

## Pseudocyesis

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### ABSTRACT

Pseudocyesis - a clinical syndrome seen in non-psychotic woman, known since the time of Hippocrates. Pseudocyesis has a psychological basis in which a woman's wish for pregnancy is essential to their identity and self-esteem.

Normally, pseudocyesis is seen in women who desperately want to become pregnant, especially those with longstanding infertility. Basically, the treatment of Pseudocyesis is to help these patients recognize the illness and to educate and counsel them.

Here is the case of pseudocyesis in which there is no history of long standing infertility. This case is rare and liable to be missed.

**Key words:** *chaupadi, hormones, infertility, outcaste, psychological*

### INTRODUCTION

Pseudocyesis is a "Clinical Syndrome, in which a non-psychotic woman firmly believes herself to be pregnant and develops objective signs and symptoms of pregnancy in the absence of true gestation".<sup>1</sup> Incidence rates of pseudocyesis range from 1 to 6 per 22,000 births.<sup>2</sup>

Several names have been given to this condition including spurious pregnancy, imaginary pregnancy, and hysterical pregnancy. John Mason Good coined the term pseudocyesis from the Greek words *pseudes* (false) and *kyesis* (pregnancy) in 1923.<sup>1</sup> One of the psychological issues for women with pseudocyesis is that their wish for pregnancy is essential to their identity and self-esteem.

Here is the case of pseudocyesis in which there is no history of long standing infertility. This case is rare and liable to be missed.

### CASE REPORT

A young married woman, 18 years of age reported to Mangalsen District Hospital, Achham, (one of the most remote and developmentally challenged districts of Nepal, located in the Far-Western region of Nepal) for her regular antenatal check up. She was found to have normal growth of her gravid uterus and her fetal movements were felt by one of the health workers examining her but the fetal heart sounds were not audible.

Her case history revealed that she was married for almost for two years and her menses ceased soon after

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her husband left for a job in India. Her past menstrual history showed that she was having regular menses and was not taking any drugs or oral contraceptives in the past. She presented initially at the antenatal care (ANC) clinic with the complaint of cessation of menses and gradual increase in the size of abdomen, since then she was on her regular ANC check up. This was her fourth ANC visit. Local health worker had maintained her ANC card according to the details of the ANC card she was around 30 weeks pregnant. According to the patient she had also felt the fetus moving.

Obstetric examination revealed distension of abdomen with mild linea nigra. The abdomen was soft, diffusely tympanitic on percussion neither the fetal parts were palpable nor the fetal movements felt. Pelvic examination was suggested, but she refused. Her breasts were examined to find out any pregnancy related changes. Breast were found to be enlarged to some extent, but none of the pregnancy related changes (hyper pigmentation of breast areola, Montgomery's tubercles and secretion from the nipples) were seen in the breasts. As there were no means of imaging techniques, the patient was requested to go for urine pregnancy test, which was found to be negative. This further confirmed that the patient was not pregnant.

Both the mother-in-law and the patient were counseled regarding the unusual condition that the patient was going through. They were told that she will resume her menses soon and will be able to conceive in future. They were explained that this situation arose as a result of the patient's strong desire for motherhood. The mother-in-law was advised to take extra care of her daughter-in-law and not to let her feel lonely. She was also requested to ask her son if possible to take his wife with him to India.

As it is difficult to further confirm the diagnoses of pseudocyesis in such a remote district of Nepal, due to unavailability of imaging techniques and other diagnostic aids, it was decided to closely follow-up the patient. Normally, pseudocyesis is seen in women who desperately want to become pregnant, especially those with longstanding infertility. But this case seemed unusual and it became difficult to believe that such problems can exist even in young married women.

After two months a health worker based in Mangalsen District Hospital followed up the patient at her residence and she reported that the patient had resumed her normal periods almost one month back.

## DISCUSSION

Pseudocyesis is a psychological condition occurring when a woman's empowering fears or needs of pregnancy manifests. It is believed that this psychological desire

or depression triggers the pituitary gland to secrete elevated hormones, mimicking the hormone changes of real pregnancy.<sup>3</sup> There has been no identification of a single psychological process representative of all patients with this disorder.

Several theories have been postulated regarding the cause of pseudocyesis, of which the following are widely accepted.<sup>4</sup>

1. **Conflict theory:** A desire for or fear of pregnancy creates an internal conflict and causes endocrine changes to explain the signs, symptoms and laboratory findings in pseudocyesis.
2. **Wish-fulfillment theory:** Minor body changes initiate the false belief in pregnancy in susceptible individuals.
3. **Depression theory:** Pseudocyesis may be initiated by the neuro-endocrine changes associated with major depressive disorder

There is evidence in the literature to support all of these theories, and one or more may be simultaneously appropriate for patients with pseudocyesis

"Pseudocyesis" is known since the time of Hippocrates who recorded 12 different cases of women with this disorder. It is said that Mary Tudor (1516-1558), Queen of England used to react in a violent way as a reaction to the disappointment of finding out that she was not carrying a child and that gave her the nickname "Bloody Mary". Other historians believe that the queen's physicians mistook fibroid tumors in her uterus for a pregnancy, as fibroids can enlarge a non-pregnant uterus<sup>3</sup>.

