Pseudopregnancy ...a case report

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Introduction

Pseudopregnancy is a condition in which there is a firm belief of a non-pregnant woman in her pregnancy [1-3]. It is a cluster of many signs and symptoms which includes rare and strange phenomena like pseducyesis, delusion of pregnancy, false pregnancy, phantom pregnancy, historical pregnancy, simulated pregnancy etc [2,3]. This case study along with the literature review will follow the scientific explanations and the strong societal pressure on women that precipitate and maintain this disease process [1-3].

Case Report Case 1

Mrs. X a 32-year-old home maker and mother of two children was brought by her husband with the complaints of amenorrhoea, weight gain, palpitation, insomnia, anxiety, irritability and headache for around 7 months. She visited the obstetrician who after doing the relevant physical and biochemical examinations confirmed that she was not pregnant but she was convinced that she was pregnant and so was referred to a psychiatrist. In spite of having her menstrual flow after 7 months, the patient believed that she could feel the movement of her baby Mrs. X was shown all her medical reports and the inference of all the reports were explained to her. She remained convinced that she was pregnant. The patient with positive family history of psychosis took anti psychotics irregularly for the last 15 years.

Case 2

A 28 years old young lady was getting treated for infertility for around 3 years. Occasionally she was tearful and sleepless and had to take antidepressants. Then she developed all the clinical features of pregnancy. Her pregnancy report was negative and her ultra-sonogram report was normal. She was diagnosed as a case of pseudocyesis. Her antidepressant dose was increased and psychotherapy started. The patient was eventually convinced that she was not pregnant.

Discussion

Delusion of pregnancy usually occurs in pre-existing psychosis like Schizophrenia or Delusional disorder [2,3]. Pseudocyesis and Delusion of Pregnancy are very familiar but different in some

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aspects1. According to the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), pseudocyesis [from the Greek words pseudo (false) and kinesis (pregnancy); false, imaginary, simulated, phantom, hysterical or spurious pregnancy] is a rare disorder with characteristic somatic features [1,2]. The symptom of pseudocyesis is similar to the symptoms of true pregnancy and is often hard to distinguish from it [1,2]. Research shows that 18% of women with pseudocyesis are at one time diagnosed as pregnant by medical professionals. Abdominal distension is the most common physical symptom of pseudocyesis (60-90%). The abdomen expands in the same manner as it does during pregnancy. The second most common physical sign of pseudocyesis is menstrual irregularity (50-90%). Women are also reported to experience the sensation of fetal movements known as quickening, even though there is no foetus present. (50-75%). Other common signs and symptoms include gastrointestinal symptoms, breast changes or secretions, labour pains, uterine enlargement, and softening of the cervix. One percent of women eventually experience false labour. This may be due to increased sympathetic nervous system activity. The distended abdomen, that may remain bloated for months immediately (within minutes or even seconds) disappears, after pseudocyetic women are convinced of their non-pregnant state. To be diagnosed as true pseudocyesis, the woman must actually believe that she is pregnant [2,3]. When a woman intentionally and consciously feigns pregnancy, it is termed as simulated pregnancy [3].

Delusional pregnancy, can present as a form of couvade syndrome, A "copycat pregnancy" when a loved intimate becomes pregnant. It can also occur in men [3]. Medical conditions that can precipitate pseudopregnancy are fibroids, urinary retention, polydipsia, metabolic syndrome, tubal cyst or abdominal pain such as cholecystitis and hypothyroidism, mental retardation. It has been associated with the postpartum state, with premature menopause and with high progesterone levels. Most especially, pseudocyesis has been tied to hyperprolactinemia [1-3]. Hyperprolactinemia can result from psychological stress, organic conditions, nipple stimulation, drugs such as estrogens, antidepressants, antihypertensives, protease inhibitors, opiates, benzodiazepines and dopamine blockers and hypothalamic dopamine imbalance for example polycystic ovarian syndrome (PCOS) [4,5]. Antipsychotic drugs which are all dopamine blockers raise prolactin level to some degree. This means that women suffering from psychosis who are being treated with these agents often perceive body changes that they may associate with pregnancy symptoms [1-3]. The majority of cases of pseudocyesis are in reproductive age and 80% of the affected women are married.

Most pseudocyetic women suffer from mild to major depression, anxiety and/or emotional stress, such as women who simultaneously wish for children and fear becoming pregnant or women who have an overwhelming desire to become pregnant [1,3]. Pregnancy is a highly respected state and women are treated especially well during this time by their spouses, in-laws, and society in general. Pregnancy and breast-feeding absolve women from unwanted sexual activity [1]. In depressive states nor epinephrine and dopamine levels are low. Therefore a common neuro-hormonal pathology exists in the chain of events starting from depression to false pregnancy [6]. Cases of pseudocyesis are more common in underdeveloped countries due to lack of diagnostic procedures. Furthermore, women from developed countries in general are more educated and sophisticated, and their emotional conflicts result in a more profound, refined mode of expression than that of pseudocyesis. A study in Africa found that 1 in every 344 pregnancies is pseudopregnancy [2].

Conclusion

Women and pregnancy are a source of immense mystery to science and the case study and review presented is an indication of the necessity of in depth research work needed.

Abbreviations

PCOS: polycystic ovarian syndrome.

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