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Munchausen's Syndrome as a Cause of Hemoptysis in a Prisoner

Bir Mahkumda Hemoptizi Nedeni Olarak Munchausen Sendromu

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Abstract

Factitious hemoptysis is fairly rare condition, the diagnosis of which can be challenging to physicians. A 40-year-old incarcerated male with hemoptysis for four years had previously undergone a detailed investigation, but the etiology of the hemoptysis could not be determined. The hemoptysis has increased in frequency and quantity, however, numerous diagnostic tests, including radiological imaging and bronchoscopy, has been unable to reveal the localization and etiology of the bleeding. As we were about to diagnose idiopathic hemoptysis, some suspicious behaviors and contradictory statements led us to conduct a psychiatric evaluation, and the patient was subsequently diagnosed with axis two personality disorder and factitious disorder. Factitious hemoptysis is difficult to diagnose and may be confused with idiopathic hemoptysis, and should be considered in patients with hemoptysis in which the location and cause of bleeding cannot be determined after a detailed examination.

Key words: *Munchausen's syndrome, Factitious hemoptysis, Factitious disorder.*

Öz

Yapay hemoptizi oldukça nadirdir ve tanısı doktorları zorlar. Kırk yaşındaki erkek mahkûmun dört yıldır hemoptizisi vardı. Daha önce detaylı inceleme yapılmış ancak hemoptizinin etiyolojisi belirlenememişti. Son günlerde hemoptizi sıklığı ve miktarı artmıştı. Biz de radyolojik görüntüleme ve bronkoskopi dahil birçok tanısal tetkikler yaptık ancak kanamanın lokalizasyonunu ve etiyolojisini belirleyemedik. Tam idyopatik hemoptizi teşhisi koyacakken bazı şüpheli davranışlar ve çelişkili ifadeler gördük. Psikiyatrik değerlendirmenin ardından hastaya ikinci eksen kişilik bozukluğu ve yapay bozukluk tanısı konuldu. Yapay hemoptizinin teşhisi zordur ve idiyopatik hemoptizi ile karıştırılabilir. Detaylı bir muayene ile kanama yeri ve nedeni belirlenemeyen hemoptizi hastalarında düşünülmelidir.

Anahtar Sözcükler: *Munchausen sendromu, Yapay hemoptizi, Yapay bozukluk.*

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Factitious hemoptysis is an uncommon form of Munchausen's syndrome, which refers to the imitation of many well-known diseases (1). It is a syndrome that should be considered by physicians, as it can often lead to urgent/unnecessary surgical operations or unnecessary investigations for diagnosis. Such patients can deftly mimic an acute illness and convince the physician for the presence of the disease. Cases with Munchausen's syndrome rarely present with hemoptysis. The patients mostly have an underlying psychiatric disease (2). For the incarcerated, factitious hemoptysis may be the only means of prison release (3). Here, we present a patient with hemoptysis who, despite many investigations, was not identified with any pathological findings and was eventually diagnosed with factitious disorder.

CASE

A 40-year-old incarcerated male presented to the emergency department with a complaint of hemoptysis that had started 4 years ago and increased in frequency and quantity. He complained of nonpleuretic pain, which he considered to be a sign of hemoptysis, but no other respiratory symptoms. He had been incarcerated for 5 years and had previously been investigated in a university hospital for hemoptysis, but the etiology could not be identified. A pulmonary artery embolization was recommended, but the patient declined. Today, the patient experiences hemoptysis from time to time in larger quantities, expectorating one tea-glass of fresh blood a day.

The patient was stable hemodynamically in the emergency room. He claimed to be allergic to contrasting agents and refused pulmonary computerized tomography (CT) angiography. A pulmonary perfusion and ventilation scintigraphy revealed no thromboembolism. There was no pathology in high resolution lung tomography (Figure 1), and no pathological finding in an upper respiratory tract examination. An abdominal examination was normal, while a slight elevation was noted in liver function tests. There was no significant finding on ultrasound and viral etiological markers were negative. The patient had a positive occult fecal blood test, but refused a rectal examination. No active bleeding was observed on endoscopy or colonoscopy. He refused bronchoscopy, and claimed to be allergic to anesthetic agents. We referred the patient to the Allergy-Immunology Department, where he was found to be allergic to neither anesthetic drugs nor contrast agents. A Pulmonary CT Angiography revealed no vascular abnormality or pulmonary thromboembolism. We performed bronchoscopy under conscious sedation, but found no lesion or bleeding in the tracheobronchial tree. An evaluation of a bronchus biopsy revealed mild chronic inflammation. For the evaluation of bleeding disorders, we examined Von Willebrand Factor, Protein S, Protein C, fibrinogen and activated Protein C Resistance levels, carried out a Platelet Function Test and assessed the coagulation parameters, all of which were normal.

