

Case Report

Factitious hemoptysis in Munchhausen syndrome: a differential diagnosis to be considered*

THAMINE LESSA ESPÍRITO SANTO ANDRADE, JORGE L. PEREIRA-SILVA**

Munchhausen syndrome results from a psychiatric disorder in which patients attempt to demonstrate signs and symptoms of serious organic diseases. In a review of the literature, we found 23 cases of Munchhausen syndrome accompanied by factitious hemoptysis, 2 presenting the same mechanism described herein. We report the case of a 23-year-old male with a recent history of multiple hospital admissions for investigation of bloody sputum, although no conclusive diagnosis had been made. Upon insistent questioning the patient admitted to aspirating his own blood with a syringe, holding it in his mouth and eliminating it in order to simulate hemoptysis. Munchhausen syndrome should be considered in patients presenting hemoptysis of obscure etiology.

J Bras Pneumol 2005; 31(2): 265-8.

Key words: Munchhausen syndrome. Factitious hemoptysis. Diagnosis

INTRODUCTION

Munchhausen syndrome is a specific type of simulated disease which results from a psychiatric disorder in which patients conscientiously attempt to demonstrate in a convincing way signs and symptoms of serious organic diseases, seeking attention and successive hospital admissions^(1,2). They seem willing to be submitted to invasive procedures but often suddenly discharge themselves from the hospital when the factitious nature of their illness is recognized⁽³⁾. They are rarely willing to undergo psychiatric treatment and are usually admitted to

several hospitals where they try to persuade the medical staff to unnecessarily submit them to the same procedures previously carried out⁽³⁾. Respiratory disorders in Munchhausen syndrome may present as dyspnea, chest pain or hemoptysis⁽⁴⁾. There have been 23 cases of factitious hemoptysis reported in the literature⁽⁴⁻²⁵⁾, and many of them occurred through undetermined mechanisms. Herein, we report the case of a patient with Munchhausen syndrome presenting factitious hemoptysis by an unusual mechanism.

*Study carried out at the Faculdade Medicina da Bahia, Salvador, BA

**Specialist, as designated by the Sociedade Brasileira de Pneumologia e Tisiologia

Correspondence to: Jorge L. Pereira-Silva. Rua Conselheiro Correia de Menezes, 91. CEP: 40.295-030, Salvador, BA.

Phone: 55 71 334-7547. E-mail: cpc-ba@svn.com.br

Submitted: 14 August 2004. Accepted, after review: 9 November 2004.

CASE REPORT

A 23-year-old unemployed male patient was admitted to the Hospital Universitário Professor Edgard Santos reporting several episodes of hemoptysis in the preceding three days, each of them producing approximately 30 mL. No other complaints were reported. Without bacteriological confirmation, the patient had been treated for presumable pulmonary tuberculosis for six months with rifampin, isoniazid and pyrazinamide. He had been addicted to drugs (alcohol, marijuana, cocaine and crack) since the age of ten, when he was sent to an orphanage. At 18, he went to live with an aunt, but serious relationship problems with her partner arose. Two weeks prior to hospital admission, he had run away from home. He consumed aguardente (grain alcohol) on a daily basis. He admitted sharing syringes for the use of drugs, as well as being sexually promiscuous.

The physical examination was normal. Chest X-rays and a high-resolution computed tomography scan presented no abnormalities. Fiberoptic bronchoscopy and upper digestive endoscopy, carried out after an episode of bleeding, presented mucosae without alterations and without vestiges of bleeding. Lung scintigraphy showed a low probability of pulmonary thromboembolism. Results of laboratory exams were: hemoglobin: 14.2 g/dL; hematocrit: 39%; leukocyte count: 8900 (normal differential); prothrombin time: 95%; activated partial thromboplastin time: 30 s; platelets: 262,000/mm³; creatinine: 0.8 mg/dL; urea: 32 mg/dL; negative serologic tests for human immunodeficiency virus.

The patient presented several episodes of unwitnessed bloody sputum during hospitalization, except for the constant presence of a moderate amount of blood amid salivary secretion, in his spittoon. Confronted with evidence to the contrary, the veracity of his information was questioned. Upon insistent questioning, the patient admitted to aspirating his own blood from one of the veins of his forearm and holding it in his mouth in order to simulate hemoptysis. He was discharged in order to undergo psychiatric treatment. At last, he confessed that he had done the same during several other hospital admissions in the preceding three years, always with the same complaint, and the imaging diagnosis and endoscopies had invariably been inconclusive.

DISCUSSION

"The Adventures of Baron Munchausen" is one of the classics of world literature. It refers to the tales told by Karl Friedrich von Munchausen, Baron Munchausen (Munnikhouson), a former cavalry officer who became notorious for his exaggerated and fantastic accounts of his war adventures, as well as for his bold performance in hunting and sports⁽²⁶⁾.

The creation of the first condensed version of the book entitled: Baron Munchausen's Narrative of his Marvellous Travels and Campaigns in Russia⁽²⁶⁾, published in London in 1785, is credited to the German scientist and librarian Rudolph Erich Raspe (1737-1794). It was followed by various other expanded editions, published in several languages by distinct authors, one of whom was Gottfried August Bürger (1747-1794)⁽²⁶⁾.

