

A case of Munchausen syndrome by proxy presenting with epistaxis

To the Editor,

Munchausen by Proxy syndrome (MSBP) was defined by Meadow in 1977 in England as a form of child abuse practiced by families or caregivers (1,2). It causes physical and emotional damage in the child because of recurrent unnecessary medical investigations and treatments (3). The exploiters are generally women and most commonly mothers and caregivers (4,5,6). The exploiter makes up systematic information about the health of the child, ascribes a disease to the child and is glad that the child gets a medical diagnosis and treatment. In addition, he/she has an imaginary thought that the child is ill and if the child is brought to a doctor the disease will be prevented (3).

Our patient was a 2.5 months old boy, the third child of a 24 year-old mother. The patient who was born at the 36th gestational week by cesarean section had been hospitalized in the neonatal unit for 11 days because of early membrane rupture and Rh incompatibility. 1.5 months after he was discharged he was brought to an otolaryngology outpatient clinic because of unilateral nasal bleeding. It was told that he had a wound in the nose and topical treatment was given. The patient was hospitalized in our unit with the same complaint one week later. Epistaxis started one week ago drop by drop and increased gradually. At hospitalization in the neonatal unit, there was no finding of hemorrhagic diathesis and vitamin K had been administered. Systemic examination was normal. Laboratory tests were as follows: Hb:10 g/dL, WBC: 10120/mm³, PLT: 280 000/mm³, fibrinogen: 195 mg/dL, PT: 12.1 s, aPTT: 28.3 s, INR: 1.1 s, VWF level 123 IU/ mL, FXIII level: normal. Fresh frozen plasma was given when epistaxis continued. Abdominal USG performed for diagnosis of possible accompanying pathologies was found to be normal. The patient was discharged with recommendations. Two days later he was internalized again with the complaint of nasal bleeding. During the second hospitalization, factor VII, VIII, IX, XIII and thrombin time and computed tomographic scans of the head and neck were found to be

normal. Munchausen by proxy was considered and blood type was tested by obtaining blood sample from the patient's nose. The mother's blood type was 0 Rh (-), the patient's blood type was 0 Rh(+) and the blood type of the blood sample obtained from the patient's nose was 0 Rh (-). Brown-black macular lesions were found on the 2-3-4-5th fingers of the mother and dermatologic examination revealed that the lesions were traumatic. The mother was evaluated by the psychiatry clinic and the proposal of hospitalization with a prediagnosis of personality disorder was rejected.

In children presenting with unexplained persistent signs and symptoms the diagnosis of factitious disorder generated by the family/caregiver should also be considered in the differential diagnosis. Many conditions including bleeding, fever, hematuria, hypoglycemia, hyponatremia and skin lesions are generated intentionally by the parents and most commonly by the mother (1,7,8).

It was found that our patient had no hemorrhagia during his hospitalization in our neonatal unit, his nasal bleeding was always in small quantities and as blood clots in front of the nares and all tests for hemorrhagic diathesis were found to be normal. The Social Service Provincial Directorate and the public Prosecution Office were given notice for the aim of helping the patient who was considered as Munchausen by Proxy and his family. The person with whom the social service specialist interviewed stated that the mother was too much interested in our patient after losing her second baby and brought him frequently to the hospital because she was afraid that he would be ill. During the interview made with the mother, she stated that her baby had nasal bleeding, she was afraid that he would be ill and therefore brought him to the hospital. It was learned that they lived in the same house as 12 residents, her husband had no regular work and worked on construction sites from time to time. The father's being outside most of the time, the mother's fear that her children would become ill and unnecessary investigations and treatments were found to be compatible with the literature for the diagnosis of factitious disorder.

MSBP is a picture which harms the economy of physicians, patients and countries because of reasons including exposure of patients to many unnecessary investigations and radiation, leading to administration of wrong treatment, consumption of time of healthcare workers and costs of the procedures performed. We think that consideration of MSBP in the differential diagnosis of patients presenting with unexplained persistent findings and evaluation of suspicious cases by psychiatric examination would be very beneficial in terms of diagnosing the condition and preventing unnecessary medical interventions.

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