

## CASE REPORT

# Munchausen Syndrome in An Adolescent Girl Mimicking Hematemesis: A Case Report

## Hematemezi Taklit Eden Ergen Bir Kız Çocuğunda Munchausen Sendromu: Bir Olgu Sunumu

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## ABSTRACT

**Introduction:** Munchausen syndrome is a psychiatric disorder characterized by the deliberate imitation of symptoms of physical or psychiatric illness by the patient to convince others and health professionals that they have a disease. The patient often exhibits a specific pattern of behavior, such as lying about their symptoms and influencing test results to prove the presence of symptoms. Munchausen Syndrome by Proxy is similar to Munchausen Syndrome; however, the clinical scenario is presented not by the child himself or herself but by the adult responsible for his/her care. This is a type of child abuse since it exposes the child to unnecessary medical procedures. The most important step in making a diagnosis for both Munchausen syndrome and Munchausen syndrome by Proxy is to suspect the condition. We aimed to raise the awareness of physicians about Munchausen syndrome, a condition that can be overlooked and rarely diagnosed in pediatric cases.

**Case Report:** A fifteen-year-old girl presented with hematemesis. The site and cause of the hemorrhage could not be found by endoscopy and physical examination. Munchausen syndrome was diagnosed after it was discovered that the patient was simulating hematemesis by taking venous blood from the arm with a syringe and collecting it in his mouth.

**Discussion:** Suspicion is a significant factor in the diagnosis of Munchausen syndrome. Therefore, medical doctors and other healthcare professionals are important to enhance their knowledge and comprehension of Munchausen syndrome.

**Keywords:** Factitious disorders, hematemesis, Munchausen syndrome

## ÖZ

**Giriş:** Munchausen sendromu, başkalarını ve sağlık profesyonellerini bir hastalığa sahip olduklarına ikna etmek amacıyla hastanın fiziksel veya psikiyatrik hastalık belirtilerini kasıtlı olarak taklit etmesiyle karakterize psikiyatrik bir bozukluktur. Hasta genellikle semptomları hakkında yalan söylemek ve semptomların varlığını kanıtlamak için test sonuçlarını etkilemek gibi belirli bir davranış modeli sergiler. Munchausen Sendromu by Proxy, Munchausen Sendromuna benzer, ancak klinik senaryo çocuğun kendisi tarafından değil, bakımından sorumlu yetişkin tarafından sunulur. Bu bir tür çocuk istismarıdır çünkü çocuğu gereksiz tıbbi prosedürlere maruz bırakır. Hem Munchausen Sendromu hem de Munchausen Sendromu by Proxy için tanı koymanın en önemli adımı şüphelenmektir. Pediatrik vakalarda gözden kaçabilen ve nadiren teşhis edilebilen bir durum olan Munchausen sendromu hakkında hekimlerin farkındalığını artırmayı amaçladık.

**Olgu Sunumu:** On beş yaşında bir kız çocuğu hematemez ile başvurdu. Endoskopi ve fizik muayenede kanamanın yeri ve nedeni bulunamadı. Hastanın kolundan şiringa ile venöz kan alıp ağzında biriktirerek hematemezi taklit ettiği fark edildikten sonra Munchausen Sendromu tanısı kondu.

**Tartışma:** Şüphle, Munchausen sendromunun teşhisinde önemli bir faktördür. Tıp doktorlarının ve diğer sağlık çalışanlarının Munchausen sendromu hakkındaki bilgi ve kavrayışlarını artırmaları önemlidir.

**Anahtar Kelimeler:** Hematemez, Munchausen sendromu, yapay bozukluklar

## Introduction

Munchausen syndrome, initially reported by Asher in 1951, is a psychological disorder named after Baron Karl Friedrich von Munchausen, a German author known for telling invented and exaggerated stories about his experiences. (1). The condition is characterized by a tendency to fabricate or exaggerate symptoms or illnesses, to receive medical attention. This can result in a prolonged and unnecessary course of treatment, as well as potential complications or even death (2). The condition is classified under the category of "factitious disorder imposed on self" in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition

(DSM-5) (2, 3). Hospitalization is frequently the primary outcome and may become a chronic condition for those affected. The prevalence of this condition in the pediatric age group remains uncertain; however, it is estimated to range between 0.5 and 2% in the adult age group. The etiology of the artificial disorder remains unclear. However, several potential factors have been proposed, including genetic, social, psychodynamic, and familial influences (2, 3). The condition typically follows a chronic course, with patients experiencing multiple hospital and physician visits. Common features include a lack of organic cause, an exaggerated

medical history, and a tendency to change physicians and hospitals when an artificial disorder is mentioned as a potential diagnosis (3).

In this report, an adolescent girl who complained of hematemesis and was diagnosed with Munchausen Syndrome is presented because it is a rare cause of pseudo-hematemesis.

### Case Report

A 15-year-old girl was admitted to our pediatric gastroenterology outpatient clinic with the complaint of abundant clotted blood coming from her mouth after syncope. In her history, the patient's complaints started two years ago and were constantly recurring once or twice a month. Complete blood count, blood biochemistry (serum levels of urea, creatinine, liver enzymes, and electrolytes), and coagulation tests were normal. Digital rectal examination was unremarkable. No mucosal lesion that could cause bleeding was detected in the upper gastrointestinal endoscopic examination. The examination performed by the otorhinolaryngologist was also normal.