The most common sign of pseudocyesis, abdominal distension, is thought to be due to excess fat, gaseous distension, fecal and urinary retention, and an exaggerated lumbar lordosis causing forward displacement of the abdominal viscera. The abdominal distention often resolves under general anesthesia. Laboratory findings in patients with pseudocyesis show variable results. Estrogen and progesterone values can be high, low or normal; prolactin tends to be elevated and follicle-stimulating hormone (FHS) tends to be low. There has been a documented case of a persistent corpus luteum in pseudocyesis.

Though, we all know that it largely belongs to the domain of psychiatrists, spawning too many psychological theories about the origins of the condition, but in our Asian countries Obstetrician and Gynecologists normally diagnose pseudocyesis.

Pseudocyesis occurs at a frequency of 1 to 6 per 22,000 births.<sup>2</sup> The peak incidence was between

1890 and 1910, when 156 cases were reported in the English Literature; in contrast, only 42 cases were reported between 1959 and 1979. The age range of patients with pseudocyesis is 6 ½ to 79 years (with an average age of 33 years). Eighty percent of women with pseudocyesis are married, 14.6% are unmarried, and 2.3% are widowed. Pseudocyesis is more common in women during their second marriage than during their first marriage. Thirty-seven percent of women with pseudocyesis have been pregnant at least once. Symptoms usually last 9 months but can last for a few months or upto several years. There have been over 500 cases of pseudocyesis reported in women and at least three cases reported in men.<sup>4</sup>

As this is not a very common phenomenon, even the health workers are not aware of it. Lack of knowledge leads to lots of problems, especially in the remote areas, where these patients are taken to faith healers for treatment and they undergo lot of unnecessary pain and torture.

Prior to presenting the case, it is necessary to understand the socio-cultural background of people of Achham. Nepal has a patriarchal society. In Achham, women are still having a very low status in the families, majority of them are illiterate and unaware of their rights. They normally fall prey to traditional practices and beliefs

In remote areas of Nepal there is a practice of isolating women during her menstrual period. During menstrual periods women are supposed to spend their nights in a small hut known as "Chaupadi". These huts are normally in the vicinity of cowsheds and are of so small size, that hardly one can sit upright. There is no proper bedding in these huts and women sleep over the straws spread on the floor. During these few days of menstrual period women are treated as an outcaste and are not supposed to touch anyone or anything (especially water sources, kitchen wares etc.) as it is thought that the God will get annoyed if these untouchable women will touch these auspicious things and will punish them all. During this period they are not even given nutritious food and are prohibited from entering their own houses, but they are supposed to share the work burden at the fields. All these traditional beliefs and practices affect the health status including reproductive health of a woman. As women are spending nights in insecure places, they are sometimes sexually exploited during this period and sometimes they meet with other accidents such as snakebites and they die.

During menstruation and childbirth women are emotionally very sensitive and this is the time when they really need emotional support and in these remote areas of Nepal they are left unattended during these periods leading to emotional disturbances, even leading

to depression. These emotional disturbances can further lead to menstrual disturbances.

Pseudocyesis occurs in women who desperately want to become pregnant to maintain their identity and self-esteem. In addition to this in our South Asian society we still consider women to be responsible for child bearing and rearing. If women are unable to bear children within a year or so they are considered to be infertile, though scientifically proved that men are almost equally responsible for infertility. When couples are infertile, society always blame women and they are made to suffer immensely. Usually such woman are not taken for medical consultations, rather preparations are made to bring in a new bride. This is a common phenomenon even in big cities like Kathmandu; let aside the remote districts like Achham where people are living in poverty with no basic facility to have a decent livelihood. In these remote parts of the country the low status of women and the inability to negotiate with their husbands and other family members leads to a lot of social problem. Majority of women are left on their own to deal with these problems, as a result they either go into depression or lead a stressful life or start behaving in such a way so as to attract the attention and sympathy of others for themselves.

May be similar was the case with this woman. She was married almost for two years, staying with her in-laws, husband away from home, having the lowest status among in-laws, overburdened with household work and leading stressful life, wanted to attract attention and sympathy of family members. May be she really had an immense desire to become pregnant or she was going through psychological or depressive problems. May be she was unable to cope up with living a social outcaste life every month or was at the risk of sexual exploitation and wanted to get away from chaupadi life.

Menstruation is dependent on the proper functioning of a chain made up of hypothalamus → pituitary → ovary → uterus; amenorrhoea presupposes a weakening or break in one or more of the links of this chain.

Gonadotrophin Releasing Hormone (GnRH) is produced by hypothalamus and this GnRH further influence the pituitary hormones (Follicle Stimulating Hormone – FSH and Luteinizing Hormone – LH). In exciting or inhibiting the output of pituitary hormones, the hypothalamus can be influenced by higher centers in the brain. So emotional upsets can encourage or depress pituitary and therefore ovarian and menstrual functions. Disturbances of the hypothalamus cause amenorrhoea by interfering with production of GnRH.<sup>5</sup>

Stress can really influence the regularity of an ovarian cycle; hence can suppress the menstruation.

Amenorrhoea is also considered to be a common feature of depressive mental disorders. Emotional upsets and stresses for example nervous shock, change of work or environment, travel abroad, love affair and marriage etc. can also lead to menstrual disorders even amenorrhoea. The effect of nervous tensions is seen not only in causing amenorrhoea but in curing it also.<sup>5</sup>

This amenorrhoea during the early years of marriage might have lead this woman to think of pregnancy and

she developed her mental picture of a pregnant woman leading to all changes in her body.

As this woman was going through some stressful situation, it would have been better for her to change the environment, that's why mother-in-law was suggested to ask her son to take his wife along with him to India.

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