

## RELATO DE CASO

## MUNCHAUSEN SYNDROME RELATED WITH NON METABOLIC URINARY CALCULOSIS: A CASE REPORT

## SÍNDROME DE MUNCHAUSEN RELACIONADA À CALCULOSE URINÁRIA NÃO METABÓLICA: UM RELATO DE CASO

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 ACESSO LIVRE

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**ABSTRACT**

The term Munchausen Syndrome (MS) was first described in 1951 by Asher to characterize individuals who intentionally produce signs and symptoms of a disease. People with this syndrome pretend to be sick and tend to look for treatment, without secondary gain, in different health services. A report of an 18-year-old woman in renal lithiasis research is reported and, at the end of the investigation, it was concluded that the "stones" were not of renal origin. The MS is rare and promotes massive health care spending, with unnecessary and costly examinations, exposing patients to iatrogenics. An underdiagnosed disease with little knowledge of health professionals.

**Keywords:** Munchausen Syndrome. Urinary calculosis. Iatrogeny.

**RESUMO**

O termo Síndrome de Munchausen (SM) foi descrito pela primeira vez em 1951 por Asher para caracterizar indivíduos que intencionalmente produzem sinais e sintomas de uma doença. Indivíduos com esta síndrome fingem que estão doentes e tendem a procurar tratamento, sem ganho secundário, em diferentes serviços de saúde. Descreve-se um relato de uma jovem de 18 anos em investigação de litíase renal em que ao final da investigação constatou que os "cálculos" não eram de origem renal. A SM é rara e promove gastos vultosos ao sistema de saúde, com exames desnecessários e onerosos, expondo os pacientes a iatrogenias. Uma doença subdiagnosticada e de pouco conhecimento dos profissionais de saúde.

**Palavras-chave:** Síndrome de Munchausen. Calculose urinária. Iatrogenia.

## INTRODUCTION

The Munchausen Syndrome (MS) was nominated as a tribute for Karl Friedrich Hieronymus, Baron Von Münchhausen (1720–1797), a German noble who became famous as a narrator of his untrue stories as a soldier, hunter and sportsman. Twelve years before Baron's death, in 1785, Rudolph Erich Raspe (1737–1794) made an anonymously published first edition of Baron von Münchhausen's tales<sup>1</sup>.

The term Munchausen Syndrome (MS) was first described in 1952 by Asher<sup>2</sup> to characterize individuals who intentionally produce signs and symptoms of a disease. People with this syndrome pretend to be sick and tend to look for treatment, without secondary gain, in different health services<sup>3</sup>.

According to American Psychiatric Association (APA), the criterion for the diagnosis of factitious disorder is the intentional production of physical or psychological signs and symptoms, without the patient obtaining anything in return, such as financial gain or release of legal responsibility, improvement of physical well-being or use of certain medications<sup>4</sup>.

## CASE REPORT

L.G., female patient, 18 years-old, single, white race and catholic, student of medicine pre-university course. Patient sought for service at University Ambulatory Center of USCS (CAU-USCS) for renal lithiasis monitoring. Reports that in 2018 October was taken to first aid post with severe right lower back pain that relieved with symptomatic use (buscopan® and metoclopramide). Urinary tract ultrasonography of 10/14/2018 reveals: rare calicinal microcalculations and mild dilation of the right renal collecting system. Abdomen and pelvis Computed tomography (CT) of 10/14/2018, that was negative for ureteral lithiasis. Two weeks after the referred incident, in 10/31/2018 the patient reports having eliminated stones while urinating, around six, denying pain. In new appointment, at private service was requested a new CT, being negative for urolithiasis. In later weeks, the elimination of stones occurred continuously without following a pattern of morphological repetition of stones (Picture 1). In 11/12/2018, exams of Ultrasonography and Urine I was made, without alterations. On 12/22/2018 another exams of Ultrasonography and Urine I was made and again negative for urolithiasis.

L.G., reports that until August 2019 expelled around one hundred and thirty kidney stones (Picture 2). Stones of varying shapes, colors and sizes, of doubtful mineralogy, many with odorless garden stone appearance -the patient said that she washed the stones-. The stones were up to 5 centimeters in diameter, incompatible with spontaneous anatomical elimination. On physical examination in all appointments, the patient presented no significant alterations.

**Picture 1** Kidney stones with varied morphologies, from the patient's personal collection.



**Picture 2** Part of 130 expelled kidney stones, from the patient's personal collection.



L.G. was in Sertraline use for an anxiety disorder, 150mg once a day, prescribed by psychiatry since November 2018. Patient had a family history of depression (mother). She also reports having suffered an abusive relationship which culminated in the termination by her partner beyond have a stress and pressure load caused by college application admission.

The kidney stones went to biochemical analysis and returned from laboratory with medical report: "Unable to analyze because material is not compatible with kidney stone".

The patient was then referred to the psychiatry and psychotherapy service to begin the treatment

## DISCUSSION

The age of onset of MS may range between 4 to 79 years-old, with a slight predominance in men (2:1). There is usually some health experience or contact and antisocial personality traits<sup>5,6,7</sup>. The patient has travels through many hospitals, being in most of them again investigated. It is also described that these institutional shifts may be just another fanciful component of the disease. Unusual or dramatic presentation of the disease is found in some cases, and there is often physical evidence of self-induction of the signs<sup>6,8</sup>. The pain symptom is usually nonspecific and associated with other undefined symptoms. These patients often undergo invasive procedures, even surgeries and are usually averse to medical records.

