IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 21, Issue 10 Ser.2 (October. 2022), PP 01-02
www.iosrjournals.org

Demystifying Phantom Pregnancy

Dr.Madhumitha.V[1]; Dr.Lakshmiprabha.M[2]
[1,2]*Department of Psychiatry, Sree Balaji medical college and Hospital*

Abstract:
Pseudocyesis is a condition which is more commonly reported in a developing country. The patient with such a condition is commonly seen by obstetricians they report to them frequently with or without the clinical features of pregnancy but the doctor will not be able to have any confirmation of the presence of a foetus. The literature on delusions of pregnancy in schizophrenia is however scanty. We hereby present a case of delusion of pregnancy. The case highlights the possibility of delusion of pregnancy if a patient presents with features suggestive of pseudocyesis.

Key Words*: Pseudocyesis, Delusion of pregnancy, Schizophrenia, Phantom pregnancy.*

Date of Submission: 20-09-2022 Date of Acceptance: 05-10-2022

I. INTRODUCTION:

Pseudocyesis is a rare case with is limited medical literature discussing the topic. Most of pseudocyesis cases occur in the age group of 20 to 44 years old. Pseudocyesis is a rare condition defined in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), as when a person has a false belief of being pregnant, accompanied by objective signs and symptoms of pregnancy, which may include abdominal enlargement, oligomenorrhea/amenorrhea, subjective sensation of foetal movement, nausea, breast engorgement, and secretions, and labour pains at the expected date of delivery, despite not being pregnant [1]. Confirmation of pseudocyesis is achieved with negative pregnancy testing of blood and urine, or ultrasound.

Differentiating between pseudocyesis and its various subtypes is important. Only with pseudocyesis are physical signs of pregnancy present. On the other side, the DSM-5 defines the delusion of pregnancy as when a person has a fixed belief that they are pregnant although there are no physical symptoms or indicators of pregnancy, and confirmatory testing come up negative.[2]

Pseudocyesis can be delusional, but the term is most appropriately used when physical symptoms of pregnancy appear. Pseudocyesis when presenting without delusion should be included in the other specified somatic symptom and related disorder, in DSM-5 Simulated pregnancy can be considered a factitious disorder when a person claims to be pregnant knowing that he or she is not. Pseudopregnancy is caused by a tumour which creates endocrine changes suggestive of pregnancy. Couvade syndrome occurs when a man develops symptoms of pregnancy when the wife becomes pregnant but knows that he is not pregnant. It bears a superficial resemblance to delusion of pregnancy, but insight is preserved in Couvade's syndrome while it is absent in delusion of pregnancy.[3]. Here we present a case of pseudocyesis with underlying undiagnosed schizophrenia.

II. CASE PRESENTATION:

34-year-oldmarried mother of one, who was referred from obstetrics and gynaecology department as patient was claiming that she was pregnant even though the ultrasonogram showed no intrauterine gestational sac. She had undergone USG screening for pregnancy 3 times in the last 2 months. Her urine pregnancy test and serum HCG were negative. Patient was in her second marriage of 7 years and has a 5-year-old daughter. Patient claims that she was pregnant as she had missed her period for 4 months and she claimed that her abdomen was looking larger than usual and she could feel some movement which is similar to foetal movement which she experienced in her first pregnancy. She reported that she feels nauseous in the morning and hence skips her breakfast for the past 4 months

On evaluating further patient reports that she has been hearing voices when she was alone in the house and in the bathroom, the voices pass comments on her appearance. Patient believes these are the voices of her neighbours who have fixed a camera in the bathroom and she was being watched due to which she takes bath in the dark, they even follow her when they change houses. These complaints were present for 2 years and never been treated with medication before. When evidences of poor nutritional status and normal looking abdomen were presented, patient refused to accept them.

On examination patient was pale looking, moderately built and nourished, she made and maintained adequate eye contact. Patient had a wellsystematised delusion of pregnancy. When she was provided contrary evidences like the USG and implausibility of her claim that a 4-month gestation can cause foetal movement her belief was unshakable. She also had delusion of persecution secondary to the auditory hallucinations where she could hear both male and females' voices which commented on her and was derogatory in nature. Patient had poor insight towards the nature of her illness. Patient was treated with first generation antipsychotic tablet haloperidol 5 mg initially once daily followed by two times a day for 1 month during which her delusion of being pregnant gradually decreased. Informed consent was obtained from the patient. Patient is aware that their identity will be anonymous.

III. DISCUSSION:

Delusion is defined as, false firm ideas that cannot be corrected by reasoning and are out of keeping with patient's educational and cultural background. In our case patient claims to have experienced a sensation of foetal movement, amenorrhea, increase in abdominal size and nausea which comes under the DSM-5. Delusion of pregnancy was encountered in a variety of psychiatric disorders including schizophrenia, other psychotic disorder, mood disorders and organic brain disorder(4)

In our case patient was divorced by her first husband due to interpersonal issues. Since her marriage she was finding it difficult to bond with her mother-in-law and frequently has difference of opinions. Since patient started hearing voices patient was scared that her husband might abandon her due to her neighbours spying on her and their comments. Deutsch [5] has also pointed out that a pregnancy could be used to magically avoid being abandoned and helpless. The case highlights the possibility of delusion of pregnancy if a patient presents with features suggestive of pseudocyesis.

IV. CONCLUSION:

To conclude it is important to consider the associated psychotic features that might be present in women with delusions of pregnancy as were present in the current case.Women with pseudocyesis have the clinical presentation cantered on the false signs and symptoms of pregnancy. There are no associated psychotic features in such cases. But in delusion of pregnancy there are erroneous thoughts that she is pregnant which is unshakable. The two conditions warrant a different line of management. Antipsychotics play a key role in the delusion of pregnancy and they are of limited role in patients with pseudocyesis. Given their great familiarity with pseudocyesis, obstetricians sometimes miss the pernicious psychiatry history as reported in this case.

REFERENCE

[1]. Balhara YS, Yadav T, Kataria D. Pseudocyesis Versus Delusion of Pregnancy: Differential Diagnoses to be Kept in Mind. Indian Journal of Psychological Medicine. 2012;34(1):82.
[2]. Espiridion E D, Fleckenstein C, Boyle P, et al. (September 10, 2020) A Rare Case of Pseudocyesis in a Patient with Bipolar Disorder. Cureus
[3]. 12(9): e10352. DOI 10.7759/cureus.10352
[4]. Bera SC, Sarkar S. Delusion of Pregnancy: A Systematic Review of 84 Cases in the Literature. Indian Journal of Psychological Medicine. 2015 Apr;37(2):131–7.
[5]. Chatterjee SS, Nath N, Dasgupta G, Bhattacharyya K. Delusion of pregnancy and other pregnancy imicking conditions: Dissecting through differential diagnosis. Med J D Y Patil Univ2014; 7:369-72
[6]. Deutsch H. The psychology of women. Vol. 1 and 2. New York: Grune and Stratton Inc; 1945.

Dr.Madhumitha.V, et. al. "Demystifying Phantom Pregnancy." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(10), 2022, pp. 01-02.