Munchausen syndrome as scorpion biting: a misdiagnosis

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Abstract
Factitious disorder as Munchausen syndrome is a time and money consuming condition that is presented with different signs and symptoms. In emergent situations, it is not a differential diagnosis with high priority, but when it becomes recurrent with atypical symptoms, factitious disorder and malingering should be considered as well. In this survey, we report an odd and interesting presentation of a factitious disease as a scorpion sting which misled some professional healthcare providers until the patient finally confessed that she used turmeric to mimic the signs of a scorpion sting. She exaggerated her symptoms when asked about the details of the mechanism of the scorpion bite. When encountering an emergent condition, after ruling out the critical conditions especially when the symptom is recurrent, factitious disorders should be considered. Consultation with a psychiatrist help the team manage the patient properly.

Keywords: Factitious disorder, Scorpion sting, Turmeric

Introduction
Factitious disorders, including Munchausen syndrome, are one of the most prevalent cases health care providers might encounter anytime (1). Munchausen syndrome patients intentionally mimic their symptoms to be admitted at hospital and gain the attention of the healthcare providers (2). Unfortunately, a significant amount of resources are spent yearly to treat patients with factitious disorders. Factitious disorders include psychological or physical symptoms that are deliberately made by the patient to presume sick role (3). Unlike malingering, in factitious disorders the patient does not make a claim out of personal gain. As their motivation is unknown, personality disorders are suggested as probable cause (4). Logically, for the emergent cases, it is necessary to act as soon as possible and leave the psychological causes for the later assessments. Scorpion envenoming is a common event in developing and underdeveloped countries with the fact that these countries are mainly tropical and subtropical. Scorpion venom mainly affects cardiovascular, respiratory and neural systems (5). There are case reports of “posterior reversible encephalopathy syndrome” (6), Toxic myocarditis (7) following a scorpion sting. As we have dangerous types of scorpions in Iran with serious mortalities and morbidities like coma and necrosis of the tissue (8), we take serious care of patients complaining about scorpion sting. This article presents a woman with Munchausen syndrome who used turmeric to mimic the symptoms of the scorpion sting (Figure 1).

Case presentation
We intend to present a woman with uncommon and odd presentation of scorpion stings for several times in a short period. A 49-year-old married woman complaining of scorpion stings was referred to the emergency toxicity center. She complained of sudden restlessness, tingling, nausea, vomiting and palpitation. In the physical examination, petechiae and redness were noticed in the left upper quadrant of her left breast. The vital signs and the neurologic examinations were normal (blood pressure: 116/61, pulse rate: 82, respiratory rate: 18, temperature: 37.5, Glasgow coma scale [GCS]: 15/15). In the past medical history there were three documented times of hospitalization in the last year with the same
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Next year she referred to the emergency room, complaining about scorpion stings in her right thigh and both lower extremities. She had generalized paresthesia, headache, nausea and vomiting and local itching at the site of stings. The physical examinations and vital signs were normal. Cimetidine, hydrocortisone and anti-venom were administered. After administering the drugs, the patient was transferred to ICU for accurate monitoring in ICU. She was found depressed as she did not respond to the verbal communication. So, the psychiatric consultation was requested but unfortunately she left the hospital before the psychiatrist could visit her. One month later, she referred to the hospital complaining about shortness of breath and scorpion sting at the posterior region of the left leg. Likewise the previous times, she had paresthesia and itching but the physical examinations were normal. The history obtained from her family revealed that she had frequently used variety of benzodiazepines and phenothiazines. As the patient was seemingly icteric, the liver function tests were requested. The laboratory tests were normal. In the follow-up, she was still complaining about scorpion stings. She even provided the scorpion venom for the patient’s motivation can help to diagnose these disorders. Looking for the presence of anxiety, depression, unusual behavior, recent or childhood traumatic experiences can help identify psychiatric causes of the factitious disorders.

Conclusions

When encountering an emergent condition, after ruling out the critical conditions especially when the symptom is recurrent, factitious disorders should be considered. Consultation with a psychiatrist help the team manage the patient safely and properly.

Ethical issues

The authors considered all subjects related ethical issue and the patient consent was taken.

Authors’ contributions

SNM visited the patient in toxicology ward. RB conceived the psychiatric evaluation and collected the clinical data. MR searched the Medline, wrote and clarified the manuscript. RB and MR revised and edited the manuscript. MAS and MAD prepared the manuscript and illustrated the case. All authors read and approved the final manuscript.
References