Delusion of pregnancy in a married male: A rare case report

Sir,

After the first documentation of delusional pregnancy by Esquirol, it has been reported in patients of varying age groups in both sexes.\(^1\) Male patients have attributed their capacity to becoming pregnant as being due to “intersex” state, due to change of internal organs, or as being a real possibility for all males.\(^2\) Reports have also mentioned explanations about the mechanism of impregnation. Patients reported being impregnated by kissing,\(^3\) by sexual contact with men,\(^4\) artificial anal insemination,\(^4\) or by self.\(^2\)

A 52-year-old religious Muslim male, unemployed postgraduate, was forcefully brought to the hospital by his brother with complaints of abnormal sensations in abdomen for 6 months that he misinterpreted as pregnancy. On probing, he mentioned that there is a baby in his abdomen, which caused distention. When pointed out to him that men would not become pregnant, he vehemently denied it, explaining that it can happen as he had homosexual relationships, in which he was the recipient. He felt the baby moving inside him, and because of it, he stopped doing heavy work and was taking complete bed rest. Last few days, he developed nausea and the food intake was minimal. There were neither delusions or hallucinations nor features of depression or anxiety. There were no features of gender identity disorder or gender dysphoria.

He had homosexual relationships from adolescence, due to peer pressure, which had no temporal correlation with his symptoms. Despite the homosexual relationships, he had a healthy sexual relationship with his wife and had two children. Gradually, he developed erectile difficulties, leading to marital discord and the wife left him 3 years back. There was neither past or family history of psychiatric illness nor any drug abuse. Physical examination including neurological examination was normal. Complete hematological examination, thyroid function test, liver function test, and renal function test were normal. Computed tomography scan of brain, ultrasound abdomen, and electroencephalogram was normal.

The history was suggestive of monosymptomatic delusional disorder. After admission, he was treated with risperidone at a dose of 8 mg/day and lorazepam 2 mg SOS. After 3 weeks of treatment, the delusion completely resolved. His wife was called for marital therapy, but did not turn up. After discharge, patient stayed with his brother and returned to work. During follow-up, his sexual dysfunction persisted, but he stopped engaging in homosexual relationship. He gained insight after recovery. He had no signs of hyperprolactinemia.

Previous reports suggest a wide variation in the intellectual abilities of these patients.\(^2\) Our patient had normal intelligence as reflected by his education and adequate independent functioning. Prior history of homosexual contact and bisexual orientation has been reported as risk factor for delusion of pregnancy.

The patient did not express symptoms of pregnancy such as swollen abdomen, galactorrhea, and morning sickness as reported in other cases and hence does not suggest the phenomenon of Couvade syndrome.\(^5\) In the present case, delusion completely disappeared with only psychopharmacological treatment. It is interesting to note the process of evolution and resolution, the effect of pharmacotherapy, psychosexual issues, and the diagnostic possibilities.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

**Pattath Narayanan Suresh Kumar,**
Arun Gopalakrishnan, K. S. Muhammed Farooque
Department of Psychiatry, KMCT Medical College,
Calicut, Kerala, India.
E-mail: drpnsuresh@gmail.com

**REFERENCES**

1. Jenkins SB, Revita DM, Tousignant A. Delusions of childbirth and labor in a bachelor. Am J Psychiatry 1962;118:1048-50.
Onychotillomania as manifestation for underlying depressive disorder

Sir,

Dear Editor,

We report a case of onychotillomania in a 15-year-old girl who presented to dermatology outpatient unit with complaints of intentional self-inflicted injuries to her nails. The symptoms started 4 months prior to presentation and worsened with time. The girl had no history of psychiatric disorders in her family. On physical examination, there were round to oval, well-defined ulcers with yellowish base and black discoloration and destruction of all the fingers nails. Dermatological examination revealed hemorrhagic red colored crusts on nails. There were black discoloration and destruction of all the fingers nails with variegated destruction of nail plates of hands and 4 toes of right foot. General examination and systemic examination were found to be uneventful. On mental state examination, ideation for the past 1 month. The patient was diagnosed as trichotillomania, and her antinuclear antibody was negative at dilution 1:100.

Our case highlights a unique presentation of onychotillomania, which is a condition characterized by the compulsive or repeated pulling or scratching of nails. It is often associated with psychological distress and may be confused with other diagnostic entities. Further, the diagnosis of onychotillomania is not included as a separate category in Diagnostic and Statistical Manual-5 but can be classified under impulse control disorders not explained by any other mental disorder, along with other impulse control disorders such as trichotillomania.

Additionally, we report a case of delusions of pregnancy in a man. Delusions of pregnancy are uncommon and can be found in men, women, and nonhuman animals. The reported case is unique as the delusion was in a male individual, which is unusual as delusions of pregnancy are more commonly seen in women. The patient presented with symptoms of delusions of pregnancy and was diagnosed with trichotillomania.

This case further emphasizes the importance of thorough examination including the mental state examination in patients with diagnosis of mental disorders, often misdiagnosed previously. Likewise, in our case, it was a big problem to convince even the family members, of the self-mutilating behavior of the patient, to first take a dermatological opinion for their problem. In general, the incidence of trichotillomania is thought to be much lower than obsessive-compulsive disorder (OCD), whereas the incidence of onychotillomania is thought to be lower than trichotillomania, seen in 1 in 200 individuals.

In conclusion, our report highlights the importance of recognizing and diagnosing conditions like trichotillomania and delusions of pregnancy, which can go unnoticed and potentially have serious implications on the patient's mental health and quality of life.

Yours sincerely,

Suresh Kumar PN, Gopalakrishnan A, Muhammed Farooque KS

Reference

1. Kornischka J, Schneider F. Delusion of pregnancy. A case report and review of the literature. Psychopathology 2003;36:276-8.
2. Bitton G, Thibaut F, Lefevre-Lesage I. Delusions of pregnancy in a man. Am J Psychiatry 1991;148:811-2.
3. Michael A, Joseph A, Pallen A. Delusions of pregnancy. Br J Psychiatry 1994;164:244-6.
4. Hall W, Degenhardt L. Cannabis use and psychosis: A review of clinical and epidemiological evidence. Aust N Z J Psychiatry 2000;34:26-34.
5. Hall W, Degenhardt L. Cannabis use and psychosis: A review of the literature. Psychopathology 2003;36:276-8.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.