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RESEARCH ARTICLE

PSEUDOCYESIS- A CASE REPORT:-

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Abstract

Introduction:-

The purpose of this case report is to establish the correlation between the symptoms presented with pseudocyesis disorder and the underlying actual cause for their presentation. According to previous researches, this disorder usually involves psychological and neuroendocrine mechanisms [16]. Pseudocyesis is a disorder that is rarely encountered in psychiatric practice. It is characterized by numerous signs and symptoms of pregnancy, except for confirmation of the presence of a fetus. The aim of this article is to present a patient with pseudocyesis [2].

Case Report:-

A 40-year-old female patient, unemployed, married, childless, was admitted in the evening as an emergency to maternal ward claiming that she was pregnant. Ultrasonography performed upon gynecologic examination denied any pathologic hemorrhage and showed normal uterus and vagina, free from any signs of parturition or pregnancy. The consultant psychiatrist joined the gynecologic team and they talked to the patient's husband, and the patient. The diagnosis of false pregnancy, pseudocyesis (somatoform disorder, undifferentiated) was made and the patient was referred to Department of Psychiatry for treatment. Upon questioning the patient remained guarded and anxious stating she does not want to talk about it and that she does not know what happened. Patient was started on Diazepam 30 mg/day for 5 days. Around day 5, when talking about the issue, the patient said she did not know how to describe it. Instead of talking about her pregnancy the patient talked about marriage as of something she simply needed; she complained of her husband's frequent absence from home, and how she missed talking to him. Upon questioning patient's husband, he stated that patient had been experiencing similar symptoms in the past but it was never to this extent, therefore they never sought out for any psychiatric help till this point. The husband stated that these symptoms were brought upon for the first time approximately 10 years ago when the patient's best friend became pregnant. At that point in time the husband stated that they tried multiple times to conceive to no avail. The

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husband additionally stated that the couple went through multiple rounds of fertility testing. All the testing performed were normal. The husband went on to mention that they tried again multiple times, but to no avail and this led to patient experiencing moderate depression in the past for which the patient again did not take any medication. Husband further stated that the patient experiences the symptoms of pseudocyesis on and off and every time she experiences them she becomes anxious and guarded.

Throughout the hospital course and even after discharge the patient remained adamant that she was pregnant and that she gave birth to a child. Other than diazepam which was used as an anxiolytic the patient was not prescribed any other medication. The patient was discharged on diazepam 10 mg PRN whenever she experiences anxiety.

Patient's family history revealed extensive psychiatric problems. Patient's father and two maternal cousins had schizophrenia. Patient's uncle committed suicide 5 years ago because of depression.
In terms of patient's social history she was an A grade student until high school after which she significantly declined in her academics. The patient was never able to land a stable job as according to patient's husband she had difficulty socializing with her colleagues.

Discussion:-

Somatoform Disorder is a type of mental illness which is accompanied by wide-ranging symptoms relating to the illness a patient is under the delusion of such as pain, neurologic problems, gastrointestinal problems and sexual symptoms. Patients with Somatoform Disorders mostly also have an anxiety disorder [7].

One form of a Somatoform Disorder is known as Pseudocyesis. This condition is classified as a belief on the part of the individual that they are pregnant as written in the fifth edition of Diagnostic and Statistical manual of Mental Disorders (DSM-5) [3]. This phenomenon is experienced by females. Individuals experience most of the symptoms related to pregnancy such as weight gain, irregular menstrual period, enlarged breasts and a swollen belly, although they are not carrying an actual fetus [4].

Pseudocyesis can at times be hard to differentiate from another disorder called Delusion of pregnancy. This mostly occurs when the patient is suffering from delusion of pregnancy but also has physical symptoms which are indicative of pseudocyesis [8] [9] [10] [11].

Although pseudocyesis is mostly confined to females, some males are also known to get affected by such a disorder [15]. Research indicates that males may show signs of pseudocyesis during cases of abdominal distention, neuropsychological deterioration and psychosis, which may be factors which contribute to pseudocyesis [4] [6].

Males may also experience a related disorder which is known as sympathetic pregnancy or couvade. These men develop symptoms which are similar to their pregnant partners which may include weight gain, nausea, backache and vomiting.

Women in developed countries have easy access to health care and visit obstetricians to undergo pregnancy tests and ultrasonographic examinations to diagnose whether they are pregnant or not and hence are able to convince women who are pseudocyetic that they are not pregnant, while women in undeveloped countries do not have the same access or the awareness to get examined by physicians or midwives till they get to labor or have an unrelated medical problem, hence cases relating to pseudocyesis have been mostly confined to such countries [1][2]. There are even cultures in parts of the world where children are thought of as a necessity for surviving economically, so women who are under immense pressure from their partners and at times abuse as well, can be susceptible to pseudocyesis [13] [14].

