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A Munchausen Syndrome Case Manifesting As a Need for Intravenous Fluid Therapy

Serum Taktırmadan Düzelmeyecek Olan Bir Munchausen Sendromu Olgusu

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ABSTRACT

Introduction: In Munchausen Syndrome which is a factitious disorder, the patient can hurt him/herself of another person without regarding a secondary gain.

Case Presentation: We presented a patient who admitted to our Family Health Center for many times, had everlasting complaints of nausea and dyspnea, and thought that she could not continue to live without intravenous transfusion every other day.

Conclusion: When evaluating individuals with incompatible anamnesis, physical, and laboratory findings should be aware of this rare disease. However, the patients should be transferred to the psychiatry clinic for avoiding possible unnecessary interventions.

Keywords: Munchausen Syndrome, Treatment Approach, Factitious Disorder

ÖZET

Giriş: Bir yapay bozukluk olan Munchausen Sendromunda hasta, kendine ya da başkasına ikincil kazanç gözetmeksizin zarar verebilmektedir.

Vaka Sunumu: Aile Hekimkiği Merkezimize çok sayıda başvurusu mevcut, geçmeyen bulantı ve nefes darlığı şikâyeti olan, günaşırı serum taktırmadan yaşamaya devam edemeyeceğini bildiren hastayı sunduk.

Sonuç: Anamnez, fizik ve laboratuar muayenesi uyumsuz olan kişiler değerlendirilirken bu nadir hastalık için uyanık olunmalıdır. Bununla beraber olası gereksiz müdahalelerden kaçınılarak, bu hastaların psikiyatri kliniğine yönlendirilmelidir.

Anahtar kelimeler: Munchausen Sendromu, Tedavi Yaklaşımı, Yapay Bozukluk

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INTRODUCTION

Munchausen Syndrome was used for the first time in 1951 by Asher for a group of patients who visited different hospitals and made up disease stories and accepted the application of unnecessary surgical interventions to themselves. In the condition defined as "Munchausen Syndrome" by Asher and friends, the patient often arrives in the doctor's office or emergency service with a made-up story supported by clinical manifestations. The patient leaves the hospital without taking a result and refers to the hospital with the same condition again and again. These patients are individuals who have psychiatric problems which may deceive even the cleverest observers. The history of the patient is generally full of lies. It is observed that the patient visits an incredible number of hospitals and deceives an incredible number of health professionals. After severe quarrels with doctors and nurses the patient recovers by him/herself almost all the time. Characteristics of scar tissues are associated with some emergency operations. Lying is a significant characteristic (pseudologia fantastica). They may make up medical stories and give wrong names during registration. Commonly complaints such as acute abdominal pain, hemorrhagic disorders, rheumatological manifestations, pseudo-fever and skin wounds are observed. The patients commonly define deprivation and disorder in the early periods of life. Prognosis is rather bad and recovering cases were not reported (1, 2).

Our case didn't recover and in pseudo disorder, patients don't really know the reasons for their behaviors and they are not after social gain as in simulation (3).

Pseudo-disorder diagnosis was considered due to the increase in tendency towards hospital attachment and lack of a significant secondary gain. Patients acquire secondary gains and continue to harm their surrounding and the aim of this article is to draw attention to this syndrome.

CASE PRESENTATION

79-year-old female patient who was admitted to our family health center with nausea and dyspnea complaints was admitted to our unit 562 times in total since 09/03/2007. The patient's husband passed away 10 years ago and she is living alone. The patient has a low socioeconomic condition and four children and was living close to her children.

The patient was diagnosed with hypertension, hyperlipidemia and unipolar depression.

The drugs she used with a medical report were Losartan potassium 100 mg + hydrochlorothiazide 25mg 1x1, Barnidipine HCL 10mg 1x1, Acetylsalicylic acid 100 mg 1x1, Atorvastatin calcium 10 mg 1x1, Quetiapine 50mg 1x1, Lansoprazole 30mg 1x1, Duloxetine 30mg 1x1.

Intravenous (IV) medication containing 10% Dextrose was prescribed for the first time on 12.09.2011 to the patient who claimed IV medication from time to time with nausea and dyspnea complaints and Dextrose 5% 500mL, 2 ml ampoule contains Ranitidine HCL 50 mg and 1ml ampoule contains Hyoscine-N-butyl bromur (Scopolamine bromur) 20 mg was started to be prescribed regularly starting from 08.10.2012.

The patient who believed that her nausea and dyspnea complaints would recover only with IV fluid in different health centers and forced the health professionals for delivering IV fluid therapy three days a week for nearly three and a half years. According to our records, the patient was given IV fluid therapy a total of 346 times in three and half years. Due to everlasting complaints of the patient, her family and health professionals complained about the patient but couldn't find a solution.

There were no significant physical and laboratory examination findings. The most common diagnoses of the patient were shown in Table 1. Distribution of the frequency of the prescribed drugs was shown in Table 2.

