Case Report

Impregnated with delusion: A case of pseudocyesis

Sharmeen Vazifdar[1], Urmila Gavali[2]

From [1]Post Graduate Resident, [2]Associate Professor, Department of Obstetrics and Gynaecology, Dr. Vithalrao Vikhe Patil Foundation's Medical College and Hospital, Ahmednagar, Maharashtra, India

ABSTRACT

Pseudocyesis is a condition in which the patient has all signs and symptoms of pregnancy except for the confirmation of the presence of a fetus. It is the conviction of a non-pregnant woman that she is pregnant. Here, we present a case of pseudocyesis in a 45-year-old woman Para 2 Living 2 currently in her second marriage of 15 years. The management of pseudocyesis is multidisciplinary, including psychiatrists, gynecologists, and psychologists. The goal of treatment is to help patients perceive the meaning of their symptoms and to help resolve the associated stressors.

Key words: Delusion, False pregnancy, Gynaecologist, Pseudocyesis

Pseudocyesis is a condition, in which, the patient has all signs and symptoms of pregnancy except for the confirmation of the presence of a fetus [1]. It is the conviction of a non-pregnant woman that she is pregnant. Confirmation of pseudocyesis is achieved with a negative result of beta-human chorionic gonadotropin in the blood and/or urine and negative ultrasound finding [2]. It is distinguished from other forms of false pregnancy such as that stemming from a psychosis, pregnancy-associated with malingering, and pseudopregnancy occurring when a tumor or other defect causes endocrine changes simulating pregnancy [3]. It is seen in women who have a decided fear of pregnancy or those women extremely desirous of becoming pregnant reveal these manifestations [4]. Many women will not be convinced that no true pregnancy exists and they may continue with this belief long after the term of pregnancy has passed. It is a rare disorder and as of 2016, fewer than 600 cases had been formally documented worldwide [5].

CASE REPORT

A 45-year-old housewife hailing from a village in the outskirts of Pune, Gravida 3 Para 2 Living 2 with 9 months amenorrhea visited the outpatient department for the 1st time to register for antenatal care. She complained of pain in the lower abdomen. With a history of regular menstrual periods and her last menstrual period on June 26, 2020, she was 41 weeks of gestation by Naegle's rule. This was her first pregnancy from her second marriage. She has two children from her previous marriage 18 years and 16 years. Both children were delivered by cesarean sections and now living with their biological father who abandoned the patient over a dispute. The patient thus remarried but did not conceive for 15 years and presently lives alone with her second husband. She gives no history of antenatal care for this pregnancy justifying that there were no medical facilities for this in her village.

The patient's vitals were stable and her general examination was normal. Her per abdomen examination revealed a distended abdomen with stria gravidarum and midline vertical scar of the previous cesarean section as shown in Fig. 1. However, on palpation, the abdomen was soft and no fetal parts or fetal poles were felt, whereas on auscultation, no fetal heart sounds were appreciated. The ultrasonography also showed the same findings.

When the findings were discussed with her, she revealed a well-systematized delusion of pregnancy. She gave details of the history of pregnancy symptoms; she experienced like nausea and vomiting, enlargement of the abdomen, and secretions from breasts adding that she had experienced similar symptoms in her previous pregnancies. She was convinced that she felt fetal movements from the 4th month of her pregnancy.

The patient's husband said that they had consulted a local doctor in the 7th month that had told them that the patient was not with the child but the patient was certain that she could feel the baby moving inside her and so she believed the doctor to be inept and insisted that she was pregnant. The patient was

Access this article online	
Received - 18 January 2022 Initial Review - 27 January 2022 Accepted - 09 February 2022	Quick Response code
DOI: 10.32677/ijcr.v8i2.3257	

Correspondence to: Dr. Sharmeen Vazifdar, Department of Obstetrics and Gynaecology, Dr. Vithalrao Vikhe Patil Foundation's Medical College and Hospital, Ahmednagar - 414 111, Maharashtra, India. E-mail: sharmeenvazifdar@yahoo.com

informed about the falsity of her assumption of being pregnant with ultrasonographic evidence of an empty uterus. The news were broken to the patient after careful and in-depth counseling by us; and after that, the patient was referred to a psychiatrist in our institute.

DISCUSSION

The previous studies of pseudocyesis have led to various theories about the etiology of this condition. Deutsch has observed that it is possible for the patients to use pregnancy to avoid being abandoned and helpless [6]. Barglow and Brown have elaborated on the psychodynamics of this condition [7]. Loss of love or loss of a love object has been assumed to play a role in the development of pseudocyesis [8].

In our case, the patient had been abandoned by her first husband and his family and she was consequently separated from her two children who were being raised by him far away from her. Her second marriage has been childless for over 15 years and the couple confesses feeling lonely as they near the fifth decade of their life. All these factors explain the very long desire for the presence of a child. This probably led the patient to believe that she was pregnant and her physical symptoms further strengthened that belief.

Bivin and Klinger concluded that the symptomatology of pseudocyesis mimics that of true pregnancy in great detail [9]. It is believed that the physiological changes seen in pseudocyesis may be caused by an imbalance of pituitary-ovarian function mediated by neurotransmitters in the pituitary and/or hypo thalamus [9]. Brown and Barglow suggested that depression through cortical and limbic systems causes a decrease in available biogenic amines, resulting in an abnormality of the release of luteinizing hormone releasing factor, FSH-releasing factor, and prolactin inhibitory factor at the median eminence of the hypothalamus. This results in decreased levels of luteinizing hormone and FSH, which lead to the suppression of ovulation and result in amenorrhea. The increased level of prolactin leads to lactation and also possibly a persistent corpus luteum which may also lead to amenorrhea (Fig. 2) [3,7].

