single most important factor in successful management is a physician's early recognition of the disorder. In this way, physicians can forestall a multitude of painful and potentially dangerous diagnostic procedures for these patients. Good liaison between psychiatrists and the medical or surgical staff is strongly advised. Although a few cases of individual psychotherapy have been reported in the literature, no consensus exists about the best approach. In general, working in concert with the patient's primary care physician is more effective than working with the patient in isolation. Physicians require a great deal of tolerance to strengthen patient-therapist alliance. This will help to develop conscious self-control of the patient so that he or she can minimize the feigned illness symptoms⁷. Patient should be steered towards psychiatric treatment in an empathic, non-confrontational, face saving manner. Psychiatrists should treat the underlying psychiatric condition, such as Axis I or Axis II disorder. In psychotherapy, addressing coping strategies and emotional conflict is beneficial. After the diagnosis of our patient, management of her underlying stress, regular counseling and psychotherapy sessions resulted in an excellent prognosis of our patient. We also recommended follow up visit which could not be ensured due to lack of mental health awareness of parents.

We suggest that physicians should report more cases of Munchausen syndrome. As this disease is not researched extensively more research should be done to understand the disease and its cultural, social and psychological aspects. More research can find out the best treatment strategy for such patients and develop a culturally sensitive treatment approach.

Conclusion

Munchausen syndrome is a rare and interesting disease which often causes diagnostic dilemma due to lack of knowledge and awareness among clinicians as well as general population. To overcome this situation further research in this arena and spreading awareness among general population as well as medical professionals are needed. With increasing research and awareness, the disease will be properly evaluated, prompt diagnosis can be made and exact management can be carried out to control and treat the disease. This case report will contribute towards enhancement of knowledge among the physicians and increase the awareness of general population about Munchausen syndrome.

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