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Case Report / Olgu Sunumu

Munchausen by Proxy Syndrome: Case Report

Munchausen by Proxy Sendromu: Olgu Sunumu

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ABSTRACT

Munchausen syndrome by proxy (MBP) is a form of child abuse in which the perpetrator induces, exaggerates, or fabricates illness in his/her child. symptoms are highly variable. Diagnosis is essential because of the high associated morbidity and mortality. A ten-year-old, nine-month-old girl presented to our emergency department with complaints of seizures and nosebleeds. MBP was considered in the patient without any complaints during hospitalization and due to the normal test examination. In complaints without an etiological cause, MBP should be considered in the differential diagnosis.

Keywords: Munchausen by proxy, child, epilepsy

ÖZ

Munchausen by proxy sendromu (MPS), bakıcının çocukta hastalığa neden olduğu, abarttığı veya uydurduğu bir çocuk istismarı türüdür. Belirtiler oldukça değişkendir. Yüksek ilişkili morbidite ve mortalite nedeniyle tanı önemlidir. On yaş dokuz aylık kız hasta, nöbet geçirme ve burundan kanama şikayeti ile acil servisimize başvurdu. Yapılan tetkiklerin normal olması ve yatışı sırasında şikayetlerin olmaması nedeniyle hastada MPS düşünüldü. Etiyolojik bir sebebin olmadığı yakınmalarda MBP ayırıcı tanıda düşünülmelidir.

Anahtar Kelimeler: Munchausen by proxy, çocuk, epilepsi

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INTRODUCTION

Munchausen by proxy (MBP) syndrome, a special form of child abuse, defined as a false disease to others according to DSM-5.[1] The parent or the person in charge of the child's care voluntarily creates symptoms or simulate as the child has a disease. While patients who fabricate more disease history, go from hospital to hospital and cause many unnecessary medical interventions and treatments to be applied, were defined as "Munchausen syndrome" by Meadow, and similar symptoms in their children were defined as "Munchausen by proxy syndrome".[2] Generally, apnea, seizures, bleeding, vomiting, diarrhea, fever, rash, allergy are frequent symptoms and diagnosis requires exclusion of concerning disease requiring a long process. The American Academy of Pediatrics estimates approximately 0.5 to 2.0 MBP cases per 100.000 children under the age of 16.[3] In this article, we present a case attending our department with seizures and bleeding complaints. The patient had normal test results and after recognition of much hospital admission without etiological cause diagnosed as MBP.

CASE REPORT

A ten-year-old, girl presented to our emergency department with complaints of seizures and nosebleeds for two years. Seizures were described as shifting of eyes one side and contraction of the hands lasting for two or three minutes's occurring two to three times a month. The patient was hospitalized for observation and characterization of the clinical picture. Deepen the story revealed many hospitalizations. Simply by our hospital records, we learned that, he was admitted to the neurology department four times and psychiatry outpatient clinic twice in the last two years. Despite electroencephalography (EEG) performed were normal since the mother insisted on continuing seizures, the patient had levetiracetam treatment at a dosage of 10 mg/kg one year ago. But the patient stated that seizures continued despite her regular use. When the bleeding complaint was questioned, it was learned that the patient had applied to the emergency department of various hospitals many times with her mother when the father was away for work and she also learned that her school teacher had never observed any event. The patient is the third child of a family with low socioeconomic status and there was a second kinship between mother and father the mother is a 34-year-old homemaker who spends all her time with her daughter without any other social contact. The father is 38 years old and has been working as a village guard for the last two years, away from home. Family history of chronic disease and epilepsy were not been reported. The family was asked to bring a bleeding sample (Figure 1). In the examination, it was determined that this liquid was pomegranate syrup. In the initial examination

