Malaysian Journal of Medical Sciences, Vol. 6, No. 2, July 1999 (30-31)

CASE REPORT

MUNCHAUSEN SYNDROME BY PROXY

B.M.J Yaacob

Department of Psychiatry
School of Medical Sciences
Universiti Sains Malaysia
16150 Kubang Kerian, Kelantan

Munchausen syndrome by proxy is a rare disorder in child psychiatric practice. A case of Munchausen syndrome by proxy that was managed in the Child Psychiatric clinic, Universiti Sains Malaysia Hospital is reported. Factors that suggest the diagnosis are discussed. Multidisciplinary approach to the management of such cases is warranted.

***Keywords**: munchausen syndrome by proxy*

Introduction

Falsifying illness, in particular Munchausen syndrome by proxy among paediatric patients is a rare occurrence, although there is increasing recognition of the condition worldwide. Doctors by virtue of their profession tend to trust their patients, there by missing the diagnosis.

DSM-IV Research criteria for the diagnosis of factitious disorder by proxy, is determined by four criteria, namely (a) Intention production or feigning physical or physiological signs or symptoms in another person who is under the individual's care. (b) The motivation for the perpetrator's behaviour is to assume the sick role by proxy. (c) External incentives for the behaviour are absent. (d) The behaviour is not better accounted for by another mental disorder (1).

This is a case report of a Munchausen syndrome by proxy presented at the Child Paediatric Clinic, Universiti Sains Malaysia (USM).

Case presentation

A 10-year old Malay boy, MAMR, was referred from the Paediatric Surgical Unit, USM to Child Psychiatrist for psychological assessment. He had presented with complaints of haemetemesis, lower gastrointestinal bleeding and pain left hypochondrium two weeks prior to admission. Physical examination was unremarkable. Laboratory investigations revealed normal full blood count, serum electrolytes and partial thromboplastin time. Stool for gardia, amoeba and worm were negative. Colonoscopy was normal except for small bleeds at splenic flexure (probably due to scope trauma). Oesophagogastroduodenoscopy was normal.

On examination by the surgeon, he appeared to be alert, conscious and haemodynamically stable. On the second day of admission to the surgical ward, the child complained through the father that he had passed blood per rectum four times. Meckel's scan could not be done. The medical-officer-in-charge then inspected the stool and noticed some faeces mixed with trace of blood and mucus. Flexible sigmoidoscopy and exploratory laparotomy failed to show any significant source of bleeding. He was referred to the Child Psychiatrist on the third postoperative day.

Child psychiatric assessment

The patient was a 10-year old Malay boy. His birth and developmental history was normal, although socially he was noted to be rather quiet. He has a passive-dependent personality as he constantly looked to his father for answer during interview. At times his father seemed overdomineering and threatened to slap him when he did not answer questions. His father seemed disappointed and frustrated as no cause was found for his child's illness. The patient's parents were divorced and he was being taken care of by the father.

The father also had a past history of being admitted to Singapore General Hospital for haemoptysis, for which no conclusive diagnosis was made despite thorough investigation. He was referred to Psychiatrist for evaluation, however he defaulted appointment. Later he was admitted to the Universiti Sains Malaysia Hospital with a history of ingesting a foreign body. However all investigations done were negative.

The child was initially suspected to have been abused. However the initial diagnosis of suspected child abuse and neglect was later changed to Munchausen syndrome by proxy, in view of the presentation and his father's own psychiatric evaluation.

Discussion

Munchausen syndrome had been discussed for at least a century, based on the life of Baron von Munchausen (1720 - 1797) (2). During the late 19th century the condition was referred to as 'Polysurgery and polysurgical addiction' (3), and since 1951 has been called Munchausen syndrome.

The term Munchausen syndrome by proxy was coined around twenty years ago. In most cases, a mother claims that her child is sick and at times even makes her child apparently ill. In this case the father is the suspected perpetrator, who although seemingly devoted to his child, was probably the cause of the problem. The perpetrator is generally able to manipulate physical and/or psychological signs and symptoms of the child to meet his/her own needs.

In practice even if Munchausen syndrome by proxy is suspected, there is usually lack of confirmatory evidence. Nevertheless, the syndrome should be suspected when: (a) there is a peculiar interaction between the parent and child, (b) the fretful child who is heavily dependent on the perpetrator (parent) for answer, (c) the wavering, evasive and unreliable history given by the perpetrator.

In this case, some factors which suggests, this diagnosis are that: (a) the father has been singled out as the only care-giver when the patient developed symptoms in the ward, (b) the father rather than the child reported the episodes of gastro-intestinal bleeding, (c) the father always needed to have the child within sight, (d) the interdependency needs were clearly demonstrated during child psychological assessment, (e) the father seems eager for the child to undergo invasive procedures and immediately discharged the child when he was told that he was not suffering from any physically abnormal condition.

Munchausen syndrome by proxy challenges the traditional concept of what parenthood is supposed to be all about that is securing and protecting children. The perpetrator abuse the child in the name of humane parenting for simple reason to get attention from people that he/she is a good parents and heroic caretaker. As a divorcee, the father's self-serving needs is to show to his ex-wife and the family that he is a good devoting father. In doing so, he would not be blamed for their divorce.

Munchausen syndrome by proxy or factitious illness by proxy is therefore a form of child abuse in which a parent deliberately produces an illness in the child. It is differentiated from the range of other somatoform disorders, those that present with physical complaints that cannot be fully explained by a medical condition by the fact that the condition is consciously and intentionally falsified. It is also distinct from malingering by the fact that it is motivated by factors more complex like the act of "showing off" parental supremacy in a broken marital system in order to gain family recognition or to avoid being pointed at as a cause of marital break up.

The issues of protecting the defenseless need to be discussed in term of enforcing the Child Abuse and Protection Act against one own parent. This includes complete separation from the perpetrator of which the court order is mandatory. Of course this is easier formulated than implemented. Not to forget that the other children are also at greater risk of becoming the victim. If not a direct victim, they are at risk of adopting the Munchausen behavioural style and may resist therapeutic intervention.

To have a successful litigation case, one needs a high index of suspicion so that the case can be carefully and tactfully investigated. In the United Kingdom, video surveillance has proved to be helpful in confirming the act of the perpetrator.

Psychiatric input in terms of long-term supportive psychotherapy (4), marital therapy and family therapy is definitely warranted for a comprehensive management of such cases.

References

1. Kaplan, H.I., Sadock, B.J.,eds. Factitious disorders. In Kaplan, H.I., Sadock, B.J.,eds. *Synopsis of Psychiatry*. Baltimore: William & Wilkins, 1998:657.
2. Raspe, R. The Surprising Adventures of Baron Munchausen. *New York*: Peter Pauper, 1944.
3. Menninger, K.A. Polysurgery and Polysurgical Addiction. *Psychoanalytic Quarterly* 1934;**3**:173-99.
4. Nicol, A.R.,Eccles,M. Psychotherapy for Munchausen syndrome by proxy. *Arch Dis Child*. 1985;**60:**344-48.