

A rare case of munchausen syndrome admitted with hemoptysis

Mehmet Semih Demirtas¹, Serdal Gungor², Bilge Ozgor²

¹Inonu University Faculty of Medicine Department of Pediatric, Malatya, Turkey

²Inonu University Faculty of Medicine Department of Pediatric, Neurology, Malatya, Turkey

Dear Editor,

Munchausen syndrome is a factitious disorder, a mental disorder in which a person repeatedly and deliberately acts as if he or she has a physical or mental illness when he or she is not really sick (1). Munchausen Syndrome, defined by Asher for the first time, is a syndrome in the subgroup of artificial disorders that frequently undergo various treatments and are referred to the hospital, the physicians who are being referred to and the departments to be able to leave the departments in a difficult situation (2-3). In this case report, it was aimed to discuss the Munchausen Syndrome by drawing attention to the history and the physical inconsistency in a patient admitted to our clinic.

A 15-year-old girl was referred to our outpatient clinic with complaints of fainting and hemoptysis. The last two months, the whole body relaxation, closing eyes and fresh blood from the mouth is complaining. Even though she heard voices at the time of his fainting, she could not answer, and it took 10 minutes for the patient to recover. This situation has been repeated 4 times in the past month and a tea cup of destiny has been expressed by the fate of fresh blood. It has been understood that the hemoptysis was performed by irritating the patient's throat with her finger. Within the last one year of the patient's story, we learned that there were two scratches on his left side of the face every Monday morning and hemorrhage in this area.

The patient's physical and neurological examination revealed no pathological findings except two grafts on the right half of the face. The body weight of the patient was 77 kg (> 97 p) and the height was 162 cm (50-75 p). Kidney function tests, glucose and whole blood counts, liver function tests, coagulation tests were normal. Chest x-ray showed no signs of hemoptysis. The results of cranial tomography, electrocardiography (ECG), and electroencephalography (EEG) were normal (Figure 1). Endoscopy was performed to patient at external center.

The family was informed that the endoscopy result which was normal.

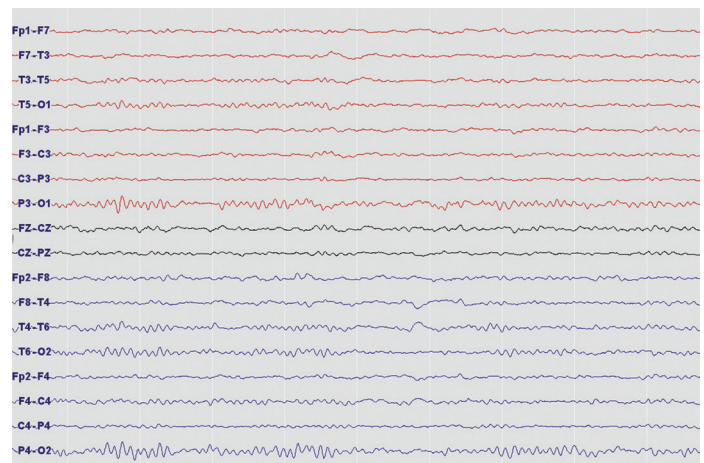


Figure 1. Normal awake trace consistent with the age of the patient is observed.

The patient was considered as Munchausen Syndrome when evaluated together with anamnesis, examination, and laboratory findings. The patient was told that this situation was not due to an organic or medical condition, and the patient became aggressive attitude. It was told to family that this is a case of factitious disorder and the patient was referred to child psychiatry clinic.

A factitious disorder may present with physical or psychological symptoms intentionally produced by the patient with no visible gains. The features that distinguish Munchausen from other types of factitious disorders include presentations that are more alarming and refractory with worse outcomes. Many patients with Munchausen syndrome present with complaints of bleeding and as it is an alarming symptom, it mostly leads to extensive investigations and hospitalization (4, 5). The management of Munchausen syndrome is also very

Received: 09.10.2017 Accepted: 06.11.2017

Corresponding Author: Mehmet Semih Demirtas, Inonu University Faculty of Medicine Department of Pediatric, Malatya, Turkey
E-mail: md.semihdemirtas@gmail.com

challenging and includes a great deal of tolerance on the part of the physician and requires a strengthened patient-therapist alliance to develop the patient's conscious self control to minimize the feigned illness symptoms (6). In our case, the patient's examination and visualization results were normal, and complaints were made every Monday on the same day and the same order, leading us to the diagnosis of Munchausen Syndrome. Complaints supported our diagnosis that symptoms begin when her father goes to outside of the city and aggressive attitude when the patient wants to be referred to the child psychiatry clinic.

As a result; Munchausen Syndrome diagnosis and differential diagnosis of a condition that had to be done with difficulty. It is important for the physicians other than psychiatrists to obtain a thorough anamnesis, to review their past medical records and to conduct a sufficient physical examination in order for the disease to be definitively diagnosed. In this way, patients can be kept away from unnecessary interventions and medical treatment.

REFERENCES

1. Feldman MD, Ford CV. Factitious disorders, In Sadock BJ, Sadock WA(eds), comprehensive text book of psychiatry (7th. Edition) (vol. 1). Williams and Wilkins, Baltimore 2000. p. 1533-43.
2. Krahn LE, Li H, O'Connor MK. Patients who strive to be ill: factitious disorder with physical symptoms. Am J Psychiatry 2003;160(6):1163-8.
3. Asma S, Erdoğan AF. A Case of Munchausen Syndrome Admitting with Hemorrhage. TAF Prev Med Bull 2009;8(4):365-7.
4. Shaw RJ, Dayal S, Hartman, JK, DeMaso DR. Factitious disorder by proxy: pediatric condition falsification. Harv Rev Psychiatry 2008;16(4):215-24.
5. İnce T, Yurdakök K. Munchausenby Proxy Sendromu; A Munchausen by Proxy Sendromu; Ağır Bir Çocuk İstismarı Formu Türkiye Çocuk Hast. Derg. Turkish J Pediatr Dis 2014;3:165-70.
6. Özdemir DF, Yalçın SS, Zeki A, Yurdakök K, Özusta Ş, Köse A, et al. Munchausen syndrome by Proxy presented as recurrent respiratory arrest and thigh abscess: A cases tudy and over view. Turk J Pediatr 2013;55:337-43.