

A Novel Case Series of Munchausen Syndrome by Proxy Victim

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Abstract

Introduction: Munchausen Syndrome by Proxy or (Caregiver-fabricated illness in a child) is a form of child abuse which entails a child's illness induced by a caretaker; leading to a series of medical procedures and treatments that are unnecessary and potentially harmful as it may lead to significant morbidity and mortality.

Result and Discussion: A 35 year old lady, was married twice. From the 1st marriage she had 2 children (18 year-daughter and 17-year-old son) and from the 2nd marriage she had a (3-year-old daughter). She was known to have social and marital problems and diagnosed as a case of depression and was on multiple antidepressants and attempted suicide several times. She is using her 6-year-old daughter and her 3-year-old grandson for visiting doctors 4-5 times a week. She had a relationship with a neighbor, a young man (SA) who was a driver and transported the mother and her daughter to hospital or the doctor's clinic. The reasons for doctor visits were different including urinary tract infection, otitis media, gastroenteritis, respiratory infections, different kinds of trauma etc.

Conclusion: Munchausen syndrome by proxy is a complex type of abuse, usually misdiagnosed and under-diagnosed, and its sequelae have a significant impact. In Iraq, there are some reported cases of Munchausen syndrome by proxy but it is definitely underestimated. Its diagnosis is associated with social and legal problems concerning perpetrator parent, especially in the absence of a framework of formal rules. Health staff and investigators' adequate training is essential in revealing cases of Munchausen syndrome by proxy.

Key words: MSBP in Iraq, Munchausen syndrome by proxy: A Novel presentation.

Introduction

Child abuse according to the W.H.O., is caused by an adult whether intentionally or unintentionally which leads to bad effects on the child's health and physical and psychosocial development. (1) Professor of pediatrics, Roy Meadow was first to describe Munchausen by proxy in 1977 when he described caretaker who made their child sick and named it as "Munchausen syndrome by proxy" (MSBP) (2, 3). MSBP is a rare, unique and serious form of child abuse with a high rate of recurrence (4, 5). These parents frequently seek medical care and adapt different illness histories that may exaggerate presenting signs and symptoms or are fabricated, for which unnecessary and various medical or surgical procedures are done (6). Intentional poisoning may be the cause of MSBP, which makes it unique in forensic medicine. A careful approach is required in dealing with such issues (7). MSBP is of unknown etiology, but studies stated that both psychological and biological elements take part in the development of this syndrome. A history of early parental loss or abuse in childhood, causes MSBP according to one of the theories. Major stress, like marital problems, may cause MSBP is suggested by some researchers (4). MSBP diagnosis is a very difficult job because presenting signs and symptoms can mimic many diseases. MSBP diagnosis is a time-consuming or impossible process (8).

The criteria for diagnosis changed to be as follows(9):

1. The offender is one of the parents or those who take their role.
2. The disease's symptoms frequently require multiple medical visits, and the perpetrator insists on presence of a certain disease etiology.
3. Illness's signs and symptoms end if the patient is isolated from the perpetrator.

MSBP is better to be based on correct medical practice that takes a long time to collect sound information about the mother's concerns and actions(10).

MSBP outcome: From previous studies, the best results of management of MSBP cases are obtained if the victim and perpetrator (mother or caregiver) are separated for a long time. In this period, victims should be carefully monitored(11). The medical setting is the theater of a type of child maltreatment (MSBP). Researchers think that the diagnosis of MSBP is proposed after someone discovers a caretaker's or mother's precise maneuver or strategy to continue her child's illness(12). Misleading of the medical staff is the most prevalent method =. Poisoning drugs and other substances and counterfeiting the child's samples are other methods. In this case they exaggerate the true, present complaints (signs and symptoms). Other offender's methods include poisoning with drug and other substances and falsification of the child's samples. The spectrum ranges from mild to severe cases. In mild cases, the perpetrator gives only the tampering story, but in other circumstances the situation is more complicated. In severe

cases, the perpetrator may severely harm the child and even cause deaths (13). MSBP's most frequent symptoms are as follows: hemorrhages, loss of consciousness, apnea, recurrent diarrhea, recurrent vomiting and redness (14) A mother with a personality disorder is the usual perpetrator (15). The perpetrators (mothers or caregiver) are highly professional in deceiving medical staff. They use the child's actual disease and abuse the interest and emotional reactions of the medical personnel. Psychiatric intervention is often not possible because they cannot be accessed. Victim's rehabilitation is impossible if the victim continues to remain within the family after diagnosis of MSBP. Child maltreatment continues in patients and siblings(16). Child patient follow-up is highly important because 17% of the patients allowed to go home even if there was no physical damage, were abused(17) There are few reported cases in Iraq (4, 18).

Result and Discussion

This case met the criteria of MSBP because of recurrent visits to different medical specialties, frequent blood and imaging investigations, persistent use of drugs, and exposure to trauma. The perpetrator insisted on persistence of signs and symptoms with different causes; urinary tract infections UTI, gastroenteritis GE, chest infection, mesenteric lymphadenopathy LAP, and otitis media OM, as shown in Table 1.