According to research, patients with pseudocyesis are accompanied by depression, anxiety or emotional stress in women who have a lot of social pressure and hence have a desire to be pregnant [2][5]. This leads to a decrease in levels of dopamine and norepinephrine activity [6], which corresponds to the findings in various researches that women suffering from pseudocyesis may have dysfunction of catecholaminergic pathways in the central nervous system which are involved in regulation of secretion of anterior pituitary hormones [7] [11]. All this leads to endocrine disorders such as galactorrhea, amenorrhea, hyperprolcatinemia, fetal movements including labor pains approximately around the time of expected delivery date [7].

It has also been indicated in previous researches that childhood sexual abuse can be a leading factor for causing pseudocyesis in patients [12], as well as incest should be considered while evaluating a patient presenting with pseudocyesis [13].

Conclusion:-

After converging previous researches together and carefully reviewing all the data available, it can be established that pseudocyesis is a somatoform disorder influenced by dysfunction of the catecholaminergic pathways in the central nervous system which could be diagnosed in time if individuals affected would seek medical aid and get themselves tested for pregnancy.

References:-

1. Pawlowski EJ, Pawlowski MM. Unconscious and abortive aspects of pseudocyesis. Wis Med J. 1958;57:437–540.
2. Ouj U. Pseudocyesis in a rural southeast Nigerian community. J Obstet Gynaecol Res. 2009;35:660–665. doi: 10.1111/j.1447-0756.2008.00997.x.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5. Washinton, DC: APA; 2013.
4. Shutty MS Jr1, Leadbetter RA. Case report: recurrent pseudocyesis in a male patient with psychosis, intermittent hyponatremia, and polydipsia**.** Psychosom Med. 1993 Mar-Apr;55(2):146-8.
5. Dafallah SE. Pseudocyesis and infertility. Saudi Med J. 2004;25:964–965.
6. Lambert G, Johansson M, Agren H, Friberg P. Reduced brain norepinephrine and dopamine release in treatment-refractory depressive illness: evidence in support of the catecholamine hypothesis of mood disorders. Arch Gen Psychiatr. 2000;57:787–793. doi: 10.1001/archpsyc.57.8.787.
7. Juan J Tarín, 1 Carlos Hermenegildo, 2, 3 Miguel A García-Pérez, 2, 4 and Antonio Cano5, 6. Endocrinology and physiology of pseudocyesis**.** Reprod Biol Endocrinol. 2013 May 14;11:39. doi: 10.1186/1477-7827-11-39.
8. Hardwick PJ, Fitzpatrick C. Fear, folie and phantom pregnancy: pseudocyesis in a fifteen-year-old girl. Br J Psychiatr. 1981;139:558–560. doi: 10.1192/bjp.139.6.558.
9. Starkman MN, Marshall JC, La Ferla J, Kelch RP. Pseudocyesis: psychologic and neuroendocrine interrelationships. Psychosom Med. 1985;47:46–57.
10. Hernández-Rodríguez I, Moreno MJ, Morano LE, Benavente JL. Systemic lupus erythematosus presenting as pseudocyesis. Br J Rheumatol. 1994;33:400–402. doi: 10.1093/rheumatology/33.4.400.
11. Ahuja N, Vasudev K, Lloyd A. Hyperprolactinemia and delusion of pregnancy. Psychopathology. 2008;41:65–68. doi: 10.1159/000110628.
12. Hennessy MB1, Polk-Walker GC. Case study analysis of pseudocyesis: consideration of the diagnosis of child sexual abuse**.** Nurse Pract. 1990 Feb; 15(2):31-2.
13. Hendricks-Matthews MK1, Hoy DM. Pseudocyesis in an adolescent incest survivor**.** J Fam Pract. 1993 Jan; 36(1):97, 101-3.
14. Ibekwe PC1, Achor JU. Psychosocial and cultural aspects of pseudocyesis**.** Indian J Psychiatry. 2008 Apr; 50(2):112-6. doi: 10.4103/0019-5545.42398
15. Evans DL, Seely TJ. Pseudocyesis in the male**.** J Nerv Ment Dis. 1984 Jan; 172(1):37-40.
16. Small GW. Pseudocyesis: an overview**.** Can J Psychiatry. 1986 Jun; 31(5):452-7