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Case Report
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Munchausen's syndrome or pure self-mutilation? A case of self-inflicted tendon injury

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ABSTRACT

Self-mutilation (self-harm or self-injury) is any intentional injury to one's own body most often done without suicidal intentions. The most common form of self-mutilation is skin cutting. Munchausen's syndrome is an extreme type of factitious disorder in which the individuals seek for medical help for factitious illnesses to draw attention and sympathy. In this case report we present a 40 years old male patient with self-inflicted wrist cut who imitated the symptoms of tendon and nerve injuries.

Key words: *Flexor digitorum profundus, flexor digitorum superficialis, Munchausen's syndrome, self-mutilation, tendon injury*

Introduction

Self-mutilation, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) [1], is the intentional, direct injury to body tissue most often done without suicidal intentions [2]. The term is used synonymously with self-harm or self-injury. Self-harming might become life threatening with the intensity of damage even though the suicide is not the intention [3]. Munchausen's Syndrome is a rare condition in which the patient repeatedly seeks medical care for factitious illnesses. Typically these patients seek for medical help for the illnesses they've created or simulated, and are willing to engage themselves in extensive surgical or diagnostic procedures [4].

Here we present a case with self-inflicted wrist cut factitiously causing tendon and nerve injuries.

Case Report

A 40-year-old male patient was admitted to our clinic 4 days after he cut his left wrist. He was referred to us from another center when his physical exam revealed tendon and nerve injuries. It was learned from his medical records that this self-inflicted injury was a manifestation of a suicidal behavior. He was unemployed and his marriage was on the verge of a divorce. In his physical examination, there was nothing special other than a 3 cm sutured laceration at the flexor zone V of the left wrist and several superficial lacerations on the left forearm (Figure 1).

In his basic hand examination, he was unable to flex the 2nd and 3rd fingers at the level of the metacarpophalangeal joints (MPJ) (Figure 2).

His 2nd and 3rd flexor digitorum profundus

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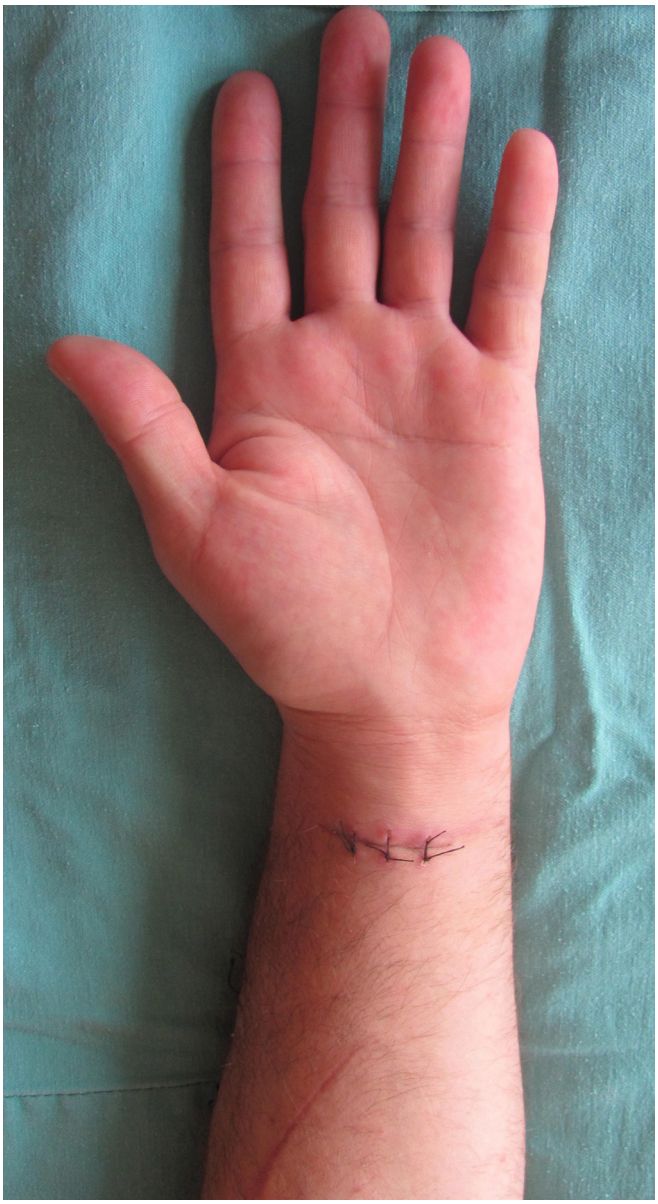

Figure 1. Preoperative view of the supinated left hand and wrist.

(FDP) tendons were intact (Figure 3). He also complained about loss of sensation in the 2nd and 3rd fingers. He could make a fist and extend the fingers without any problem. His first diagnosis was 2nd and 3rd flexor digitorum superficialis (FDS) lacerations and digital nerve injuries.

He was restless and anxious during the examination and said that he regretted his suicidal actions. He was consulted to Psychiatry Department and diagnosed to suffer from depression; thus he was prescribed SSRI.

Tendon and nerve repair was decided to be the right surgical approach. Preoperative routine investigations were normal. Anesthesiology consultation was done and the patient was scheduled for surgery under general anesthesia.

