

REVIEW

Munchausen syndrome and Munchausen syndrome by proxy in dermatology

Alan S. Boyd, MD,^{a,b} Coleman Ritchie, MD,^a and Sunaina Likhari, MD^a
Nashville, Tennessee

Patients with Munchausen syndrome purposefully injure themselves, often with the injection of foreign materials, to gain hospital admission and the attention associated with having a difficult-to-identify condition. Munchausen syndrome by proxy occurs when a child's caregiver, typically the mother, injures the child for the same reasons. Cases of Munchausen syndrome and Munchausen syndrome by proxy with primary cutaneous involvement appear to be rarely described in the literature suggesting either that diagnosis is not made readily or that it is, in fact, an uncommon disorder. At the center of both conditions is significant psychological pathology and treatment is difficult as many patients with Munchausen syndrome when confronted with these diagnostic possibilities simply leave the hospital. Little is known about the long-term outcome or prognosis of these patients. (J Am Acad Dermatol <http://dx.doi.org/10.1016/j.jaad.2013.12.028>.)

Key words: factitious disorders; Munchausen syndrome; Munchausen syndrome by proxy; panniculitis; psychiatric disease; psychoanalysis.

Munchausen syndrome refers to patients who repeatedly request medical care for fictitious illnesses or conditions and was coined by Asher¹ in 1951. Munchausen syndrome by proxy (MSBP) has been defined as “the intentional production or feigning of physical or psychological signs or symptoms in another person who is under the individual's care for the purpose of indirectly assuming the sick role.”² This syndrome is named for the 18th century European aristocrat Hieronymus Karl Friedrich, Baron von Munchausen (1720-1797), who held entertained audiences rapt with stories of impossible and fantastic feats in which he was the central character. Table 1 lists additional terms for this condition. Given the proximity of the skin, a search of the literature revealed surprisingly few reported cases of primary cutaneous Munchausen syndrome and MSBP leading the authors to suspect this condition might be either rare or uncommonly diagnosed.

Patients with Munchausen syndrome typically present to hospitals with acute, often spectacular illnesses and a history of multiple hospitalizations.³ This presentation tends to be later at night and on weekends, presumably when less experienced staff

will be working.⁴ They are willing if not eager to submit themselves to extensive and invasive therapeutic and diagnostic procedures and appear to have a considerable pain threshold. Their initial history is dramatic and plausible but often not completely convincing. Specific symptoms and diagnoses are often claimed.⁵ These patients tend to be demanding, insistent on constant attention from the medical staff, and request medications, consultations, laboratory tests, and diagnostic procedures.⁵ Patients with Munchausen syndrome often refuse to allow procurement of medical records from other institutions. Lyell⁶ believed most of these patients are male, however, virtually every other treatise noted the majority of these patients are women, typically young to middle-aged and often with medical training. Patients with Munchausen syndrome are frequently intelligent, quite interested in their condition, and well versed in medical terminology, often from their repeated admissions and discussions with their physicians and other patients.^{4,7,8} Their mean age is 35 years with a “career” span of about 9 years.⁴ The number of previous hospitalizations can be astounding—1 patient having been admitted more

From the Departments of Medicine (Dermatology)^a and Pathology,^b Vanderbilt University.

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Correspondence to: Alan S. Boyd, MD, Vanderbilt University, 719 Thompson Ln, Suite 26300, Nashville, TN 37204. E-mail: alan.boyd@Vanderbilt.edu.

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than 850 times in 650 hospitals and undergoing 42 laparotomies.⁹ Psychologically they exhibit sociopathic and psychopathic tendencies including criminality, pathologic lying, vagrancy, and impostership.³ They may also harbor an element of masochism.¹⁰

MSBP is almost exclusively seen in children with the parent or caregiver responsible for their injuries and may be a cause of the battered child syndrome.² When occurring in adults the patients are usually elderly or mentally unstable.¹¹ Long-term sequela occur in 8% of cases including mental retardation, joint damage, and surgical complications and the mortality is estimated at 9% to 12%.¹²⁻¹⁴ The most common presentation involves hemorrhage or bleeding and 9% of cases exhibit some form of skin manifestation.^{2,14} Long-term skin and soft-tissue infections are uncommon in MSBP.¹⁵ Three subtypes have been described—caregivers actually causing the injury to the patient, caregivers inventing the patient's symptoms, and caregivers inventing symptoms with manipulation of blood and urine samples to support the credibility of the patient's condition.¹⁵ Infants and preschool-age children are most often affected and in 40% of cases a sibling is involved.¹⁵

Mothers are overrepresented in MSBP as the children's father is usually absent, disinterested, or distant and it has been suggested that the physician becomes the surrogate husband/father providing the attention and support for which the mother yearns.¹⁶ There is often a background of abuse in the perpetrator with an element of repressed anger.¹⁴ The mother is usually an excellent historian, familiar with medical terminology, and often has a background in the medical field. Intense and sometimes bizarre attentiveness to the child occurs, the mother rarely leaving the patient's room for longer than a few minutes. The child may be dressed inappropriately with lavish clothing or have excessive numbers of toys/stuffed animals in the hospital room. When confronted by physicians and nurses about a suspected diagnosis of MSBP, typically the parents react angrily and leave the hospital.¹¹

It is important to distinguish Munchausen syndrome and MSBP from other entities. Munchausen syndrome is incompatible with suicidal ideation as the patient has no desire to die from their condition.

Although Munchausen syndrome is by definition a factitious disorder (*International Statistical Classification of Diseases, 10th Revision*, F68.10), in cases of somatoform disorder the patient is unaware of the psychological motivations for their behavior or that their illness is functional.¹⁴ Hysteria or "conversion" symptoms may be reported but disappear upon

confrontation.⁴ Malingering patients are seeking some form of secondary gain, often administration of narcotics and only wish to be hospitalized in furtherance of that pursuit. In Munchausen syndrome external incentives for disease, such as monetary gain, are absent.² Apotemnophilia is a condition in which patients pursue amputations of digits or limbs seeking the satisfaction of overachieving despite their handicap.¹⁷ These patients will often use ligatures to produce bizarre cellulitis-like

presentations or infect their skin hoping for an amputation of the affected digit or limb but are not necessarily interested in hospitalization.

Cutaneous Munchausen syndrome should be considered when skin findings are spectacular, difficult to diagnose, and demonstrate normal or negative features using routine investigative techniques. [Table II](#) lists cases reported in the English-language literature.^{3,4,7,8,18-27} Most patients inject foreign material(s) in the skin and soft tissue ([Fig 1](#)). Patients on presentation may be quite ill with, for instance, fever, hypotension, and sepsis, depending on what they have injected.^{25,27} The cutaneous findings are typical for the intracutaneous presence

CAPSULE SUMMARY

- Dermatology patients with Munchausen syndrome and Munchausen syndrome by proxy present with unusual clinical findings and multiple hospitalizations.
- Compiled here are reported cases, their proximate causes, and therapeutic interventions.
- Clinicians should consider these entities in patients with unusual cutaneous lesions that defy diagnosis and exhibit normal findings with customary investigations.

Table I. Synonymous terms for Munchausen syndrome and patients with Munchausen syndrome¹²

Hospital toxicomania syndrome
Peregrinating problem patients
Hospital hoboes
Frater Hospitalis
Mythomania
Hospital black-book patients
Hospital addition syndrome
Thick-chart syndrome
Hospital-hopper syndrome
Ahasuerus syndrome
Van Goh syndrome

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