Karl Friedrich von Munchausen was born in Bodenwerder, Hanover, on March 11th, 1720. At 17, he joined the army during the Russian regime and had an outstanding military career. He participated in two campaigns in Turkey (1737-1739). He left the army in 1752 and returned to his homeland, where his creativity emerged in innumerable fantastic tales. He died in Bodenwerder, on February 22nd, 1797⁽²⁶⁾. The word Munchausen became synonymous with the excessively creative spirit, characterized by exhibitionistic tales, exaggerated and fantastic, without any foundation in reality⁽¹⁾.

The term Munchausen syndrome was coined by Asher⁽²⁷⁾, in 1951, to designate a personality disorder of adult individuals, characterized by the simulation of factitious signs and symptoms of diseases, responsible for successive hospital admissions (wandering patient) and performance of unnecessary exams and surgical interventions. Such patients are usually familiar with medical terms and do not refuse to undergo the most varied forms of procedures, especially those of invasive nature, which might result in physical harm⁽³⁾. Exams are consistently inconclusive, not allowing the diagnosis of a specific disease, simply because there is none. The moment the factitious nature of their illness is recognized, these patients reluctantly leave and never come back for subsequent outpatient follow-up^(3,28). They usually reject any attempt at psychiatric treatment, although they are willing to undergo any proposed investigation and treatment of factitious symptoms⁽²⁸⁾. Upon discharge, they usually go to

other hospitals with the same complaints, where, in most cases, all exams are performed again^(3,28). When questioned, they frequently omit previous hospitalizations and investigations⁽³⁾. In Asher's original publication, three varieties were described, comprising painful, hemorrhagic and neurological disturbances⁽²⁷⁾. Some adult individuals with Munchausen syndrome share common characteristics: parental neglect, abuse, abandonment and severe diseases in close relatives, as well as frequent hospitalizations in childhood and adolescence due to genuine organic infirmities⁽²⁸⁾. The factitious disease differs from hysteria due to its deliberate nature.

Another variant, Munchausen syndrome by proxy, was described for the first time in 1977⁽²⁹⁾, to refer to a complex form of child abuse in which a parent either fabricates an illness or induces an illness in their child (generally small children, unable to express themselves)⁽²⁹⁾. In this case, the mother (or, more rarely, the father) may fabricate a detailed clinical history, forge laboratory exams, simulate fever and even directly induce symptoms in the child, by repeated exposure to toxins, drugs or infectious agents, to the point of causing the death of the child⁽³⁰⁾. It is often a way, albeit a peculiar way, of abusing the child using a third person (by proxy), a doctor, who will be induced to assume an invasive conduct which usually results in unnecessary pain and severe lesions, often resulting in the death of the child⁽³⁰⁾.

Since 1950, there have been only 23 cases of factitious hemoptysis associated with Munchausen syndrome reported in the literature⁽⁴⁻²⁵⁾. The most common cause of this bleeding results from self-inflicted trauma in the posterior pharynx or deliberately biting one's own tongue⁽²⁵⁾. In some cases, the cause of bleeding remains obscure⁽²⁵⁾. There are only two reports in the literature in which the patients injected their own blood in their mouth, aspirated with a syringe, either from a peripheral vein of their forearm⁽⁴⁾ or from a central venous catheter⁽²⁵⁾, as a means of fabricating hemoptysis.

In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, Munchausen syndrome is classified in the group of factitious disorders as number 300.19 (factitious disorder with predominantly physical signs and symptoms). Diagnostic criteria are: production or intentional simulation of predominantly physical symptoms and

signs; the role of patient is what motivates this behavior; lack of external motivation for behavior (economic gain, escape from legal responsibility or improvement of physical welfare)^(31,32).

The present case meets the diagnostic criteria for Munchausen syndrome, under factitious hemoptysis. The peculiar simulation mechanism seen in this case has been reported in only two other publications^(4,25) and was facilitated by the familiarity with the use of syringes, common to injection drug addicts. Although the patient had been referred for psychiatric treatment, it was not possible to follow up on his case.

Munchausen syndrome is a peculiar psychiatric disorder whose diagnosis demands high level of presumption. Factitious hemoptysis usually results from self-inflicted trauma in the posterior pharynx or intentional biting of one's own tongue. The authors alert the medical community to the possibility that the material eliminated through the mouth might result from the injection and temporary holding of autologous blood, collected from a vein, by the patients themselves. Munchausen syndrome should be considered in the cases of hemoptysis without definite cause. Considering the wandering nature of these patients, the creation of a computerized data base, which would allow the uninterrupted exchange of information among the several hospitals, might prevent unnecessary hospitalizations and diagnostic and therapeutic procedures, thereby rationalizing health resources.

