MUNCHAUSEN'S SYNDROME BY PROXY: A CASE REPORT

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A two years old male child was referred from the child health department with a two month history of recurrent bleeding per rectum. The child was seen in multiple consultations elsewhere and extensively investigated to rule out gastrointestinal as well as bleeding disorders. During psychiatric interview, mother reported that she induced the rectal bleeding by injuring the rectal mucosa using her finger tip.

Key words: Munchausen's syndrome, child abuse.

INTRODUCTION

Munchausen's syndrome by proxy (MSP) is a rare disorder in which a person persistently fabricates symptoms of illness on behalf of another, so causing the latter to be regarded as ill (Meadow, 1977). In instances involving children, it is almost exclusively their mothers, who are fabricating the illness. Although a form of child abuse, there are characteristics of the syndrome that sets it apart from other types of abuse. The mothers have usually a close relationship with hospital staff and may have incomplete nurse training or other medical contacts. They appear to have few social outlets. Husbands are uninvolved, emotionally distant and there is often family dysfunction. Approximately one third of mothers may have features of Munchausen's syndrome, while others appear depressed or have a personality disorder (Fisher et al, 1993).

CASE REPORT

A two years old male child was referred from child health department of our hospital with two months history of recurrent bleeding per rectum. He had multiple consultations elsewhere, before he was seen by the pediatricians. The child was extensively investigated to rule out gastrointestinal as well as bleeding disorders. All investigations were negative except colonoscopy, which revealed the presence of a small rectal ulcer 2 cms away form the opening. There was a reddish halo and excoriation in the perianal region. The attending doctors felt that such a small ulcer alone could not explain the cause of recurrent bleeding. During the child's stay in hospital, the mother was constantly with him and she appeared very anxious.

The mother's excessive anxiety alerted the doctors regarding her psychopathology and she along with the child was referred to the department of psychiatry for evaluation. During the interviews conducted during her hospital stay, the mother stated that she induced the rectal bleeding in her child by injuring the rectal mucosa using her finger tip.

Further sessions revealed that the child's mother had conflicts with her husband and his family and she found her stay with her husband's family frustrating, while her husband worked away from home. Frequent admissions of the child into the hospital, provided her with an opportunity to avoid staying at home. She also admitted that she had decided on this action after discussing her difficulties with her friend. She was tearful during the interview and feared that her husband and her family would punish her severely for her behavior. She demanded immediate discharge and could not be persuaded to take psychiatric treatment.

DISCUSSION

The essential criteria for MSP are illness fabricated or produced by a parent; the child is frequently presented for medical care, and the symptoms and signs disappear when the child is separated from the parents. Meadow (1984) warns that there is no sharp dividing line between deliberate falsification, malingering for conscious gain and abnormal illness behavior in which there is unconscious gain.

Libow and Schrier (1986) classify MSP into prototypical "active inducers, help seekers and doctor addicts". Active inducers although rare, are the most commonly described. Dramatic histories, active production of symptoms and frequent presentations for care are usual. The mothers appear to show severe psychopathology. Help seeking mothers fabricate illnesses that look like prototypical cases; however, the children are presented on fewer occasions. They are motivated by mechanisms different from those of active inducers. Confrontation helps these mothers communicate their feelings of anxiety and depression. Unlike active inducers, they accept psychotherapy and support. Doctor addicts
differ in that the children are usually older. The mothers are antagonistic and paranoid. These mothers, and sometimes fathers, insist on treatment for their children for non-existent illness. They do not actively fabricate illness.

In the case presented, the mother was actually a help seeker and when confronted, she communicated her anxiety and depression. She did not seek psychiatric help because she feared her family’s reaction to her behavior. Here, the mother’s behavior appears deliberate, but the dividing line between conscious and unconscious gain is not clear (Meadow, 1984), the fabrication of illness and the often continued denial does not have the fixed quality of a delusion, although the mothers do not appear to be consciously lying (Waller, 1983). Mothers who have confessed to the perpetration of injury on their children have been able to describe the incident, but have little recollection for the details and describe themselves as committing the act in a dissociation like state.

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