Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Psychiatry

The Invisible Threat- Munchausen Syndrome by Proxy: A Series of Three Case Reports

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DOI: https://doi.org/10.36347/sjams.2025.v13i03.021 | **Received:** 10.02.2025 | **Accepted:** 17.03.2025 | **Published:** 19.03.2025

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Abstract **Case Report**

"Munchausen syndrome by proxy" elucidate cases where caregivers, typically mothers, fabricate medical histories for their children, frequently accompanied by falsified physical symptoms or manipulated laboratory results. The primary goal is minimising herm to the child, irrespective of the perpetrator's motivation. We present here 3 cases owing to its unconventional presentation and engage in a discussion regarding its diagnostic challenges. In every scenarios, subjecting the child to unnecessary and repetitive medical interventions, along with frequent hospital admissions, poses a significant burden on their childhood development. It is important for healthcare professionals across various disciplines to have a thorough understanding of this condition. This knowledge is vital in order to prevent unnecessary interventions and expedite referrals to psychiatric services.

Keywords: Munchausen syndrome by proxy, Caregiver fabrication, Medical child abuse, Unnecessary medical interventions, Diagnostic challenges.

INTRODUCTION

The term "Munchausen syndrome" was introduced by Asher in 1951 to describe individuals who feign symptoms of illness and frequently seek medical attentions [1]. Subsequently, in 1977, Meadow coined the term "Munchausen syndrome by proxy" to elucidate cases where caregivers, typically mothers, fabricate medical histories for their children, frequently accompanied by falsified physical symptoms or manipulated laboratory results [2]. "Munchausen" is a term linked to Baron Munchhausen (Karl Friedrich Hieronymus Freiherr Von Munchhausen, 1720-1797), a figure renowned for the extravagant and unbelievable tales attributed to his life and experiences. The term "Manchausen syndrome" was recognised in the 10th edition of the International Classification of diseases (ICD-10). Here it is classified under 'factitious disorder' [3]. The Royal College of Paediatrics and Child Health proposes a new terminology: fabricated or induced illness by caregivers [4]. This shifts aims to direct attention towards instances of child abuse occurring within medical settings, with the primary goal of minimising herm to the child, irrespective of the perpetrator's motivation. We present here 3 cases owing to its unconventional presentation and engage in a discussion regarding its diagnostic challenges.

CASE REPORT 1

A 6-year-old girl, referred from ENT, presented to the psychiatry outpatient department (OPD) accompanied by her parents, complaining of insects emerging from both of her ears over the past 2 months. The mother brought a container filled with insects as evidence. The patient was admitted with her parents. ENT consultation was done. MRI revealed no abnormalities. Both the tympanic membranes were intact. ENT specialists suspected that the flies were intentionally introduced. The mother used to displayed an excessive level of concern and never allowed the child to be alone. According to the father, he had never witnessed the insects firsthand; they only appeared when he was away from home. In this way it was assumed that mother is the one who was introducing insects inside her daughter's ear. During the mental status examination (MSE) of the mother, she displayed a low mood, anxious affect and preoccupation with her child's symptoms. The Hamilton Rating Scale for Depression (HAM-D) indicated mild depression. The only identifiable secondary gain from the history was increase attention from the husband towards the family after the onset of the symptoms. The mother was prescribed Escitalopram 10mg and received psychotherapy. Additionally, psychoeducation was provided to the father.

CASE REPORT 2

A 10-year-old boy was brought to the outpatient department accompanied by his parents, presenting a history of seizures persisting for the past four years. The family had taken medical assistance from multiple practitioners previously, as evidenced by various medical records, including a previous admission to the neurology department. Treatment history indicated prior use of several anti-epileptics. Upon thorough examination, including blood investigations and EEG, all results returned within normal range. Despite the comprehensive evaluation, the parents expressed disappointment upon learning of the normal findings. After admission, an seizure like episode happened in the ward, but not in front of any hospital staff. When obtaining history from both the parents and the child separately, discrepancies emerged, suggesting an unusual presentation inconsistent with actual seizure. The parents adamantly believed their son suffered from a severe undiagnosed condition affecting the brain, not being diagnosed through MRI imaging. They insisted on surgical intervention as the sole solution to his disease, repeatedly requesting access to an OT. Further inquiry revealed a disturbed familial history, with the couple having been married for twelve years and experiencing difficulty conceiving and tragically lost their firstborn at two months of age. The parents exhibited profound concern for their son's well-being. Extended family members are called, psychoeducation was provided. Both parents underwent psychotherapy interventions, supplemented by the prescription of antidepressant medication to address their underlying psychological distress.

CASE REPORT 3

A 9-year-old girl, accompanied by her parents, was referred from the Haematology department. Initially, the mother was very irritated and insisted that her daughter had no psychiatric issues, and she didn't understand why the haematologist referred them to psychiatry. After reviewing the documents, it was noted that the girl had been visiting the hospital for anaemia. The mother showed various reports indicating low haemoglobin (Hb) levels, with 8 out of 10 reports showing Hb levels between 5-7 mg/dL. Some reports looked altered, and others were from uncertified labs. A report from our institution showed a normal Hb level of 11.3 mg/dL. According to the child, she didn't have any health problems, and her general examination also revealed nothing abnormal. Upon further questioning, it became clear that the mother was not satisfied with multiple reassurances from doctors that her daughter was perfectly healthy. Because of the mother's insistence and faulty reports, the Haematology doctors conducted numerous tests, including iron profile, thyroid profile, peripheral blood smear, all of which were normal. They were even considering a bone marrow analysis but noticed some inconsistencies in the mother's history and refer the family to psychiatry. The father mentioned that they had visited multiple doctors for their daughter. The mother was convinced that her daughter had a blood disorder like thalassemia because the girl's grandmother had died due to "low blood," though the exact cause was unclear. Mental status examination and projective tests for the mother showed nothing significant, though she might have some borderline traits. Both parents and the daughter received psychoeducation.

DISCUSSION

In every scenarios, subjecting the child to unnecessary and repetitive medical interventions, along with frequent hospital admissions, poses a significant burden on their childhood development. Such experiences can potentially contribute to the development of psychiatric issues in the future, serving as predisposing factors. Despite the long-standing recognition of Munchausen syndrome by proxy, there remains a notable deficiency in both diagnosing and effectively managing these cases. At times, caregivers find themselves unable to accept the reality of the situation, further complicating the clinical picture. It is important for healthcare professionals across various disciplines to have a thorough understanding of this condition. This knowledge is vital in order to prevent unnecessary interventions and expedite referrals to psychiatric services. By promptly recognising and addressing cases of Munchausen syndrome by proxy, clinicians can mitigate the adverse impact on the child's well-being and facilitate a more supportive and appropriate care. Also one thing we have to keep in our mind that she should not over diagnose and ignore the medical condition of the child.

REFERENCE

1. ASHER R. Munchausen's syndrome. Lancet. 1951 Feb 10;1(6650):339-41. doi: 10.1016/ s0140-6736(51)92313-6. PMID: 14805062.

2. Meadow R. ABC of child abuse. Munchausen syndrome by proxy. BMJ. 1989 Jul 22;299(6693):248-50. doi: 10.1136/bmj.299.6693.248. PMID: 2504384; PMCID: PMC1836924.
3. https://www.icd10data.com/ICD10CM/Codes/F01-F99/F60-F69/F68-/F68.10
4. RCPCH. Fabricated or Induced illness by Carers (FII): A practical guide for Paediatricians. Royal College of Paediatrics and Child Health. 2