

## Case report

## Is it Munchausen syndrome by proxy?

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## Abstract

We describe two cases of children who were victims of illness fabricated by their mothers. Such clinical situations are identified as Munchausen syndrome by proxy (MSP). Although considered a form of child abuse, MSP often goes unrecognised in paediatric practice. The two children involved were unnecessarily investigated, and the underlying problems in the mothers were identified only after several hospital admissions. One mother had a major psychiatric disorder, and the other had serious marital problems. Maintaining a high degree of suspicion regarding inexplicable illness in a child with inappropriate or incongruous symptoms and signs, even when parents behave in an exemplary manner, would help in early diagnosis and management.

## Case 1

An eight-month old girl was admitted to hospital for alleged recurrent vomiting of frank blood for three months. She had six previous admissions to two different hospitals during this period. Several other complaints, such as generalised convulsions, and diarrhoea with blood and mucus, allegedly preceded the vomiting. The mother stated that the child was given blood transfusions on three separate occasions.

The girl appeared healthy and active. Physical examination was normal. A full blood count, coagulation profile, liver function tests, stool examination for occult blood, ultrasound scan of the abdomen and barium studies all showed normal results. Throughout the hospital stay no vomiting of any form was observed or reported by the mother. Clinical records of previous admissions could not confirm that the child had received blood transfusions. The only evidence in support was a blood stained cloth produced by the mother. There were no eye witnesses. The mother consistently maintained the story that the child vomits blood, although she never appeared disturbed by the seriousness of her child's illness. The social history of the mother and child was sought at this stage. The father and the maternal grandmother of the child were interviewed.

The parents were married for 18 months. The father worked full time as a gem miner. The mother expressed much distress about alleged excessive alcohol consumption and violent behaviour by the husband. When she was three months pregnant, she left her husband to live with her parents. When the child was five months old she was forced to return to her husband with the child, again to experience a repetition of his violent behaviour. She was afraid that she and her child could be physically harmed by him.

The father accused the mother of keeping the child in hospital to avoid going home. He demanded that they be released from hospital as soon as possible. He had never seen the child vomit blood. He also stated that four months ago, his wife had surgery for an acute abdominal pain. She confirmed this, and the medical records showed a negative laparotomy. The maternal grandmother, however, supported her daughter's story of the child vomiting blood, but on close questioning reluctantly admitted that she had never witnessed it herself. Assessment of the mother did not show any disturbance of the mood, perception, or thought processes. Her personality did not indicate antisocial qualities, or abnormal vulnerability to stress. She was offered counselling to help her solve her social dilemma. Since then she has returned with the child to live with her parents and is now employed. Six months later, the child remains well. Her mother has initiated legal proceedings seeking a divorce.

## Case 2

A five-year old girl was admitted with the complaint of episodic difficulty in breathing of four months' duration. The child had seven previous admissions to three hospitals. In addition, the mother complained that the child had progressive loss of appetite, bouts of fever, swelling around the eyes and ankles and reddish patches on the skin. The clinical records of the last admission showed that temperature, observation for development of symptoms, and haematological investigations were normal. The child agreed with her mother on all the physical complaints even

in the mother's absence. The child did not look ill, had a good appetite and normal sleeping habits, but appeared anxious when questioned about her symptoms. She was admitted to primary school two months earlier, but the mother kept her away from school after two weeks, as she felt the child was too ill.

The child failed to develop any of the symptoms mentioned during hospitalisation but the mother closely watched the child. She was convinced that her daughter had dengue hemorrhagic fever, and that her life was in danger. A few days after admission, the mother summoned the nurses in a state of panic, claiming that her child had stopped breathing, and was dead. She started to violently shake the child, who had to be rescued by the nurses.

The mother, a 30 year old former preschool teacher, was widowed when her businessman husband died of a heart attack two years ago. She lived with her parents since then. According to the maternal grandmother, four months ago, she started claiming that the child had dengue fever. The negative results shown repeatedly on blood reports were rejected. The mother even gave up her job to care for the child. She was not known to be an over-anxious person before this.

The history and mental state examination of the mother showed that she was suffering from schizophrenia. She was also diagnosed to have diabetes mellitus. She responded well to treatment of both conditions. She initially refused to part with the child, but later allowed the maternal grandmother to take the child home. The child returned to school and remained well. Six months later the mother was still under treatment, and was in satisfactory mental and physical health.

## Discussion

Both mothers sought treatment for their children claiming serious and potentially life-threatening symptoms. Both hospitalised their children many times, and willingly subjected them to multiple investigations. Parents consciously fabricating illness in their children who then run the risk of exposure to unnecessary and potentially harmful medical procedures, was first described by Meadow in 1977 as Munchausen syndrome by proxy (1). Various presentations of MSP have been described, and it is recognised as a form of child abuse (2,3,4). In all the reported cases, the parent involved was the mother.

These two cases are described with two main objectives. One is to emphasise that the two cases are different in several essential features to those usually identified as MSP in the literature. Secondly, and more importantly, to stress the need for early recognition and appropriate management.

Child abuse is difficult to argue in both cases. One mother was trying to save herself and her child from an intolerable social situation and potential physical harm. The other's behaviour was influenced by abnormal beliefs due to her mental illness.

MSP is also labelled as a malignant disorder of parenting (2). The mother's behaviour in subjecting her child to potentially harmful and painful procedures is interpreted as an attempt to fulfil a psychological need in an abnormal personality. Welcomed distraction from relationship difficulties, or a depressed mood are other identified motives and explanations (3). Personality difficulties could not be detected in either of the mothers. Standardised schedules however, were not used in the assessment of personality. Although fathers were effectively absent in both children, there was no evidence of poor quality care to the children by either of the mothers. The abdominal complaint which resulted in an exploratory laparotomy in one mother, suggests possible Munchausen syndrome in her.

The delay in recognising the underlying problem in both cases was probably due to the stereotyped manner in which doctors behave, where clinical reasoning remains within the narrow range of organic factors. In addition to the risk of permanent handicap or death from invasive medical procedures, children who have had fabricated illness thrust upon them early in life may adopt abnormal illness behaviour as adults and retain it for the rest of their lives (5). The children are also known to participate in the deception (6), and this was noted in one child. Paediatricians and other doctors dealing with young children depend heavily on histories given by parents. However, they also should be alert to warning signals (5) such as illness which is unexplained, prolonged and extraordinary, symptoms and signs that are apparent only in the presence of the mother, treatments that are repeatedly found to be ineffective, mothers who are less worried by the child's illness than the nurses and doctors and families in which sudden unexplained infant deaths have occurred, and families containing many members alleged to have different serious medical disorders. The following plan of management (7) could be useful.

1. Stop all unnecessary tests and treatments.
2. Keep mother and child under careful observation.
3. Obtain a relevant history and mental state assessment of the mother, and look for a possible motive.
4. Make contact with other relevant family members.
5. Obtain access to previous medical records of the child.
6. Look for a possible motive in the mother.
7. Offer the appropriate psychological and social help.

**References**

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