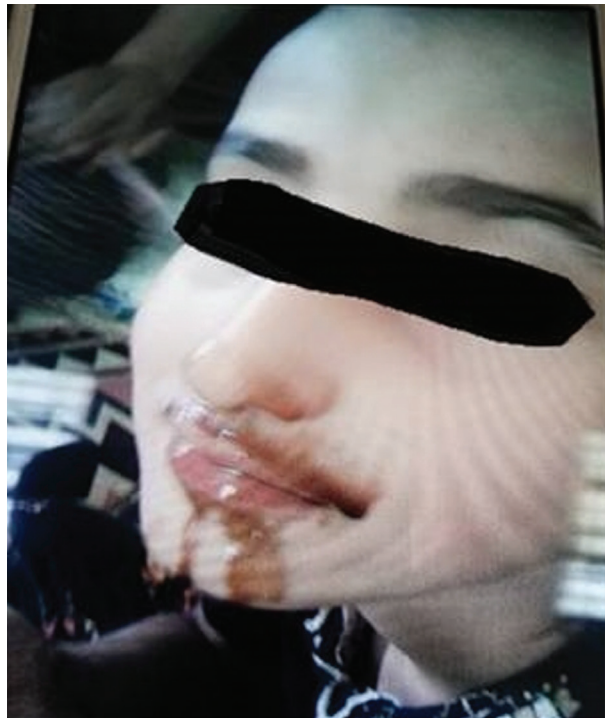

Figure 1. The image of the patient

of the patient, consciousness, cardiovascular, respiratory and neurological system examination evaluated as normal and no bleeding was observed. Laboratory tests, cranial magnetic resonance imaging and EEG were normal. No seizures and bleeding were observed during the patient's two-week hospitalization. During hospitalization, the mother remained in the hospital with concerning about the child's illness. She maintained a good relationship with the nurses. Our patient satisfied the diagnostic criteria of MBP because the symptoms were seen only when the mother was with her, there was no response to the treatment, the examinations and tests were normal, there were repeated hospital admissions and the parent had good relations with the healthcare professionals (Table 1). Psychological examination of the patient and his family was performed and supportive psychotherapy was started with stopping antiepileptic drugs. Both parents were individually counseled by the psychiatrist and social service support was provided to the family. He did not describe seizures and bleeding at the patient's control one and two months after hospitalization. Written consent was obtained from the patient's father.

DISCUSSION

We report a case of MBP mimicking epilepsy and neuropsychiatric, who presented with seizures and nosebleeds. MBP syndrome was suspected because these symptoms were seen only by the mother.

Table 1. MBP diagnostic criteria in the case	
Caregiver is not satisfied with the treatment	Yes
Symptoms do not correlate with medical findings	Yes
Victim does not respond to treatment	Yes
Inconsistent patient histories	Yes
Symptoms begin in presence of caregiver	Yes
Caregiver sympathizes with hospital staff	Yes
Caregiver does not express relief when victim's symptoms or condition improves	Yes
Symptomatology seems atypical	Yes
MBP: Munchausen by proxy	

MBP is a form of severe child abuse with a high risk of recurrence with dreadful consequences and high mortality rates. First MBP phenomenon published in our country was in 1995 by Senocak et al.[4] and there is an increase in the number of case reports every year. In the studies, the mortality rate has been reported between 6 and 10% and poisoning and drowning cases had a higher mortality rate, rising to 33%.[5]

While doctors know physical or sexual abuse quite well, they have difficulty diagnosing MBP. Often, the diagnosis is skipped, and the patients attend different hospitals without having the actual diagnosis. As a result, unnecessary diagnostic procedures, surgical interventions and medical treatments are executed and this may cause serious medical harm to the child. Although it is difficult to distinguish between real medical illness and fake or evoked illness, there are some red flags in case of suspected abuse.[6] MBP should be suspected in findings such as recurrent apnea attacks, symptoms occurring only in the presence of a suspected parent, presence of a sibling with a history of severe illness, a history of sibling death, documentation of previous abuse of the patient or a sibling, and detection of blood in the patient's nose or mouth.[7] It was suspected that this patient might have MBP because the symptoms were only with the mother, the symptoms were not associated with medical findings, no response to treatment, and the mother's good behavior to the nurses during the follow-up period. Many emergency applications were the fact in our patient that attracted the attention of healthcare professionals and was closely monitored concluding there might be a MBP case.

