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EYE MUNCHAUSEN'S SYNDROME: CASE REPORT

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SUMMARY

Munchausen's syndrome is a psychiatric disorder characterised by a need to simulate a disease or trauma self-mutilation, in order to attract attention or sympathy. Patients with this syndrome have multiple operations scars after repeated hospitalisations for simulated diseases. The clinical expression is rich, multiple and varied depending on the mutilated organ. However, to date the literature has not reported a case of a serious eye infection self-induced as part of this syndrome. This observation has aimed to report a rare clinical aspect of this pathology, namely a corneal abscess due to repeated ocular instillation of infected urine drops.

INTRODUCTION

Munchausen syndrome also called "pathomimie" or "factitious disorder", is a psychiatric condition characterised by a need to simulate a disease or trauma through self-mutilation in order to attract attention or sympathy (1, 2). The patients with this syndrome simulate diseases or ingest drugs in order to cause false symptoms and win the attention of the medical community (1-3). They often have multiple operations scars after repeated hospitalisation for simulated pathologies. This syndrome is classified as a factitious disorder with physical symptoms. The most common disorders caused intentionally include convulsions, bleeding due to anticoagulants, vomiting and diarrhoea as well as fever and rash (1-3). To date, the literature has not reported a case of serious eye infection self-induced in the framework of this syndrome. We report a rare case of abscess of cornea due to repeated ocular instillation of infected urine in a medical student followed for a Munchausen's syndrome.

CASE REPORT

A27-year-old (Mr G) consulted us for a visual loss and left eye pain lasting for nearly a week. He is a medical student. He has already suffered two exploratory laparotomy for nothing. He is well known to the emergency department of the University Hospital of Brazzaville, he attended at least three times a month for traumatic symptoms he still qualifies as domestic accidents. He is followed in psychiatry department for nearly five years for Munchausen's syndrome. Its review noted, no light perception on left, a whitish appearance of the entire cornea (no visible details of

iris); associated with significant purulent secretions sticky eyelashes. The examination of the right eye was normal (visual acuity 10/10 without correction). Bacteriological examination of ocular secretions had helped to highlight the gonorrhoea bacterium. Considering the peculiarity of this germ, which is sexually transmitted in adults, we re-examined Mr G in view of its possible treat sexual partners. He finally admitted that through his profession (medical student), he had the habit to instill in his eyes, at least twice daily, urine taken from sick patients. The clinical expression was complicated very quickly by an orbital cellulitis. We performed an enucleation and placed the patient under ceftriaxone intra venous (1g twice a day, 10 days). The post-operative course was uneventful.

LITERATURE REVIEW

Munchausen's syndrome is name after the Baron Munchausen (1720-1797), a German military that is assigned incredible feats reported by Rudolph Erich Raspe. In 1951, Richard Asher was the first to describe a pattern of self-harm, where patients inventing stories disease (2). Remembering the Baron Munchausen, Asher called this condition Munchausen's syndrome. This term was formerly used to refer to all types of factitious disorders. However, there are a row of factitious disorders, and diagnosis of "Munchausen's syndrome" is reserved for severe cases in which simulate a disease is the main goal of the patient (2-6).

Subjects who inflict self-harm eyes are still suffering from severe psychosis. This gesture reminded Oedipisme of Greek tragedy, in which Oedipus snatched his eyes when he learns that the prediction of the oracle, saying he had to kill his father and marry his mother, was achieved (7, 8).

Munchausen's syndrome should not be confused with hypochondria and functional impairment (simulator). In hypochondria patients do not believe they are ill, or do not try to be (4). For Simulators the secondary potential gain is known, which is not the case with Munchausen syndrome. In addition simulators can accentuate a disorder from an existing condition without ever pushing until self-harm (6-8).

Patients with Munchausen's syndrome are often professionally employed in the health field. Their contact with the medical system and the easy access to drug treatments allow them to self-harm successfully (1-5).

When Munchausen's syndrome is suspected, it is necessary to consider the possibility of developing disease still not clinically detected. This would avoid misdiagnosis and mistreatment (6, 7).

Psychiatric treatment of Munchausen's syndrome is often disappointing. It is common that before presenting eye problems, many of them have been diagnosed as schizophrenic or have personality disorders (5-7).

In conclusion, many symptoms allow the diagnosis of Munchausen's syndrome. Repeated hospitalisations, frequent requests for medical assistance, when the patient work in medical profession, invented or exaggerated

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