



Physical Anthropology Section - 2013

16 Differential Diagnosis Between Munchausen Syndrome by Proxy and Overanxious Mother: A Case Report

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After attending this presentation, attendees will be able to understand that some particular forms of child abuse such as Munchausen Syndrome by proxy need a careful scientific multidisciplinary approach.

This presentation will impact the forensic science community by demonstrating the importance of a careful approach to diagnosing Munchausen Syndrome by proxy as well as creating an informatics system that allows doctors to check how many times parents bring their babies into an Emergency Department and the medical reason of such admittances.

The term Munchausen Syndrome was commonly used to describe adults who presented themselves with a false illness story. They are affected by psychiatric factitious disorders that some recommend to re-classify as somatoform disorder in the DSM-5.

The definition of Munchausen Syndrome by proxy child abuse is: when an infant or a child is presented to doctors, often repeatedly, with a disability or illness fabricated by an adult, for the benefit of that adult.

In comparison with other forms of child abuse, this is more complex to diagnose because it involves not only a careful pediatric examination of the infant or child, but also a psychological analysis of the parent's behavior. It could be considered "normal" that a mother requires medical assessment and care for a child's presumptive illness; hence, it is never an easy task for the pediatrician to understand that the parent is fabricating acute signs and symptoms to draw attention to himself or herself, rather than to injure the child.

The difficulty is to assess if clinicians mean that the mother is only a bit anxious about the child's health, or if she has a psychological or psychiatric disease and there is a concrete risk for the child's integrity.

Presented here is a case of a 4-year-old child who during his life was brought to the hospital at least 30 times by his mother with varying complaints. In four years, this baby presumptively manifested: diarrhea, vomiting, nausea, fever, dizziness, vertigo, absence seizures, syncope, abdominal pain, bilateral hand pain, mucus in feces, gastro-esophageal reflux disease, dyspepsia, and pollakiuria. In most of these cases, the symptoms were only reported by the mother who pretended to submit the child to accurate laboratory and instrumental examinations. The physicians did not find any kind of chronic or acute disease in the child.

In the last admittance to the hospital, the mother stated the baby showed minute and diffuse hemorrhages that suddenly appeared in the morning, coupled with bilateral ankle pain. Even in this case, the physicians did not find such signs, but the mother asked them to examine red spots on the skin. For these reason, the baby was submitted to hematological analysis because the mother was totally convinced the baby had leukemia. After four days of hospital observation, the baby was discharged without diagnosing any condition; the physicians recommended psychological consultation for the mother. The mother did not accept this recommendation and showed great anxiety and worry about her child's health. Forensic psychiatric examination was performed and diagnosed the mother's Obsessive-Compulsive Disorder (OCD). These aspects will be discussed in the following presentation, underlining that the diagnosis of Munchausen Syndrome by proxy can be elusive, especially in a young child. Health organization systems need to implement methods for better diagnosing Munchausen Syndrome by proxy.

Munchausen Syndrome, Psychiatric Disease, Forensic Medicine