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FUNCTIONAL BLINDNESS: INSURANCE FRAUD IN A CASE REPORT

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SUMMARY

The insurance fraud is a known phenomenon and old in rich countries. The problem is relatively new in black Africa. Thanks to the installation of private companies and the emergence of social security fund, this phenomenon tends to grow without having precise figures. These frauds often involve the simulation of imaginary symptoms that primarily affect the five senses. The eye has a special place, its anatomical position easily exposed to work accident. Using simple clinical tests, the ophthalmologist must demonstrate that the patient with suspicion of visual loss is capable of normal vision and has no organic underlying deficit. This work aimed to report a case of insurance fraud by simulating a unilateral blindness following a work accident.

INTRODUCTION

The functional visual loss, also known as the term of "retinal anesthesia", "ocular hysteria", "hysterical amblyopia", and "visual conversion reaction" represent around 5% patients in rich countries (1).

Insurance frauds are well known in developed countries. The situation is relatively new in black Africa. The installation of private companies in connection with the modernization programs in some African countries; and the emergence of social security funds tend to amplify this phenomenon, even if we do not have yet accurate statistics. These frauds often involve the simulation of imaginary symptoms that mainly affect the five senses (1, 2). The eye has a special place, its anatomical position easily exposed to work accidents. Using simple clinical tests, the ophthalmologist must demonstrate that the patient with suspicion of visual loss is capable of normal vision and has no organic underlying deficit. It must eliminate moderate amblyopia, keratoconus, retinitis pigmentosa without pigment, central serous retinopathy, and early Stargardt disease (3).

This work aimed to report a case of insurance fraud in Brazzaville University Hospital; by simulating a unilateral blindness following a work accident.

CASE REPORT

A 56 year old man (Mr H), bricklayer, was received for a complete right blindness. He received five months earlier on his face a small stone. In order to grant him a disability premium for injury, one last expertise had

been requested by the employer.

The review noted no light perception on the right. These seven (7) following tests were performed:

1. the induced diplopia: both patient's eyes are opened; using his index the ophthalmologist exerts gentle pressure on one of them. This maneuver had induced diplopia at Mr H.
2. the test of red and green glasses: the ophthalmologist put a red glass before the healthy eye (left eye for Mr. H) and the green one before the affected eye (right eye for Mr H). The patient is asked to read a text written in red on a white background. Mr H was able to read the red letters on white background.
3. the Lang's test (test of stereoscopic vision): Mr H was able to recognize the three drawings in this test (the star, the cat and the car).
4. the signature's test: when Mr H's healthy eye is closed (left eye), he was unable to replicate his signature.
5. the index's test: when Mr H's left eye is closed, he was unable to join his two indexes and to position his hands before his face.
6. the test of polarized lenses: both eyes opened; with polarized lenses Mr. H was able to read two lines of this test at 5 m of distance.

The visual acuity was 10/10 without correction in left. On both sides the exam at the slit lamp was normal, the ocular fundus was physiological, intraocular pressure was equal 13 mm Hg, ocular motility was normal, pupillars reflexes were normal. No visible injuries were noted on the eyelids, orbital rims were normal and symmetrical.

DISCUSSION

When one eye is in state of blindness, moderate pressure on the contralateral eye (both eyes opened) cannot under any circumstances induce diplopia. Diplopia is the witness of a quantifiable visual acuity of the eye supposed to be sick (3, 4). Reading red characters on a white background is difficult with a red glass (4). This means that the reading is made by the eye with the green glass, the eye supposed to be in state of blindness in this observation. Stereoscopic vision is impossible when one eye is in state of blindness (5). The fact of recognising the three drawings of Lang's test means that both eyes have a quantifiable visual acuity. True blind are able to sign without difficulties; functional patients are not able to do it (1-3). The simulators are watching their hands, they seek to no avail. The true blind can put their hands in front of their face and easily join indexes (4-6). The polarised glasses individualizes the vision of each eye. Each eye reads only one line. The simultaneous reading of the two lines means the patient sees with his both eyes (1-4). Failing to give us an exact value of visual acuity, these tests confirmed safe to assume that the left eye of Mr H is not in state of blindness. The simulators are often agitated, aggressive and unpleasant.

Munchausen syndrome should be differentiated from pure functional impairment. It applies to patients who are trying to deceive doctors describing fictitious symptoms. They often successfully simulate real conditions, which leads to subject them to numerous medical examinations or even to inappropriate surgery before the diagnosis of Munchausen is posed (6, 7). Unlike from simulators, the secondary potential gain in Munchausen's syndrome is not

always apparent. In addition, these patients often self-mutilate. The simulator may increase a disorder from an existing condition but not self-mutilate. Patients with Munchausen syndrome are unable to control their actions (6, 7).

In conclusion, the functional patient should be placed in trust. If there is still a climate of conflict, the patient may become a rare case having a functional visual impairment requiring psychiatric help. Placebo treatment, unnecessary glasses or eye exercises should be avoided because they can disturb the patient.

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