CASE REPORT

Trauma and Munchausen's syndrome

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INTRODUCTION

Munchausen's syndrome has protean manifestations. One of the least common of its presentations is as masquerading as severe trauma. Such a patient is described here.

SUMMARY

A case of Munchausen's syndrome presenting as trauma is reported. Clinician awareness is the most important lesson from such a patient. The condition represents a distinct entity from deliberate self-harm, but it is suggested that psychiatric referral is mandatory.

CASE REPORT

A 56-year-old man presented to the Accident Department in a collapsed state. He said a heavy crate had fallen on the front of his chest. He was covered in blood, and was markedly tachypnoeic. He appeared in great pain. On examination he had a tachycardia of 120 min^{-1} and a blood pressure of $130/80 \text{ mmHg}^{-1}$ with a respiratory rate of 40 min^{-1} . He complained of tenderness in his lower chest and right hypochondrium. His abdomen was soft with normal bowel sounds: he had old scarring from several upper midline incisions and an incisional hernia which he said were for ulcer operations. The bleeding was from a punctured left facial congenital cavernous haemangioma. Chest and abdominal X-rays and other baseline investigations were all normal: in particular his arterial blood gases were consistent

with respiratory alkalosis due to hyperventilation. Venous access was very difficult due to the paucity of superficial limb veins which the patient maintained had been used because of his bleeding ulcer. Although the circumstances seemed suspicious we were unable clinically to exclude closed trauma to the liver and we were admitting him to an inpatient bed when a nursing sister recognized him from a previous hospital. When challenged he promptly discharged himself from hospital.

DISCUSSION

Although rare, it is important for all personnel in the accident department to be aware of this presentation of Munchausen's syndrome. Because it is fairly difficult to fabricate serious trauma, Munchausen's syndrome is not common, but can therefore perplex the clinician. It is a matter of debate where the borderline between this and deliberate self-harm lies. Perhaps knowledge of this entity should enter the portals of the Advanced Trauma and Life Support course manual!