Approximately 6 months later, the patient was admitted to our outpatient clinic again with complaints of recurrent bloody vomiting and syncope. To investigate the etiology, the patient underwent upper gastrointestinal endoscopy again and was evaluated as normal.

After the esophagogastroduodenoscopic examination, she went into the lavatory in the pediatric endoscopy unit, saying that she needed to go to the toilet. It was noted that she stayed inside for a longer time than usual. After leaving the WC, she collapsed on the ground in front of the entrance to the pediatric endoscopy room with her eyes closed - while walking, and then it was observed that clotted blood started to flow out of her mouth (Photo 1). During the detailed second evaluation, it was understood that she did not lose consciousness and that she was simulating syncope. We also detected skin areas consistent with scratch marks and ecchymosis on the antecubital region of her left arm (Photo 2). When we checked the toilet, a syringe was found there. During the detailed interview, the patient admitted that she had taken venous blood from her antecubital region with a syringe, collected her blood by mouthing, and then faked fainting and bleeding from her mouth.



**Figure 1.** The figure demonstrates the blood from the mouth of the case.



**Figure 2.** The figure demonstrates the injection injury on the arm.

Given the patient's past applications to health facilities registered electronically, it was revealed that she had applied to six different centers with the same complaint in total 62 times in three years. Thereupon, we referred her to our hospital's Child and Adolescent Psychiatry Outpatient Clinic for further evaluation and treatment. In the psychiatric evaluation, it was understood that she was the youngest member of a family of 11 children who had taken refuge in Turkey due to the

civil war in Syria, and it was thought that the patient's clinical picture could be related to the psychological traumas she had experienced. In the mental status examination, she had a general appearance that was appropriate for her age and was self-sufficient. When the ecchymoses on the patient's left arm were questioned, anxiety was observed. The patient's mental process and associations were natural, and no delusions were detected in her thought content.

### Discussion

Upper gastrointestinal bleeding occurs proximal to the Trietz ligament and represents a rare cause of hospitalization in the pediatric age range. In a study, the rate of hospital admissions was reported as 80-90 per 100,000 (4). In the majority of cases, the quantity of bleeding is insufficient to detrimentally impact crucial bodily processes; however, severe bleeding may occasionally occur.

Munchausen syndrome is a rare condition in pediatric patients, and it is challenging to diagnose. Symptoms can manifest in various systems, and the most common causes of hospitalization are abdominal discomfort, joint pain, thoracic discomfort, low blood sugar, skin abrasions, loss of consciousness, emesis, and hemorrhaging (4). The disease can frequently be diagnosed several months or even years following the initial presentation, which results in a significant economic and workload burden on the healthcare system due to the multitude of diagnostic, imaging, and interventional procedures that are required. It is often overlooked and can result in severe harm to the patient. In one study, working in a health-related profession, being single, and being a woman were found to be risk factors. (5). In our case, the identified risk factors included a low socio-economic status, a history of migration, financial constraints, and potential domestic neglect.

By the diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Illnesses, or DSM-5, an artificial disorder is defined as a condition in which a patient's actions can be demonstrated to be purposefully and clandestinely engaged in the production of psychiatric or bodily symptoms (2).

In the differential diagnosis, it is essential to differentiate between malingering for personal gain and conversion disorder, in which the patient displays involuntary symptoms (6). It is additionally pertinent to consider the potential for a diagnosis of haemomania or non-suicidal self-injury. Hemomania is a disorder of

impulse control characterized by an attraction to the taste and smell of one's blood. Unlike other forms of blood fetishism, individuals with hemomania do not intentionally attempt to induce symptoms; rather, they derive pleasure from the taste and scent of their blood (7). In this case, it was observed that the subject simulated upper gastrointestinal bleeding by using blood from her arm. Non-suicidal self-injury is defined as direct and deliberate damage to one's body tissues without the intention to kill and for socially disapproved reasons. Common examples of acts of non-suicidal self-harm include cutting, burning, scratching, and hitting oneself (8).

### Conclusion

Both Munchausen syndrome and Munchausen syndrome by Proxy are rare conditions in children. Delays in diagnosis result in unnecessary investigations, interventional procedures, and radiation exposure from imaging techniques, which can cause extensive harm and place a significant burden on the workforce and economy of the healthcare system. To make an accurate diagnosis, it is essential to gather information from multiple sources. This may include relatives, healthcare professionals, hospital roommates, past medical records, personal effects, and video recordings of symptoms. Suspicion is a key factor in diagnosing the disease and medical practitioners and allied health professionals must increase their knowledge and understanding of Munchausen syndrome.

When Munchausen syndrome, which is easily overlooked and rarely diagnosed in pediatric patients, is remembered by physicians, it can both make a significant contribution to the workforce and economy of the health system by preventing unnecessary medical examinations and intervention procedures, and treatment of the patient's psychiatric disorder can be started without delay.

### Authorship Contributions

Conception: MAA, AB, Design: HHE, HAG, Supervision: HHE, HAG, MG Data Collection and/or Processing: IA, VBA, EKA, ACE, MG, Analysis and/or Interpretation: MAA, AB, HHE, HAG, MG, IA, VBA, EKA, ACE, MG, Literature Review: MAA, AB, Writing and editing: MAA, Critical Review: HHE, HAG, MG

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