Case report

Munchausen syndrome by PROXY

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Abstract: *We report a case of Munchausen syndrome by proxy, which includes the description of three different clinical situations of the child, sustained all by her parents(mainly the mother). Munchausen by proxy syndrome, in which a mother seeming apparently careful and preoccupied who at the same time injures her own child, takes origin in a deep feeling of earlier negligence of mother during her own childhood. This way of understanding such relationships, extends the definition of perversions. In this sadistic-masochistic interaction, the child gets dehumanized and used as a fetish object to control the relationship. This syndrome is mostly observed in children under the age of 6, but it can be developed even later. Hippokratia 2006; 10(2): 90-91*

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Introduction

Munchausen by proxy syndrome, is a form of child abuse that is particular to pediatric setting. It is a situation in which adults distort or fabricate medical symptoms attributed to the child, including acting to create symptoms of a certain illness. When the fabricators are the parents, especially the mother, this syndrome is called "by proxy". The parents consciously can invent stories and cause symptoms exposing their child against toxins, medications, infections or physical trauma. Injuries can be so hard that sometimes can lead the child to death. They often, change the results of laboratory tests or even the body's temperature readings. So we can say that, in Munchausen by proxy syndrome, a mother seeming apparently careful and preoccupied, can at the same time injure her own child. This phenomenon takes origin in a deep feeling of negligence, during earlier childhood of the parent. This way of understanding such relationships, extends the definition of perversions. In this sadistic interaction, the child gets dehumanized and used as a fetish object to control the relationship. This syndrome is mostly observed in children under the age of 6, but it can be developed even later.

Case report

The eight year old girl K.R. was refered to the pediatrician, according to the story of her parents, for strong headaches often woke her up at night. Sometimes headaches were associated with nausea or vomiting. A detailed objective and neurological examination proved to be normal and an EEG, a CT-scan of the head and a "fundus oculi" examination did not disclose abnormalities.

Two months later, the child was again referred to the pediatrician, accompanied by her parents. This time, according again to her parents' story, the child used to present great temperature fluctuations (from 42° C to 35° C). Meanwhile the parents had done a lot of consultations with different physicians and the child had already been administered a lot of different antibiotics and antipyretics recommended by them without any result.

The objective examination indicated a psychomotor development of the child appropriate to her age, the color of the skin and mucus was normal, no lymph nodes, no liver or spleen enlargement was observed, heart and lungs showed no abnormality on their function. Under these circumstances the child was subdued to all laboratory tests, even to imagery examination (Renal Ultrasound), but they all resulted normal. The child was kept under strict observation, for two days. Her body temperature was monitored by nursing staff. The measured values of temperature resulted all normal.

Six months later, the child was again referred to the pediatrician. This time she was accompanied only by her mother. Together with the child, she had brought even a sample of child's urine within which there were stones of different size, from 0.5 cm to 2 cm. The mother pretended that her daughter had excreted the stones while she was urinating. The appearance of the stones, their size, and the laboratory tests of them, excluded the possibility that those stones were excreted by human urinary tract. Laboratory tests of the child's urine resulted normal. The child was again observed by nursing staff while she was urinating, and it was noticed a totally clear urine and normal laboratory tests. Reconsidering all the facts of this case, it was concluded that possibly we were in front of a Munchausen by proxy syndrome, so a cooperation with a psychiatrist was required.

Mental status examination of the child.

No disorders were observed while examining different fields of mental activity of the child. What really called our attention were the statements of the child: " Each time I urinate, I keep my urine in a bowel. I have excreted

the greatest part of the stones when I have been at home, but I have excreted some of them when I was at school. Sometime my mother has been at school with me. I have excreted ten stones as I was at school. My friends have been present three times when I have excreted stones. The physicians do not agree with the fact that those are stones excreted by urinary tract (the mother had brought three bottles of carbonated water, half filled with stones and showed them to the doctor)". The mother confirmed her daughter's story and insisted even more.

The size of the stones varied from a rice grain to an large olive, and even bigger. Their weight was approximately 300-350 gr., but some of them were very small. They were similar to the gravel of Vjosa, a river that runs quite near their house.

Comment

Munchausen syndrome by proxy is a mental disorder, in which one person causes or reports the symptoms to another person, which is well disposing for his or her[1,2]. Precisely our patient fabricates the three different symptoms groups, supported from her parents, expecially the mother. Mothers in this disorder present different characteristics one from another. They can be too much tired and need help or can show open abuse with her children. In the circumstantial medical history of those mothers rarely is found out the abuse during their childhood. More frequently are present emotional or psychological neglect themes. Psycholigal tests data lead to narcisstic organization of personality then to a borderline disorder. The cognitive flight, ability to disassociate the effects and suppressed anger or "manipulated types of narcisstics", etc., are more common.

The exact cause of Munchausen syndrome is unknown. It has been theorized that Munchausen patients are motivated by a desire to be cared for, a need for attention, dependency, an ambivalence toward doctors, or a need to suffer[3]. Factors that may predispose an individual to Munchausen's include a serious illnes in childhood or an existing personality disorder[4,5].

The Munchausen patient presents a wide array of physical or psychiatric symptoms, usually limited only by their medical knowledge. Many Munchausen patients are very familiar with medical terminology and symptoms. Some common complaints include fever, rashes, abscesses, bleeding, vomiting, renal stone. In literature and also in our article are more than three symtoms[4]. In both Munchausen and MSBP syndromes, the suspected illness does not respond to a normal course of treatment. Patients or parents may push for invasive diagnostic procedures and display an extraordinary depth of knowledge of medical procedures[4-6].

Because Munchausen sufferers often go from doctor to doctor, gaining admission into many hospitals along the way, diagnosis can be difficult[1,6,7]. They are typically detected rather than diagnosed. During a course of treatment, they may be discovered by a hospital employee who encountered them during a previous hospitalization. Their caregivers may also notice that symptoms such as high fever occur only when the patient is left unattended[7]. Occasionally, unprescribed medication used to induce symptoms is found with the patient's belongings, when the patient is confronted, they often react with outrage and check out of the hospital to seek treatment at another facility with a new caregiver.

More than 98% of MBPS cases involve female perpetrators. Even the most experienced pediatricians often miss evident clues left by these mothers[6,7].

The average length of time to establish a diagnosis of MBPS generally exceeds 6 months; often a sibling has died of undiagnosed causes before the MBPS is uncovered. Jani et al, found that during a 2-year period nearly 50% of patients discharged against medical advice satisfied at least three of six characteristics of MBPS.

Conclusions

In the Munchausen Syndrome by proxy, the diagnosis is based on the following criteria:

A child who has one or more medical problems that do not respond to treatment or that follow an unusual course that is persistent, puzzling and unexplained.

Physical or laboratory findings that are highly unusual, discrepant with history or physically or clinically impossible.

A parent, usually the mother, who appears to be medically knowledgeable and/or fascinated with.

The signs and symptoms of a child's illness do not occur in the parent's absence (hospitalization and careful monitoring may be necessary to establish this casual relationship).

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