REFERENCES

1. Reyes A. Munchausen Syndrome. In: Diseases & conditions encyclopedia. [cited 2004 ago 4]. Available from : <http://health.discovery.com/encyclopedias/2910.html>.
2. Haddy RL. The Munchausen of Munchausen syndrome. A historical perspective. *Arch Fam Med* 1993;2:141-2
3. Pankraz L, Jackson J. Habitual wandering patients. *N Engl J Med* 1994; 331:1752-5.
4. Roethe RA, Fuller PB, Byrd RB, Stanford W, Fisk DE. Munchausen's Syndrome with pulmonary manifestations. *Chest* 1981; 79:487-8.
5. Agarwal BL. An Indian Munchausen. *J Assoc Physicians India* 1972; 20:467-9.
6. Carroll D. Obscure causes of hemoptysis. *Md State Med J* 1975; 24:87-90.
7. Shafer N, Shafer R. Factitious diseases including Munchausen's syndrome. *N Y State J Med* 1980; 80: 594-604.
8. Fensilver SJ, Raffin TA, Kornei MC, Sullivan SJ, Smith MA. Factitious hemoptysis: the case of the red towel. *Arch Intern Med* 1983;143:567-8.

9. Buddemeyer EU, Jonhson GS, Cooley LR, George FH. A nuclear manifestation of Munchausen's syndrome. *J Nucl Med* 1983;24:716-7
10. O'shea B, Falvey J, Cahill M, McGennis A. Factitious Hemoptysis. *Arch Intern Med* 1984; 144:415-9.
11. Raj B, Chawla RK. Fictitious haemoptysis. *Indian J Chest Dis Allied Sci* 1985; 27:190-2.
12. Seguel M, Arose M, Perez C, Alvarez M, Labarca R, Veloso M. Munchausen's syndrome: A study of 6 cases. *Rev Med Chil* 1990;118:1090-7
13. Mitchell DM, Doyle PM, Spiro SG. Munchausen's syndrome with multiple pulmonary manifestations. *N Y State J Med* 1992; 92:301-5.
14. Ifudu O, Kolasinski SL, Friedman BA. Brief report: kidney-related Munchausen's syndrme. *N Engl J Med* 1992; 327:388-9
15. Duffy TP. The red baron. *N Engl J Med* 1992; 327:408-11
16. Barnett VT, Bergmann F, Humphrey H, Chediak J. Diffuse alveolar hemorrhage secondary to superwarfarin Ingestion. *Chest* 1992; 102:1301-2
17. Rusakow LS, Gershan WM, Buffo M, Szajnberg NM. Munchausen's syndrome presenting as cystic fibrosis with Hemoptysis. *Pediatr Pulmonol* 1993; 16:326-9.
18. Baktari JB, Tashin DP, Small GW. Factitious hemoptysis: adding to the differential diagosis. *Chest* 1994; 105:943-5.
19. Okimoto N, Soejima R. Factitious hemoptysis and anemia. *Chest* 1994; 105:1629
20. Rusakow LS, Gershan WM. Hemoptysis and Munchausen syndrome. *Chest* 1994; 106:1308-9
21. Saed G, Potalivo S, Panzini L, Bisetti A. Munchausen's syndrome: a Case of factitious hemoptysis. *Paminerva Med* 1999;41:6267.
22. Ozden A, Canat S. Factitious hemoptysis. *J Am Acad Child Adolesc Psychiatry* 1999; 38:356-7
23. Gurkan OU, Karacan O, Ozdemir O, Gonullin U, Numanoglu N, Alper D. Factitious haemoptysis. *Aust N Z J Med* 2000; 30:729.
24. Bjornson CL, Kirk VG. Munchausen's syndrome presenting as hemoptysis in a 12-Year-Old Girl. *Can Respir J*. 2001;8:439-42
25. Hardin KA, Louise S, Lillington GA. A case of sudden hemoptysis - Bronchoscopy clinic - Munchausen Syndrome. *J Respir* 2002. [cited 2004 ago 4]. Available from: http://www.findarticles.com/p/articles/mi_m0BSO/is_2_23/ai_83445391
26. Carswell J. Rudolf Erich Raspe (1737-1794) & Hieronymus Karl Friedrich, Baron (Freiherr) von Munchhausen (1720-1797). *Books and Writers*. [cited 2004 ago 4]. Available from:: <http://www.kirjasto.sci.fi/munchh.htm>.
27. Asher R. Munchausen's syndrome. *Lancet* 1951; 1:339-41.
28. Mehta N, Khan IA. Cardiac Munchausen syndrome. *Chest* 2002; 122:1649-53
29. Meadow R. Munchausen syndrome by proxy: the hinterland of child abuse. *Lancet* 1977; 2:343-5.
30. Armus M, Morici S. Una aproximación a los fenómenos intersubjetivos en julgo en síndrome de Munchausen por poder. Buenos Aires 2004. [cited 2004 ago 4]. Available from: <http://www.sps.org.ar/Munchausen.htm>
31. American Psychiatric Association (APA). *Diagnostic and statistical manual of mental disorders*. 4th ed. Washington: American Psychiatric Association; 1994. p.471-5.
32. Gattaz WF, Dressing H, Hewer W, Nunes P. Síndrome de Munchausen: diagnóstico e manejo clínico. *Rev Assoc Med Bras* 2003;49:220-4.