

P02-274

## MUNCHAUSEN SYNDROME - DIAGNOSTIC CHALLENGE

B. Coutinho<sup>1</sup>, P. Felgueiras<sup>2</sup>, M. Torres<sup>1</sup>, A. Fonte<sup>1</sup>

<sup>1</sup>Psychiatry Department, <sup>2</sup>Internal Medicine Department, Unidade Local de Saúde do Alto Minho, Viana do Castelo, Portugal

**Introduction:** The Munchausen syndrome describes patients with a particular form of factitious disorders: symptoms of illness or injury intentionally produced, for psychological reasons, in order to be hospitalized and even to be submitted to invasive interventions.

**Clinical case:** A 38 years-old woman, firefighter, was admitted, in Medicine Department for a transverse myelitis, (spinal thrombosis D5-D7 secondary to sepsis caused by a central venous catheter infection). Healthy up to 24 years of age, she is diagnosed Webber Syndrome-Christian and treated. Some years after appeared hypochromic microcytic anemia, whose initial cause was considered to be a rectal ulcer, with complete hematologic recovery after surgery. But some time after, there was recurrence of anemia, plenty diagnostic exams were performed and all inconclusive. Since one-year ago, she had the need to blood transfused weekly. Because of poor peripheral vessels, central venous catheter (CVC) was placed, then she developed serial infections by S.aureus with sepsis and is noticed that she got hematological recovered whenever hospitalized, leading the suspicion the catheter was being auto-manipulated. Currently she is paraplegic from D7 and when it was told her, that there was no neurological recovery, paradoxically she happily said "I already knew." Against her will, the CVC was removed and peripheral accesses reestablished. So, for all of this, it was hypothesized Munchausen Syndrome.

**Discussion:** Treatment of Munchausen syndrome primarily consists in treating the self-induced illness before psychiatric help can be given. Unfortunately most patients refuse psychiatric help and leave hospital even before correct diagnosis is made.