During the follow up in the hospital, the patient had fever and hematuria. A blood culture revealed Stenotrophomonas maltophilia and Pseudomonas alcaligenes, and he was placed on wide spectrum antibiotic treatment. A urine analysis revealed erythrocytes, but no crescent formation. Renal Doppler ultrasonography and a serum assay for vasculitis and connective tissue disease were normal. The patient had undergone a Lung CT angiography before, but there was no mention of any anaphylactic reaction to contrast, all of which aroused suspicion of factitious hemoptysis. After close follow-up, we found needles hidden by the patient in his personal locker. He admitted aspirating blood through intravenous needles and presenting the blood as if it had come from the oral and urethral routes. After a psychiatric evaluation, he was diagnosed with axis two personality disorders and factitious disorder, and referred to the high-security Psychiatry service.

DISCUSSION

Hemoptysis, or the expectoration of blood, is a significant pulmonary symptom that may occur with different etiological factors. The source of the blood may be the airways, lung or the pulmonary vasculature. Many different laboratory and imaging investigations are required for the determination of the etiology. In the majority of patients the etiology of hemoptysis can be identified (4), although diagnosis may sometimes be harder, especially, if the patient is a good imitator and hides his/her real intentions, or is s/he has a factitious disorder.

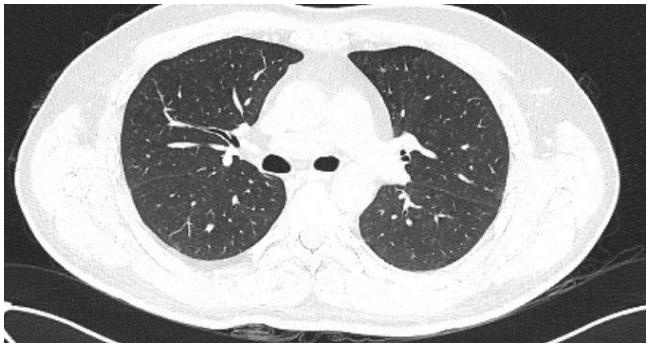


Figure 1: Normal high-resolution chest computerized tomography

Munchausen's syndrome is a factitious disorder that was first described by Asher in 1951 (5). In factitious disorders, patients deliberately mimic a disease by producing physical or psychological symptoms, and Munchausen's syndrome is a more severe and chronic form of this disorder. Most reported cases of Munchausen's syndrome are in the pediatric age group (6). The most common clinical problems reproduced intentionally include abscess, pain, hypoglycemia, anemia, bleeding, rashes, seizures, dizziness, bleaching, vomiting, diarrhea and fever. Bleeding symptoms in Munchausen's syndrome usually present as hemoptysis, hematemesis, hematochezia, vaginal bleeding, hematuria or ecchymosis (7). Munchausen's syndrome is a disease that is difficult to diagnose, and can easily be overlooked. A series of examinations should be performed to exclude a real reason for hemoptysis. The clinical and laboratory findings of the patients are generally inconsistent, and for a diagnosis of Munchausen's syndrome, organic pathologies should be excluded. Uzuner et al. (8) claims that diagnosis requires the physician to be suspicious and to adopt a multidisciplinary approach.

Since the hemoptysis in our patient was accompanied by hematuria, we suspected pulmonary-renal syndromes, however, the chest CT of the patient was incompatible with diffuse alveolar hemorrhage, and as there was no nephritic sediment in urinalysis or rapidly progressive renal function loss, we excluded pulmonary-renal syndrome. Moreover, the serum assay for vasculitis and connective tissue disease was normal. We also investigated parenchymal pathologies of the lung via high resolution chest CT and pulmonary thromboembolism via lung CT angiography, none of which revealed any pathological finding. Furthermore, a bronchoscopy for the evaluation of the airways was conducted, but failed to identify the site of any bleeding or to reveal the etiology. As we were about to diagnose idiopathic hemoptysis, we recognized some suspicious behaviors and contradictory statements, and found that he had hidden a needle in his locker, after which he admitted producing the bleeding consciously.

In conclusion, factitious hemoptysis produced voluntarily and consciously by a patient in a symptom that can be imitated (9). Although it is mostly associated with an underlying psychiatric illness, it can sometimes be used for legal or economic gain (10). The diagnosis of factitious hemoptysis can be challenging for physicians, and can be mistaken for idiopathic hemoptysis. High clinical suspicion is required for diagnosis, and it should definitely be considered in patients with hemoptysis whose bleeding localization and the cause cannot be determined, even after a detailed investigation. Patients should be closely observed for suspicious behaviors and evaluated for psychiatric disease, as efforts to make a diagnosis may lead to many noninvasive tests and invasive procedures performed to exclude possible etiologies.

CONFLICTS OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

Concept - H.D., F.D., Y.G.G.; Planning and Design - H.D., F.D., Y.G.G.; Supervision - H.D., F.D., Y.G.G.; Funding - H.D.; Materials - H.D.; Data Collection and/or Processing - H.D.; Analysis and/or Interpretation - H.D.; Literature Review - H.D., F.D.; Writing - H.D.; Critical Review - H.D., F.D., Y.G.G.

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