Several authors have postulated a variety of causes to explain the physiological mechanism by which abdominal swelling takes place in pseudocyetic women. This includes chronic contraction of the diaphragmatic muscle where this contraction pushes the bowel downward in the abdominal cavity, assumption of a lordotic posture, increased omental and abdominal wall fat, and mild to marked constipation and/or bowel distention. However, the distended abdomen, which may remain bloated for months immediately disappears, with or without the release of flatus, after pseudocyetic women are convinced of their non-pregnant state or under anesthesia [10]. This observation indicates that although increased omental and abdominal wall fat, and mild to marked constipation and/or bowel distention may contribute to abdominal enlargement, they are not primary causes of abdominal protrusion. Furthermore, unlike normal pregnancy,

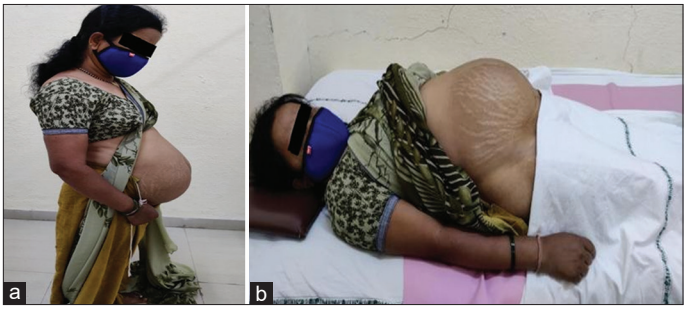

Figure 1: (a) Standing and (b) lateral view of abdomen

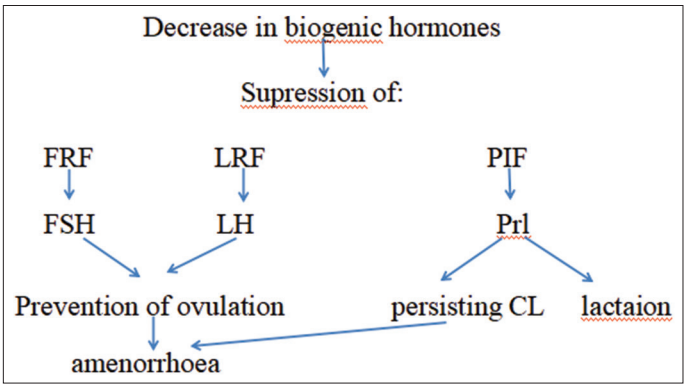

Figure 2: Physiological changes seen in pseudocyesis

the umbilicus does not become everted, the abdominal distension is uniform and rounded, and the abdominal wall presents a rubbery, tense muscular tone being tympanic on percussion. All these facts point to the diaphragm and/or certain groups of muscles of the abdominal wall as the primary cause of abdominal enlargement [11].

The key points in the management of pseudocyesis are counseling and a clinical psychological evaluation of the patient and necessary drug therapy with antidepressants and mood elevators [12]. The medication can be associated with complications such as weight gain, constipation, tardive dyskinesia, and reduced libido. Shattering the delusion could also possibly cause strain on the relationship of the patient and her partner. Therefore, the partner needs counseling in these cases, avoiding any blame and encouraging the couple to be supportive of one another.

CONCLUSION

The management of pseudocyesis is multidisciplinary, including psychiatrists, gynecologists, and psychologists. The goal of treatment is to help patients understand their symptoms and to help resolve the associated stressors. The patient must be referred to a psychiatrist even after she accepts that she is no longer pregnant to deal with the apparent grief of losing her unborn child.

REFERENCES

1. Yadav T, Balhara YP, Kataria DK. Pseudocyesis versus delusion of pregnancy: Differential diagnoses to be kept in mind. Indian J Psychol Med 2012;34:82-4.

2. Espiridion ED, Fleckenstein C, Boyle P, Oladunjoye AO. A rare case of pseudocyesis in a patient with bipolar disorder. Cureus 2020;12:1-6.
3. Milner GL, Hayes GD. Pseudocyesis associated with folie à deux. Br J Psychiatry 1990;156:438-40.
4. Goldberg AT, Schatz MM. Pseudocyesis. Cal West Med 1940;53:270-1.
5. Campos SJ, Link D. Pseudocyesis. J Nurse Pract 2016;12:390-4.
6. Deutsch H. The Psychology of Women. Vol. 2. India: Motherhood; 1945.
7. Brown E, Barglow P. Pseudocyesis: A paradigm for psychophysiological interactions. Arch Gen Psychiatry 1971;24:221-9.
8. Ladipo OA. Pseudocyesis in infertile patients. Int J Gynecol Obst 1979;16:427-9.
9. Warburg B. Pseudocyesis: By George Davis Bivin, Ph. D. and M. Pauline Klinger, MA Bloomington, Indiana: The Principia Press, Inc., 1937. Psychoanal Q 1942;11:238-41.
10. Starkman MN, Marshall JC, La Ferla J, Kelch RP. Pseudocyesis: Psychologic and neuroendocrine interrelationships. Psychosom Med 1985;47:46-57.
11. Greaves DC, Green PE, West LJ. Psychodynamic and psychophysiological aspects of pseudocyesis. Psychosom Med 1960;22:24-31.
12. Ouj U. Pseudocyesis in a rural southeast Nigerian community. J Obst Gynaecol Res 2009;35:660-5.

Funding: None; Conflicts of Interest: None Stated.

How to cite this article: Vazifdar S, Gavali U. Impregnated with delusion: A case of pseudocyesis. Indian J Case Reports. 2022;8(2):30-32.