

Case report

A forensic case of Munchausen's syndrome

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Abstract

The case of a 37-year-old cleaning worker, who applied to the court with a claim of being fired from her job due to permanent functional loss of her left arm triggered by a stroke following a work accident, is presented. The court has forwarded the case to the forensic medicine department for further evaluation and documentation of the judicial report.

Examination of the medical files has revealed that the person applied to our and other hospitals with various symptoms simulating urologic, neurological, musculoskeletal, cardiovascular, and pulmonary disorders. The person had been hospitalized for extensive, costly, and often invasive medical examinations and/or treatment, and deceived the physicians into carry out unnecessary diagnostic procedures. No objective signs or evidence related to a work accident or stroke was obtained from the medical records. She has been followed up with the diagnosis of lymphangitis, thrombophlebitis and repeated cellulites since 2001, and the infection had been caused by intentional insertion of glass pieces into her left arm. The reason why she was unable to use her left arm was because of contraction related to the repeated soft tissue infection rather than the claimed work accident.

This case was not only trying the medical personnel to make errors and confusion, but also attempting to mislead the judgment. Therefore, in forensic cases, medical history of patient must be evaluated carefully.

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1. Introduction

Following the initial description by Asher in 1951, Munchausen's syndrome has become increasingly recognized as a fictitious disorder; characterized by recurrent simulated illness, pathological lying and continuing visits to health institutions¹. This syndrome is associated with co-morbid borderline and/or antisocial personality disorder and it can threaten the life of an individual².

Among the psychiatric syndromes associated with multiple physical complaints, somatization disorder, factitious disorder and malingering should be considered³. However,

conscious production of painful and risky symptoms for no material gain distinguishes Munchausen's syndrome from others. Few forensic cases with this syndrome were found in the literature^{4–7}. Here, we present a case of Munchausen's syndrome ending up in the court as a subject of litigation.

2. Case report

A 37-year-old female cleaning worker, applied to the police and the court on 3 February 2003 and 24 October 2004, respectively. She stated that while she was going to another building at her workplace on 31 January 2003, at 15:45 p.m. an iron bar (she later stated that it might be a metal or wooden piece) which fell from the roof due to the windy weather hit her face, but nobody was witness

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to the accident. She consulted the medical unit of the workplace; however, since her pain did not pass off, she went to the emergency service of the state hospital 3 days later. She then applied to the court 8 months later to demand compensation from her employer related to a work accident. In her declaration she said that on 28 September 2004, while she was working, she did not feel well and got permis-

sion from her employer to home to rest. However, when she arrived home, she lost her balance, fell down and broke her arm.

She did not seek to any medical attention but her alleged that the doctor, who saw her after the previous work accident, on 3 February 2003, told her that “she might have a stroke later on” and now, she actually did have a stroke.

Table 1
The chronological order of applied clinics and procedures

Applied clinic	Date	Complaining	Diagnostic and therapeutic procedures
Urology	09.09.1992	Left lumbar pain, vomiting, nausea, fever, tremor and hematuria	Urine analysis was normal. Aside resistance bacterium was negative, abdominal ultrasonography and intra venous pyelography was normal
	09.09.1994	Pain in the left lumbar region	Abdominal and renal ultrasonographies were normal
	28.11.2001	Painless, urinary bleeding with clots	Urodynamic investigations were normal
Thoracic and cardiovascular surgery	04.05.2001	Pain and swelling in the left arm. History of paraplegia, 5 years ago. Crying crisis at nights, severe cough, respiratory distress and dizziness	The image of a needle in posterior–anterior radiography. Psychiatric consultation. CT scans was normal. Medical treatment of deep vein thrombosis
	18.05.2001	Pain in the left arm	Medical treatment for thrombophlebitis and lymphangitis
State Hospital	24.04.2003	Pain and swelling in the arm	Medical treatment of cellulites due to the glass penetration into the arm
Chest diseases	08.05.2003	Fatigue, fever, sweating and severe coughs 2.5 glasses of bloody sputum 1 day ago	Chest X-rays were normal, but a subcutaneous foreign body in the shape of a needle was detected under the right breast (Fig. 1)
		History of tuberculosis treatment for 1 year and termination of the therapy due to the complication of toxic hepatitis	In three samples of sputum, aside resistance bacterium was negative. Tuberculin test was negative
Clinical infection diseases	22.05.2003	Persistent swelling in the left arm	Medical treatment of thrombophlebitis
		Bloody urination	Microscopic urine examination was normal. Abdominal USG was normal
		Fatigue, bloody urine, suprapubic pain, nausea, vomiting, bloody sputum, hemoptysis	Ear–nose–throat consultation was normal, but gingival irritation by patient was recognized
Dermatology	09.11.2003	Swelling and irritation from the left cheek towards the eye and shortness of breath	Steroid therapy was started with the suspicion of laryngeal edema. Venous Doppler USG was normal
		Pain and swelling in right arm	Medical treatment of cellulites
		History of broken right arm. Hardening and pain below umbilical region and bloody urination	Orthopedic consultation and radiographic examinations were normal, except for an old fracture in the styloid process of the ulna. Nephrology, urology consultations and abdominal radiographies, USG were normal. Urine analysis, complete blood chemistry panel, and other laboratory tests repeated three times but were always negative
Emergency medicine	03.05.2004	Hemoptysis for 10 days	All detailed examinations and a number of consultations were normal
Istanbul thoracic and cardiovascular surgery	21.05.2004	Hemoptysis	High resolution CT scan of thorax was normal
Nephrology	07.06.2004	Hematuria	Abdominal USG and IVP, urine analysis, IgA level were normal

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