Table 1. The most common 10 diagnoses of the patient

ICD-10 codes	Disease	n
I84	Hemorrhoids	177
R11	Nausea and vomiting	136
K27	Peptic ulcer, site unspecified	135
F41	Other anxiety disorders	89
M79.1	Myalgia	77
F32.8	Other depressive episodes	59
E87	Other disorders of fluid, electrolyte and acid-base balance	57
I10	Essential (primary) hypertension	55
F33	Recurrent depressive disorder	44
K30	Functional dyspepsia	28

Table 2. The most common 10 drugs most commonly prescribed to the patient

Generic	Form	n
Trimethobenzamide Hydrochloride 200 mg	Tablet	80
Diazepam 5mg	Injection	70
5% Dextrose and Electrolyte 500 mL	Injection	61
Paracetamol 250mg + Propyphenazone 150 mg + Caffeine 50 mg	Tablet	54
Famotidine 40mg	Tablet	77
Dimenhydrinate 50mg	Injection	59
Metoclopramide Hydrochloride 10mg	Injection	57
Alvera citrate 60mg+Simethicone 300mg	Capsule	55
Ruscogenin 1mg+Trimebutine 12mg	Suppository	44
Oxsolamin Phosphate 10mg	Syrup	28

We failed to reach previous hospitalization records of the patient and it was learned from the related emergency service staff that she referred to the central district state hospital emergency service on the days family health center was closed and she was persistent for IV fluid administration every time she admitted to these health institutions.

The patient watched the nurse very carefully every time IV fluid therapy was being administered and examined the IV fluid flow in certain intervals. Drug was not added to the serum when it was observed that the patient was feeling better even when drug was not added and only 5% Dextrose 500 mL was started to be given and the patient claimed that she was feeling better although no drug was present in the IV fluid therapy. The patient never left the health institution without giving her next visiting date.

DISCUSSION

Many doctors come across pseudo disorder cases in their professional lives. Munchausen Syndrome is the peak of pseudo disorders. The disorder was included in "‘’Diagnostic and Statistical Manual of Mental Disorders’’ (DSM) classification in 1980 as a disease after the definition by Asher (1). Pseudo disorder diagnosis criteria in DSM diagnosis criteria were classified as:

a. Aimed revealing of physical or psychological symptoms and findings or behaving as if these symptoms or findings are present,

b. Patient adopting the role of the patient with the motivation underlying this behavior,

c. Lack of an external factor requiring this kind of behavior (such as economic gain and legal obligation).

Suspecting from disease as the result of detailed anamnesis evaluation of the patient is the most important approach in diagnosing Munchausen Syndrome. Patients with incompatible story and physical inspection findings should be evaluated carefully. During diagnosis, dramatic changes, atypical symptoms, many previous doctor referrals, using encyclopedical information on books, working in health sector, referral to emergency service at times such as public holidays when experienced staff is limited, substance abuse, la belle indifference, aggressive, nervous behaviors and also behaviors for attracting attention may ensure that related departments suspect of this disease (2, 3). Neglection, abandonment and bad behavior pattern by parents are common in the patients. Our case got medical support for hundreds of times with nausea and dyspnea complaints.

The patient visits surgical clinics with complaints such as unhealing wounds, repeating infections, foreign bodies and necrotizing fasciitis. Patients who have this syndrome which can be seen together with "Borderline" personality disorder accept many invasive interventions aiming diagnosis and treatment. With these complaints covered in the field of plastic surgery, many surgical operations from skin grafts to microvascular free flaps were applied to the patients (4).

As the result of these operations, the patients may want to be hospitalized imitating the possible complications or may take legal actions. The epidemiologic studies on of artificial disorder are scarce. The prevalence is estimated to be between 0.2% and 1%.The cases are generally males from low socioeconomic level and the disease is generally seen in early adulthood (2, 5, 6).

Pseudo disorder should be distinguished from other medical and psychiatric diseases. In somatoform diseases such as somatization disorder and conversion, symptoms occur totally unconsciously and involuntarily. The patient believes that he/she is ill and there is no simulation. In simulation, the patient consciously imitates disease symptoms for secondary gains such as money and protection. Pseudo disorder is located between these two conditions in this spectrum. Symptoms occur consciously with subconscious impulses. In pseudo disorder, patients don't really know the reasons for their behaviors and they are not after social gain as in simulation.

Pathophysiology of the disease is abundant as in many psychiatric diseases. Many psychological theories were emphasized. Non-specific electroencephalogram (EEG) changes may be present. Increased blood flow was reported in some localizations of the brain in these patients (1, 2).

Atypical complaints of the patient referring to our outpatient clinic, operation history and the aggressive attitude she demonstrated when hospitalization in Psychiatry Clinic was suggested us to Munchausen Syndrome diagnosis.

CONCLUSION

Examinations made for diagnosis of the patients who have pseudo-disorder, operations and long hospitalization periods cause waste of energy. When Munchausen Syndrome is considered, taking a detailed anamnesis from the patient, examining medical records, taking records him/herself and making a satisfactory physical examination is important for the primary care family practitioner. It is also important to provide information exchange with secondary and tertiary step health institutions. When there is suspicion about the diagnosis, unnecessary interventions should be avoided and the patient should be transferred to psychiatry clinics.

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