The perpetrator is a known case of severe depression with several suicidal attempts which may explain the etiology of MSBP. This may be explained by the fact that Iraq, for more than 20 years, suffered from wars and sanctions and displacement which affected all aspects life especially health of children, adolescents and women (19). In addition to the previous war experience, Iraq suffered from the invasion and occupation of a terrorist organization to some Iraqi governorates in 2014. The family migrated to Kirkuk governorate from 2014-2016, after the invasion and occupation of a terrorist organization to some Iraqi governorates. The perpetrator had multiple exposure to violence and trauma because of marital problems. She is very intelligent and skillful in medical procedures, investigation, and therapy because her husband is a pharmacist, as shown in Table 2.

AM is the 2nd victim: A 3 year old male child abused by his mother and grandmother (a victim with double perpetrator). AM is from a single parent family because his mother is divorced, and the benefit is an emotional gain. AM's mother and grandmother keep dressing and looking well all the time in spite the severity of the child's condition as in Table 3.

The clinical characteristics of AM (2nd victim) are as follows; recurrent pediatrician visits, blood and diagnostic investigations as in Table 4.

Table 1: Clinical characteristics of 1st victim: RO is a 6 year old female child

Variable	Mean times /year
Pediatrician visits	100
Surgeon visit	10
Other Specialist	10
Hospital visit	10
Hospital Admission	10
Average hospital stay	5 days
Blood investigation	58
Urinalysis	100
Ultrasonography	40
X ray	10
Accidents (abuse, fall)	10
Drug Free period	60 days
Types of Drugs	Antibiotics, NSAIDs, zinc, Iron, multivitamins,
Possible diagnosis	UTI, GE, chest infection, mesenteric LAP, OM
Psychiatric problems	Acute Post traumatic stress disorder
Financial burden	10000 \$/year

Table 2: Characteristic of the Principle Perpetrator

	Problem	Frequency
1	Medical visits	50 times/year
2	Psychiatrist visits	20 times/year
3	Attempted Suicide	20 times/ year
4	Psychiatric illness	Severe depression
5	Drug treatment	Multiple Antidepressant
6	Additional treatment	Multiple ECT
7	Violence & Trauma	19 times / year
8	Problems	Medical & nursing staff who not cooperate with
9	Benefits	Emotional, Financial, and support benefits
10	Appearance	well dressed in all visits even in severe child illnesses
11	Marital environment	Marital Problems with violence
12	Socioeconomic status	Loans for which they have several court cases
13	Knowledge & skills	Medical procedures & therapy. husband is a pharmacist
14	Financial burden	3000 \$/year

Table 3: Perpetrator and characteristics of 2nd victim: A 3 years old male child

	Perpetrator & characteristics
1.	The main perpetrator is his grandmother from his mother's side
2.	The 2 nd perpetrator is his mother
3.	His mother was a victim of his grandmother
4.	Single parent family (mother divorced)
5.	Mother's benefits are emotional relations
6.	Mother is a young lady

Table 4: Clinical characteristics of 2nd victim: A 3 years old male child

Variable	Mean times /year
Pediatrician visits	20
Surgeon visit	10
Other Specialist	5
Hospital consultation visit	5
Hospital Admission	5
Average hospital stay	4 days
Blood investigation	10
Urinalysis	3
Ultrasonography	3
X ray	6
Accidents (abuse, fall)	14
Drug Free period	120 days
Types of Drugs	Antibiotics, bronchodilator, zinc, Iron, multivitamins,
Possible diagnosis	OM, chest infection, falls
Financial burden	2000 \$/year

RO had history of severe trauma when she saw her mother hanging herself by hanging rope on the roof of the room. She was diagnosed with post traumatic stress disorders PTSD because she met the diagnostic criteria for PTSD. 1) exposure to severe traumatic event associated with intense fear, horror or disorganized behavior; 2) persistent re-experiencing of the traumatic event such as repetitive play or recurring intrusive thoughts; 3) avoidance of cues associated with the trauma or emotional numbing; 4) persistent arousal; 5) persistent signs and symptoms for more than one month following the traumatic experience and 6) significant functioning disturbance (20). This case met the diagnostic criteria for Acute PTSD because these signs were present for less than three months. [21, 22].

The factors that complicated the situation for all victims of MSBP:

1. Absence of Iraqi legislation in management of child abuse and particularly MSBP
2. Absence of medical community awareness about MSBP
3. Special problems unique to the Iraqi society regarding women (mothers).
4. In Iraq, there are serious deficiencies in mental health care services. (4, 23)
5. Presence of legal and social obstacles in management of such cases
6. Psychosocial problems usually occur gradually after multiple factors like: continuous stress, conflicts, external environmental factors and internal psychogenic factors which include Internalizing Items (fear of new situations, self underestimation, sadness, unhappy, hopeless, worries a lot, seems to have less fun); and Externalizing items (takes unnecessary risks, does not listen to rules, does not understand others' feelings, fights with other children, teases others, blames others for troubles, refuses to share) (23).

Conclusions

There are few reported cases of MSBP in Iraq, which is due to lack of awareness of health professionals regarding it. Surely there are lot of victims of women and child abuse in Iraqi communities who are suffering behind the social and cultural boundaries. This means it is continuous, because if the victim escapes death, or severe injury, he or she will be exposed to a big emotional shock. This study revealed a novel and unique presentation of MSBP which was characterized by a mother perpetrator with multiple victims of different ages. Also this study revealed one adult victim of MSBP. This research deals with unique characteristics of the Iraqi community and culture. There is an urgent need to create awareness for early recognition of MSBP. Foundation of a legal system applicable for religious, social, and cultural characteristics of Iraqi community is required. Longterm analytical studies of child and women maltreatment and neglect are required.

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