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Case Report

Munchausen Syndrome: An Adolescent Injuring Her Mother and Herself

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ABSTRACT

Munchausen syndrome is characterized by physical symptoms that are produced by the individual to present as an ill person. Patients in this group may present with various symptoms, such as neurological, hematological, and gastrointestinal problems; this is one of the reasons that make it difficult to diagnose. We report a case of a 16-year-old female patient who was admitted to the Pediatric Surgery Clinic after appendectomy due to abdominal pain, bleeding from the umbilicus, and bulging on the operation zone; laboratory tests performed were found to be in the normal range. On continuation of hemorrhage and doubt that it may be the center of bleeding, the wound area was explored in operating room conditions, but no bleeding center was found. On laboratory examination of the blood sample in the umbilical area, it was determined that the blood was incompatible with the patient, and that she obtained the blood from her mother by an injector. The patient was referred to our Child and Adolescent Psychiatry Clinic. It was learned that the patient had been taking care of her mother and also of housework. The child was getting away from difficult life conditions for a time during hospitalization, and her workload was diminishing. These individuals may apply with an acute disease scenario, which are particularly caused by self-injurious behavior, for which reason they may be exposed to invasive diagnostic procedures. Munchausen syndrome is considered when there is absence of underlying organic pathology.

Keywords: Adolescent health, Munchausen syndrome, psychiatry, psychology

INTRODUCTION

Munchausen syndrome is one of the rare psychiatric disorders that was described by Richard Asher in 1951 and also called "hospital addiction syndrome" (1, 2). This syndrome can also be defined as "artificial disorder" so that the terms "Munchausen syndrome" and "artificial disorder" can be used interchangeably (3). The prevalence of Munchausen syndrome is reported to be 0.3%–0.8%, which is more common in women than in men (4).

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria, artificial disorder is divided into two subgroups: the type of imposed oneself, the individual presents himself/herself to others as ill, impaired, or injured and the other type of imposed on another, the individual presents another individual (victim) to others as ill or injured (5).

This syndrome is characterized by physical and physiological symptoms that are wrongfully produced by the individual to present as an ill person (1, 3). Patients in this group may present with various symptoms, such as neurological, hematological, and gastrointestinal problems; this is one of the reasons that make it difficult to diagnose Munchausen syndrome (6).

We present a case of a 16-year-old adolescent patient with Munchausen syndrome who was referred to our clinic after laparoscopic appendectomy with swelling in the appendectomy zone, abdominal pain, and recurrent umbilical bleeding.

CASE PRESENTATION

A 16-year-old adolescent patient was admitted to the Emergency Service in November 2016 with complaints of abdominal pain, nausea, and vomiting. She was referred to the Pediatric Surgery Department by the Emergency Service. On physical examination and laboratory tests, she was diagnosed with acute appendicitis and hospitalized. She underwent laparoscopic appendectomy on the same day.

On postoperative day 2, there was bleeding from the operation zone. There were no abnormalities in the hemogram, prothrombin time (PT), activated partial thromboplastin time (aPTT), international normalized ratio (INR) levels, or other biochemical tests. In addition, the operation area was explored in operating room conditions, and no bleeding center was found. Complaint of bleeding occurred again on day 4 of hospitalization, this time from the umbilical zone. There was no hemor-

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rhage focus as two days previously, and in addition to routine investigations, Factor XIII, Factor VIII, von Willebrand factor, PT, aPTT, and INR levels were within normal limits. The patient was consigned to the Otorhinolaryngology Clinic because of complaints of bleeding from the ear during hospitalization. There was no related pathology.

She was accompanied by her mother who had had a diagnosis of chronic kidney failure for 5 years. During hospitalization at the Pediatric Surgery Clinic, hospital staff noticed that the patient was secretly taking an injector from the hospital inventory. In addition, when the mother's hemodialysis catheter cover was found open with blood leaking to the mother's clothes, hospital staff checked in the patient's room and saw an injector with blood in it under the patient's bed. Laboratory results showed that the blood sample obtained from the patient's abdominal region and the blood found in the injector was not compatible with the patient's blood; it was concluded that the patient was drawing blood from her mother. Thus, the patient was referred to the Child and Adolescent Psychiatry Department. It was learned from the patient that she was staying as the only child at home after her sister married, and that she was taken out of school involuntarily because of her mother's chronic kidney failure; she was taking care of her mother and doing most of the housework. The child was getting away from difficult life conditions for a time during her hospitalization, and her workload was diminishing.

On psychiatric evaluation, the patient met the DSM-5 criteria for major depressive disorder, and sertraline was started at 50 mg/day. Risperidone 1 mg/day was also initiated because of impulsive tendencies, such as self-harming behavior. On follow-up examinations in the Department of Child and Adolescent Psychiatry, the patient was inconsistent in her explanations about the occurrences during her hospitalization and denied the situation. After she was discharged from the Pediatric Surgery Department, she applied repeatedly to the Emergency Department with complaints of umbilical bleeding, swelling, and redness in the operating area, yet there were no abnormalities found in biochemical tests and radiological examinations.

It was noticed that the patient did not use her medication in control examinations performed in the Child and Adolescent Psychiatry Clinic and also obtained secondary benefits due to her illness, especially from her family. In the course of clinical interviews, the patient was not able to regularly visit our clinic's controls, similar to her other referrals in other departments, and discontinued follow-up. Written informed consent was obtained from the patient and her parents.

DISCUSSION

Our patient repeatedly applied to the Emergency Service and Pediatric Surgery clinics with complaints of postoperative bleeding and swelling in the operation area. All organic pathologies that may have caused bleeding including diathesis, postoperative complications, and other causes that may have lead to the patient's complaints were investigated, but no cause was found. In contrast to the other Munchausen cases in the literature, it has been determined in our case that the patient caused harm both to herself and to her mother because of her artificial disorder.

Patients with Munchausen syndrome try to project themselves as a patient by recurrent neurological, hematological, and gastrointestinal symptoms (6). In addition, these individuals may apply with a number of wounds or an acute disease scenario, which are particularly caused by self-injurious behavior, for which reason they may be exposed to invasive diagnostic procedures and treatments (7). Our patient had a similar condition and was exposed to invasive repetitive procedures.

Munchausen syndrome is considered when there is absence of underlying organic pathology, history of many hospitalizations, abnormal shaped lesions, delayed wound healing, presence of recurrent hemorrhage, infections including postoperative period, and unexplained or incoherent disease (4). However, patients generally do not accept psychiatric support because they deny the symptoms of this disorder (8). Similarly, in our case, Munchausen syndrome was considered, and the case was consulted to us. The patient visited the clinic for check-ups at the beginning but did not continue the treatment afterwards.

In Munchausen syndrome, a multidisciplinary approach is important, and the main element in the management of the syndrome should be excluding the organic pathologies and treating it with an empathic approach (2). In the treatment process, treatment approaches directed toward the motivations underlying the individuals' illnesses and those that cause them to do self-harm should take precedence (8). At the same time, the aim of psychotherapy should be to reduce the secondary gains of the disease, to increase the social acceptability of the patient, and to gain socially appropriate behavioral skills (2). However, antidepressant therapy and low-dose antipsychotic therapy can be used in addition to psychotherapy to increase the patient's motivation and decrease self-injurious behavior (9).

CONCLUSION

As a result, Munchausen syndrome is considered when there is absence of underlying organic pathology. Multidisciplinary approach is important, and the main element in the management of the syndrome should be excluding the organic pathologies and treating it with an empathic approach.

Informed Consent: Written informed consent was obtained from the patient and her parents.

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