Munchausen Syndrome: A Case with Presenting Sudden Hearing Loss

Munchausen Sendromu: Ani İşitme Kaybı ile Başvuran İki Hasta

Munchausen Sendromu / Munchausen Syndrome

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Özet

Munchausen sendromu hastaların akla uygun sahte ve yapay şikayetlerini içeren bir psikiyatrik bozukluktur. Kulak burun boğaz kliniklerinde nadirdir. Bu yazıda ani işitme kaybı ve vertigo şikayetleri ile gelen, medical ve invaziv tedavi uygulanan bir olgu sunulmuştur. Munchausen sendromlu hastalar girişimsel tıbbi tedavileri kolayca kabul ederler ve oldukça inandırıcı olabilirler. Gereksiz tıbbi tedaviden kaçınmak için bu hastalık akılda tutulmalı ve tanısı konulmalıdır.

Anahtar Kelimeler

Munchausen Sendromu; İşitme Kaybı; Otoloji

Abstract

Munchausen syndrome is a psychiatric disorder that patients direct professionals with plausible, feigned, factitious symptoms. It's uncommon in otolaryngology clinics. We present a patient, complaint with sudden hearing loss and vertigo, and who underwent additional medical and invasive treatment in this paper. Patients with Munchausen syndrome allow invasive medical care easily, and they can be very convincing. It has to be diagnosed and kept in mind because of avoiding from unnecessary treatment.

Keywords

Munchausen Syndrome; Hearing Loss; Otology

DOI: 10.4328/JCAM.2135 Received: 04.11.2013 Accepted: 20.11.2013 Printed: 01.10.2013 J Clin Anal Med 2013;4(suppl 2): 194-5
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Introduction

Munchausen syndrome is a rare factitious disorder in which patients intentionally make up symptoms to pretend to be sick [1]. This syndrome is characterized by the patients acting sick, lying pathologically, and visiting multiple hospitals. The most encountered symptoms are facial pain or swelling and ear symptoms (otorrhea, external otitis etc.) in head and neck region. It's not usual to present with sudden sensorineural hearing loss (SSHL). In this article, we present a case with Munchausen syndrome that point out such patients for clinicians, and discuss how much they can exaggerate and tolerate invasive treatments.

Case Report

A 26-year-old female patient, admitted to our outpatient clinic with sudden hearing loss, tinnitus and vertigo for a day. Her past medical history was insignificant. Physical examination was normal. In audiologic tests, tympanometry showed bilaterally type A pattern; pure tone audiometric score was bilaterally 43 dB with sensorineural hearing loss for both ears. So she was evaluated as SSHL. The patient was hospitalized to perform SSHL treatment protocol. B vitamin, enoxaparin sodium, 400 mg pentoxifylline, 250 ml of 10% dextran 40 in 0,9 % NaCl, methylprednisolone (1mg/kg; decreasing dose), and 40 mg famotidine were ordered per a day. In addition, because of the young age of the patient, we started bilateral daily intratympanic dexamethasone applications.

In the follow-up period, routine blood tests show no abnormality excluding TSH:0,2 mIU/L (normal:0,34-4,53) and hemoglobine:10,6 g/dl (normal: 12,2-18,1). In third day, the hearing levels of the patient were 68 dB in the right ear and 77 dB in the left ear. In the same day, neurology consultation was made for weakness and losing sensitivity of right part of the patients body. No pathological findings were found in neurologic examination. Cranial MRI and temporal bone MRI performed, and they were normal too. Daily done audiologic evaluation was showing a regular increase in the hearing thresholds. Thus, at the fifth day, we planned to perform hyperbaric oxygen treatment, but we saw the patient's well communication with the other patients, and suspected from the hearing thresholds of her. An objective test defining for hearing levels, auditory brainstem response (ABR), agreed to be examined. In ABR, the hearing levels were normal in both ears, and the 5th waves were seen in 20 dB nHL. After this, a psychiatry consultation was done, and the patient was diagnosed as Munchausen Syndrome, and she and her family were informed about this situation.

Discussion

Munchausen syndrome is a rare fictitious disorder that characterized by the patients acting sick, lying pathologically and visiting multiple hospitals [1]. The American Pshyciatric Association has defined three criteria that must be met for the diagnosis of contrived disease: 1) the patient intentionally produces or feigns physical or psychological signs or symptoms 2) motivation for the behavior is to assume the sick role, and 3) external incentives for the behavior are absent [1]. Patients with Munchausen Syndrome can admit to Ear Nose Throat clinics with different entities [2]. Patients may admit with facial pain, swollen face, acute dyspnea, stridor, neck pain, increasing dysphagia, bloodstained saliva, recurrent facial swelling and emphysema, recurrent otorrhagia, and recurrent acute external otitis [2, 3, 4]. Salturk has reported an otological Munchausen syndrome with recurrent unilateral sensorineural hearing loss [5]. Furthermore, patients can apply with sudden bilateral hearing loss such as current patient. As far as we know, this is the first reported Munchausen syndrome with bilateral sudden hearing loss case in the English medical literature.

Patients with Munchausen syndrome mostly have a near contact with medicine and they know lots of information about illnesses, recoveries, diagnoses, and treatments [5]. Thus, they can act like real patients, and give very coherent results in subjective tests. Our audiology department can usually determine simulating patients, but this patient showed very coherent results, she pressed the button of the audiometry device in very close thresholds, and our testers could not suspect from her. In addition, the patient showed a regular increase in her hearing thresholds day by day, which was made us think the disease is raising and should give more further treatment like hyperbaric oxygen. We could barely get the signs of the disease after five days in the patient. Here again, we want to emphasize that these kinds of patients can be very convincing, and sometimes it is very difficult to catch them.

In these patients, acoustic reflex test could be very helpful to suspect from the syndrome. A positive stapedius reflex in the patients who seems has excess sensorineural hearing loss could warn the physician to revaluate the patient. In addition, when evaluating a SSHL patient, otolaryngologists could prefer to get the acoustic brainstem response of the patient. By this way, it will provide an objective assessment of the patient's hearing, and also if there is a delay on the acoustic brainstem waves, it will also help the diagnosis of a vestibular schwannoma before a radiologic imaging study.

If Munchausen syndrome is suspected, a psychiatrist who would possibly make a definite diagnosis should evaluate the patients. The psychiatrist in the treatment of the syndrome is to support the primary treatment team manages the patient in the safest and most appropriate way [2]. Furthermore, blacklisting can be made by hospital to call attention to differential diagnosis [6].

Conclusion

The otolaryngologist should be careful about long-lasting untreatable symptoms. The manipulation of conscious Munchausen Syndrome patient would cause gratuitous treatments from a medical drug to invasive procedures. This would waste money, time, and effort of health system and clinicians.

Competing interests

The authors declare that they have no competing interests.

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How to cite this article:

Ozturk M, Sari F, Erdogan S, Mutlu F. Munchausen Syndrome: A Case with Presenting Sudden Hearing Loss. J Clin Anal Med 2013;4(suppl 2): 194-5.