The etiology is still poorly understood in its pathophysiology, but there is evidence that psychosocial factors may be associated with the syndrome, caused by abuse, maltreatment or abandonment in childhood. Through this simulation of illness, these patients believe they get more attention, compassion and sympathy, feelings that may not be received at home, and many work within the health service<sup>9,10</sup>. In a systematic review of 455 cases of factitious disorders most had a greater relationship with depression than personality disorder and may improve with treatment for depression<sup>11</sup>.

The diagnosis of this condition involves some steps. First of all, exclude unusual presentations of some organic pathologies, somatoform disorders – where the present physical disorder explains neither the nature and extent of the symptoms, nor the suffering and concerns of the subject, and the simulation of any illness to gain personal gain or avoid legal difficulties<sup>12</sup>.

MS is included in the tenth edition of the International Classification of Diseases (ICD) in the category intentional production or imitation of symptoms or dysfunctions, whether physical or psychological (factitious disorder)<sup>13</sup>. The diagnostic criterion of the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders-5) for self-imposed factitious disorders is described in chart 1 below<sup>14</sup>:

### CHART 1 Self-imposed Factitious Disorder: Diagnostic Criteria<sup>14</sup>

A. Patient invents psychological and physical signs, induces injuries or illnesses; factitious disorder
B. The individual presents to others as sick, unable or injured
C. Patient with fraudulent behavior evident even in the absence of obvious external compensation
D. Behavior is not well explained by the disorder, such as delirium or other psychotic condition.

. The treatment of MS patients is difficult as many refuses to undergo psychiatric evaluation. It involves

psychotherapy, physical, psychological and social support measures. We try to look for reasons for the disorder, awareness of the patient that it can be harmful to them, comfort to try to reach the resolution of psychological problems and avoid relapses<sup>9,10</sup>. The confrontation with the patient regarding their actions and illness should not be done in all cases, it should be performed by a person well trained in this type of approach, as it may lead the patient to deny with consequent evasion of the hospital or treatment<sup>5,8</sup>. If an underlying psychiatric illness is identified in the patient, for example a depression that is the most common, it should be treated as MS may be a secondary behavior of the underlying psychiatric condition and it is expected that the symptoms of simulation commonly improve. Use of medications such as antidepressants may be necessary<sup>15</sup>.

## CONCLUSION

Factitious disorders are a challenge in medical practice for both: diagnosis and management. Munchausen Syndrome is a rare disorder and promotes massive health care spending, with unnecessary and costly exams, exposing patients to iatrogenics. An underdiagnosed disease with little knowledge of health professionals. Larger studies are needed for epidemiological evaluation of the disease and greater dissemination in the medical environment of this condition.

The patient described underwent several diagnostic tests without significant changes to urolithiasis. Confirmation of the syndrome came with the laboratory report indicating that these were not kidney stones. Thus, we highlight the hypothesis that the mother's depression, the abusive relationship and the responsibility and pressure with the pre-college course may have motivated the patient to produce factitious disorder, leading to the diagnosis of MS.

## REFERÊNCIAS

1. Olry R, Haines DE: Historical and literary roots of Münchhausen syndromes: as intriguing as the syndromes themselves. *Prog Brain Res* 2013;206: 123–141.
2. Asher R. Munchausen's syndrome. *Lancet*. 1951;1(6650):339-341
3. Sousa Filho, D. de, Kanomata, E. Y., Feldman, R. J., & Maluf Neto, A. (2017). Munchausen syndrome and Munchausen syndrome by proxy: a narrative review. *Einstein (São Paulo)*, 15(4), 516–521.
4. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders IV*. Washington (DC): American Psychiatric Association; 1994.
5. Folks DG. Munchausen's syndrome and other factitious disorders. *Neurol Clin* 1995;13(2):267-81.
6. Babe KS, Peterson AM, Loosen PT, Geraciotti TD. The pathogenesis of munchausen syndrome: a review and case report. *Gen Hosp Psychiatry* 1992;14(4)273-6.
7. Altman JS, Gardner GM. Cervicofacial subcutaneous emphysema in a patient with munchausen syndrome. *Ear Nose Throat J* 1998;77(6):476-82.
8. Case records of the Massachusetts General Hospital. Weekly clinicopathological exercises. Case 28-1984. A 39-year-old man with gas in the soft tissues of the left forearm.. *New Engl J Med* 1984;311(2):108-15.
9. Schrader H., Aasly J. O., Bøhmer T. Challenges presented by Munchausen syndrome. *Tidsskrift for den Norske Lægeforening*. 2017;137(10):696–697.

10. Weber B, Doyle MQ. Munchausen Syndrome. [Updated 2019 Feb 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK518999/>
11. Yates G. P., Feldman M. D. Factitious disorder: a systematic review of 455 cases in the professional literature. *General Hospital Psychiatry*. 2016;41:20–28.
12. Bogousslavsky J (ed): *Neurologic-Psychiatric Syndromes in Focus. Part II – From Psychiatry to Neurology*. *Front Neurol Neurosci*. Basel, Karger, 2018, vol 42, pp 81–86.
13. World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders : diagnostic criteria for research*. World Health Organization.
14. Manual diagnóstico e estatístico de transtornos mentais [recurso eletrônico] : DSM-5 / [American Psychiatric Association; tradução: Maria Inês Corrêa Nascimento ... et al.] ; revisão técnica: Aristides Volpato Cordioli ... [et al.]. – 5. ed. – Dados eletrônicos. – Porto Alegre : Artmed, 2014. Transtorno factício; p. 325-327.
15. MENEZES, Ana Paula T de et al. Síndrome de Munchausen: relato de caso e revisão da literatura. *Rev. Bras. Psiquiatr.* [online]. 2002, vol.24, n.2, pp.83-85.