Early diagnosis is critical, differential diagnosis should be made as soon as possible. As in our case, the most frequent system affected is the nervous system and approximately 40-50% of cases have symptoms like epilepsy and apnea.[8] In most cases of MBP syndrome, as in our patient, the pathology is related to mother with false symptoms on behalf of her child.[9] But there are some reports about where the parents made agreements together.[10]

When the psycho-social history of our patient's mother was examined; the mother gained secondary income because there was freed from physical and psychological pressures by moving away from home thanks to the child's symptoms. It is reported in the literature that mothers are generally well-educated, especially in health-related issues. The mother of our patient, on the other hand, did not fit the general population in the literature with her low education level. Additionally, it has been reported that these mothers generally develop close relationships with health professionals, leave their children alone rarely and seem interested. The mother of our case was also trying to chat with the nurses and doctors, and was worried about the slightest problem with her child and asked for help.[11] The diagnostic process in MBP is difficult and the average time between the onset of symptoms and the diagnosis was found to be 21.8 months.[12] It was found to be 24 months in this study.

Note that no diagnostic tests or psychological profiles are currently defined that support or rule out MBP diagnosis. The diagnosis can be made in every case with a skeptical approach and specific diagnostic procedures. cases must be evaluated by a multidisciplinary team.

CONCLUSION

In conclusion, we reported a case of MBP mimicking epilepsy, resulted in multiple unnecessary examinations and treatments with delayed diagnosis.

Ethics

Informed Consent: Written consent was obtained from the patient's father.

Peer-review: Externally and internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: B.S., E.K., Concept: G.Y., Design: G.Y., Data Collection or Processing: G.Y., Analysis or Interpretation: G.Y., B.S., E.K., Literature Search: G.Y., Writing: G.Y.

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REFERENCES

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). American Psychiatric Publishing; 2013.
2. Schreier H. Munchausen by proxy. Curr Probl Pediatr Adolesc Health Care. 2004;34:126-43.
3. Flaherty EG, Macmillan HL; Committee On Child Abuse And Neglect. Caregiver-fabricated illness in a child: a manifestation of child maltreatment. Pediatrics. 2013;132:590-7.

4. Senocak ME, Türken A, Büyükpamukçu N. Urinary obstruction caused by factitious urethral stones: an amazing manifestation of Munchausen syndrome by proxy. J Pediatr Surg. 1995;30:1732-4.
5. Galvin HK, Newton AW, Vandeven AM. Update on Munchausen syndrome by proxy. Curr Opin Pediatr. 2005;17:252-7.
6. Abeln B, Love R. An Overview of Munchausen Syndrome and Munchausen Syndrome by Proxy. Nurs Clin North Am. 2018;53:375-84.
7. İnce T, Yurdakök K. Munchausen Syndrome by Proxy; A Serious Child Abuse Form.Turkish J Pediatr Dis. 2014;3:165-70.
8. Doughty K, Rood C, Patel A, Thackeray JD, Brink FW. Neurological Manifestations of Medical Child Abuse. Pediatr Neurol. 2016;54:22-8.
9. Yates G, Bass C. The perpetrators of medical child abuse (Munchausen Syndrome by Proxy) - A systematic review of 796 cases. Child Abuse Negl. 2017;72:45-53.
10. Schreier H. Munchausen by proxy. Curr Probl Pediatr Adolesc Health Care. 2004;34:126-43.
11. Fulton DR. Early recognition of Munchausen Syndrome by Proxy. Crit Care Nurs Q. 2000;23:35-42.
12. McGovern MC, Smith MB. Causes of apparent life threatening events in infants: a systematic review. Arch Dis Child. 2004;89:1043-8.