A surgical exposure was achieved with a zigzag incision, which included the former laceration site. As the proper surgical exposure was set, we observed that the laceration was only deep enough to cause a partial laceration of palmaris longus (PL) tendon. A deeper section was done to verify the integrity of the FDS tendons, median nerve and the digital nerves. They were all found intact (Figure 4). The partial laceration of the PL tendon was repaired with a relevant technique and the incisions were sutured primarily.

Another hand examination took place several hours after the operation at the bedside. He was able to flex his

Figure 2. Preoperative side view of the left hand with fingers flexed. Note the 2nd and 3rd fingers are kept extended.

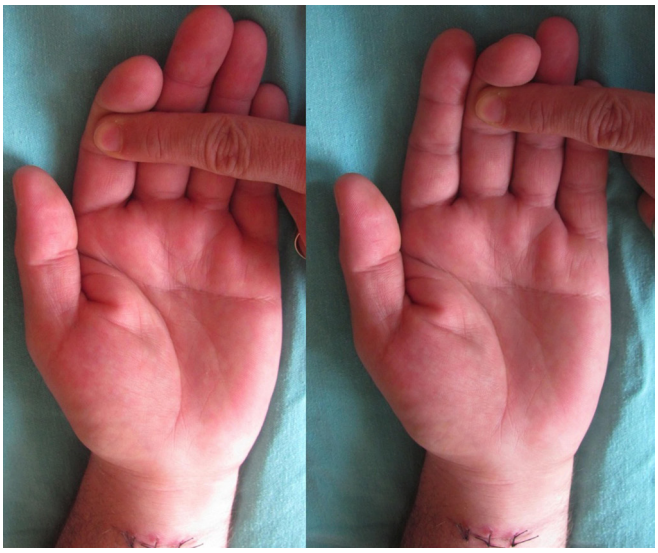

Figure 3. 2nd and 3rd FDP tendons are examined to be intact.

Figure 4. Intraoperative view of partially lacerated PL, intact FDS and FDP tendons, intact median nerve.

2nd and 3rd fingers at the level of MPJ quite easily. The sensation returned as we touched the fingers. He was in a happy mood and seemed to be overly grateful for the surgery. He continuously expressed the regret for his suicidal intention. He was discharged from the hospital with recommendations of hand physiotherapy and psychiatry follow-ups. However, he showed up at the polyclinics 2 weeks later with similar cuts on the right wrist and forearm and the same symptoms. This time, the lacerations only reached the dermal layer since he was right handed. He was treated with few skin tapes (Steri-Strip™ 6 x 38 mm; 3M Health Care, St. Paul, USA) and sent to the Psychiatry Department. He was diagnosed to be a victim of self-mutilation caused by converged symptoms of depression and Munchausen's Syndrome.

Discussion

Self-harm is listed in the DSM-IV-TR as a symptom of borderline personality disorder, depression, anxiety disorders, substance abuse, eating disorders, post-traumatic stress disorder and schizophrenia [1]. Self-mutilation is being used as a coping mechanism providing temporary relief of intense feelings such as anxiety, depression or stress. The most common form of self-harm is skin cutting as seen in our patient. As it is known from the definition, the intention is not suicidal [2]. However, it may still cause death due to the intensity of the harm. Self-injurious behavior can occur at any age, including in the elderly population [4]. The risk of serious injury and suicide is higher in older people who self-harm. Such patients suffer from moderate or severe clinical depression and therefore treatment with antidepressant drugs is often effective. Our patient suffered from depression for 4 years and was prescribed SSRI as a treatment regimen. Cognitive behavioral or dialectical therapy may also be used in personality disorders, anxiety disorders and schizophrenia. Various reconstructive surgical procedures may be needed to correct the acquired deformities.

Factitious disorders are unconsciously motivated and consciously produced. Even if the production of the factitious lesions is conscious, it generally occurs while the patient is in an altered state. Our case expressed emotional numbness as if he was in another zone as he cut himself. Munchausen's Syndrome is an extreme type of factitious disorder, which possesses all hysterical traits: demanding, positive past history and the urge to be sick [4]. There may be a hint of masochism, which is triggered by irresistible compulsion aggravated by life events or chronic depressive feelings. Munchausen's syndrome is a psychiatric disorder requiring psychiatric treatment. A positive therapeutic

outcome of factitious disorder is generally rare. Even though extensive psychotherapy and behavioral therapies are done, patients choose to cease them.

Self-mutilation in the context of defraudment from Munchausen's Syndrome can cause major problems for unaware clinicians, leading to extensive, invasive diagnostic and therapeutic procedures [5]. Atypical presentation of self-inflicted medical morbidity can create a diagnostic challenge for the unsuspecting plastic surgeon. Thus, early recognition and management of factitious disorder requires health care providers to be aware of such an illness.

In patients with acute hand injury, the most important components of the diagnosis are patient history and physical examination; radiologic studies may also aid to the diagnosis [6]. In complex cases like suspicion of factitious disorders, more sophisticated radiologic studies, such as magnetic resonance imaging, and electrodiagnostic studies including nerve conduction studies and electromyography may be very helpful for the true diagnosis and can prevent unnecessary surgical interventions.

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