



# A Case of Munchausen Syndrome Presenting as a Cushing Syndrome in a Patient with Major Depressive Disorder: A Case Report

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Munchausen's syndrome is a psychiatric problem in which patients inflict an illness on themselves with the aim of playing in the role of being sick. In this paper a 38-year-old woman with a history of MDD (Major Depressive Disorder) is introduced with uncontrolled hypertension, high blood sugar and cushingoid appearance in the result of high dose exogenous steroids injections secretly and without a prescription. She was interested in hospitalization by inducing hypertension crisis and hyperglycemia. Exogenous Cushing Syndrome was diagnosed according to laboratory findings and patient history during admission. Finally, Cushing Syndrome gradually improved over the months by psychotherapy and treatment with antidepressant drugs.

**Keywords:** Cushing Syndrome, factitious disorder, Major depressive disorder, Munchausen's syndrome.

## Introduction

Munchausen's syndrome is a psychiatric problem in which patients inflict an illness on themselves with the aim of playing a role of being sick [1, 2]. Munchausen's syndrome classified as a factitious disorder in the latest version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [3]. This disease is characterized by the intentional creation of physical or psychological signs and symptoms with a psychological need to receive treatment such as a patient [3]. This syndrome was first described by Richard Asher in 1951. This syndrome was named for Baron Karl Friedrich von Munchausen who was known to tell unrealistic, extraordinary and supramental stories about the wars he participated against the Ottoman Turks [4].

These patients are even willing to undergo invasive diagnostic procedures and surgeries in order to be in the spotlight or sympathize with patients who are truly sick. Thus, this syndrome is also sometimes named as 'hospital addiction syndrome',

'thick chart syndrome' or 'hospital hopper syndrome' [5].

There are no reliable statistics about the prevalence of this syndrome, but it is considered rare. Although any age group may be affected, most patients are women between 20 and 40 years [6]. Some theories indicate that a history of abuse or neglect in childhood and frequent illnesses that required admission may be effective factors in the development of this syndrome. Hypotheses about the relationship between this syndrome and personality disorders are studied [7].

Treatment for Munchausen's syndrome usually includes psychiatric counseling in order to change the thoughts and behaviors that cause this syndrome. Cognitive-behavioral therapy, family therapy, and group therapy are the possible effective treatment modalities of this disorder. Although there is no medication for the treatment of factitious disorder, psychotherapy for any possible underlying cause, such as depression, anxiety or personality disorder may be helpful [3].

## Case Report

The patient is a 38-year-old woman, with a degree in primary school, married and has a child. Prednisolone 5mg/daily was started by a pulmonologist in the treatment of severing asthma 13 years ago for 2years and according to the patient, based on the physician's advice regarding potential drug side effects, she does not use steroid for a long time. During the last 5 years, she has been treated with citalopram 40 mg/day for MDD. She was admitted in endocrinology ward because of frequent episodes of uncontrolled hypertension, high BS (blood sugar) and myopathy during the last 6month that had not improved by outpatient treatment. Her face was cushingoid. Despite treatment with anti-hypertensive drugs and insulin, she was hospitalized for a month due to difficult blood pressure and BS control. Leucocytosis, hyperglycemia, and dyslipidemia were observed in the laboratory findings. In an approach to clinical evidence of hypercortisolism such as moon face, hypertension, myopathy and hyperglycemia beside low cortisol level and low ACTH, self-prescription corticosteroid injection was suspected. Psychiatric consultation was requested due to a suspicion of cortisone abuse in the result of Munchausen Syndrome. In an interview with a psychiatrist, the patient confessed using prednisolone 50 mg daily and weekly injections of dexamethasone from a long time despite the pulmonologist advise. She enjoyed the euphoria and well-being mood despite knowing chronic steroid use harmful effects. She had a good sense of getting sick and attract the attention of those around her was pleasant. Psychotherapy in parallel with medical treatment with Fluoxetine 40mg/daily and Sulpiride 50 mg was started. Gradually corticosteroid tapering under endocrinologist supervision successfully completed. BS with oral anti-glycemic agents is in goal range and blood pressure is control. Also, steroid induced myopathy improved. The patient was followed up in an outpatient setting and did not repeated steroid injections with no require to hospitalization.

## Discussion

The importance of early diagnosis of the Munchausen Syndrome in addition to the patient's benefit from psychotherapy and drug treatment include reduced hospital bed occupancy and prevention of wasting the cost of health care system (8). In this case, a patient with the history of depression is presented with features of Cushing syndrome and medical problems such as uncontrolled hypertension, hyperglycemia, and myopathy in the result of Munchausen Syndrome. At first, she denied taking any other medication.

Clinical findings of Cushing's syndrome besides laboratory finding such as low serum cortisol and suppressed ACTH led us to psychologic problems involvement as the underlying cause to find a justification for secretly exogenous steroid injections. In the psychiatric interview, she confessed to secretly injections. The interesting point was that in the event of purposeful treatment of Munchausen Syndrome such as psychotherapy, antidepressant drugs and steroid tapering, optimal control of blood pressure and BS were observed without a need to admission.

## Conclusion

This case show in dealing with a medical disease when all of the diagnostic and therapeutic procedure remains inconclusive, it is recommended "factitious disorders" or Munchausen Syndrome should be considered. Early diagnosis of the disease, will help in health cost savings and the correct use of hospital beds for real patients who require hospital admission.

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