



Case Report

O lord... where is my fetus? : a case report of pseudocyesis

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A B S T R A C T

Introduction: Pseudocyesis is a condition in which a woman presents various signs and symptoms of pregnancy such as menstruation, nausea, vomiting, enlargement of the womb, weight gain, and other pregnancy symptoms. Furthermore, urine test may notice false positive result.

Case presentation: It was illustrated with unusual case of pseudocyesis to a 44 year old woman reported fetal loss at the age of six months of pregnancy to a health worker in Lampung province.

Conclusion: Pseudocyesis symptoms are just common pregnancy, but actually it is a false pregnancy.

INTRODUCTION

Pseudocyesis is a rare case in various part of the world, there is limited medical literature discussing the topic.¹ Most of pseudocyesis cases occur in the age group of 20 to 44 years old. Pseudocyesis incidents in Europe and America was 1-6/22.000 births.² 80% of the cases were discovered in developing countries such as India or Afrika and its 50% suffered from psychosis.³ The number of pseudocyesis reported in Afrika was 1 out of 344 pregnancies.⁴ During 5 years from 486 women with abdominal distention in Ghana stated that they were pregnant.

The majority of cases of pseudocyesis occur in women of reproductive age and 80% of sufferers occur in married women.³ In Indonesia, the prevalence data on pseudocyesis is not well documented. The case of pseudocyesis in Indonesia is only a phenomenon which appears in the community. The phenomenon of Pseudocyesis is often associated with mystical things, because the sudden fetal loss caused suspicion among neighbors or the community. Previous studies on pseudocyesis had been conducted but more onto biopsychosocial and mental aspects.^{3,5}

Unmanaged pseudocyesis may lead to mental disorders (delusional disorder)⁶. Therefore, early diagnosis and

proper handling need to be investigated to reduce mental disorders and conflicts in the community. The study aimed to identify the phenomenon of a fetal loss or pseudocyesis.

CASE PRESENTATION

A 44-year-old woman approached to a midwife complaining that her fetus in her womb was loss. From the results of a negative HCG examination, the abdomen appeared flat, balotement palpation was negative, and no fetal heart rate was heard.

Six months ago, the patient obtained a pregnancy test at the same midwife and presented positive HCG results, enlarged abdomen, 3 month amenorrhea and estimated 12 weeks of pregnancy, G7 P3 A3 (G: Gravida; P: Partus; A: Abortus). The patient also conducted an ultrasonography examination at a gynecologic obstetric specialist which discovered that there was no womb enlargement, no amniotic membrane, and no amniotic fluid, no fetus and no fetal heart rate. Based on the interview, the patient would have a fourth child but during pregnancy experienced a recurring miscarriage up to 3 times, after 6 abdominal stomach suddenly deflated, the patient assumed that the fetus was lost due to supernatural power.

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DISCUSSION

Pseudocyesis or false pregnancy is a somatic disorder in which a woman experiences signs of pregnancy which can be seen physically, even though the woman is not truly pregnant.^{7,8} Pseudocyesis is a disease associated with psychiatric problems which believes that someone is pregnant even though the person is not actually pregnant, it is triggered due to the urge to get pregnant.^{9,10}

Commonly, pseudocyesis occurs to women with low socioeconomic status, limited access to health care, and experience stress triggered by their desire to get pregnant. Besides, husband and family pressures who expect offspring often makes a woman become stressed and depressed which triggers the emergence of pseudocyesis^{11,12}. Polycystic ovary syndrome is also a factor.^{7,8}

The most common factor to a woman who experiences pseudocyesis is due to a very long desire for the presence of a child. Women suffered from schizophrenia and received antipsychotic treatment are also at risk of pseudocyesis.³

Pseudocyesis patients normally believe that they are pregnant, but then suddenly loss, so that it is assumed to be taken by a supernatural creature.¹¹ Besides, some people say that the fetus in the stomach has moved to another person or other body part such as back because of a magic from someone.^{1,2}

Pseudocyesis often shows common signs and symptoms of pregnancy, namely no menstruation, nausea, vomiting, enlargement of the stomach, weight gain, and other pregnancy symptoms, and sometimes even urine test results can be false positive, but actually they are not really pregnant,^{13,14} in some cases, patients also stated that they felt fetal movements^{4,15}. This make some patients believe that she is pregnant.¹⁶ These symptoms generally last for several weeks or several months, may even last more than nine months.⁷ Common people or even health providers sometimes find it difficult to distinguish between real pregnancy or pseudocyesis.¹⁷⁻²⁰

According to some literature, psychological problems are the main cause to the emergence of pseudocyesis. When a woman expects to get pregnant, her body will emit signs which resemble the original pregnancy such as an enlarged abdomen, enlarged breasts, and even a sensation of fetal movements in the stomach. It is because the hypophyse gland responds to the belief in pregnancy, which causes the catecholaminergic pathway which regulates hormone secretion in the anterior pituitary to function properly resulting in hormonal imbalance. The brain then produces the hormones estrogen and prolactin which cause nausea, vomiting and enlargement in the breasts.²¹

Women stress due to a pregnancy desire will produce serotonin hormone and suppress dopamine and norepinephrine hormones, thereby increasing sympathetic nerve activity.⁷ Increasing the serotonin hormone will cause constipation, weight gain by accumulation of fat and accumulation of gas in the gastrointestinal, thus making the enlargement stomach.²² It is unknown how an increase in the human chorionic gonadotropin hormone which causes pregnancy with pseudocyesis shows positive results. When the patient experiences happy because of the pregnancy, the hormone serotonin decreases and is replaced by the endorphin hormone. Dopamine and norepinephrine are increased, thus decreasing sympathetic nerve activity. This hormone balance restores the work of various organs, so that the gas which had been collected in the gastrointestinal tract is disappeared, so that the stomach will deflate again.

A very valid examination to detect pseudocyesis is Ultrasonography (USG). Ultrasonography examination can see its fetal parts, amniotic fluid, and fetal heart rate.^{23,24} to a truly pregnant woman at around 6 weeks pregnancy, the results of the conception can be seen through an ultrasonography examination, meanwhile pseudocyesis pregnant is certainly no results seen.²⁴ Physical examinations such as palpation and percussion can also be performed. A woman who experiences pseudocyesis shows a chewy and tight sensation and when a percussion is performed, a hypertympany will be heard because of a bulk of gas.^{7, 8, 2, 25}

Patients identified with pseudocyesis should be immediately transferred to a hospital for further examination, one of which is an ultrasonography examination. Collaboration between gynecologist and psychiatrist will be useful in overcoming the problem.^{3-5,26,27} Through a proper diagnosis from gynecology and psychiatrists, conflict in the community regarding to mystically lost of fetus will be avoided.

Pseudocyesis can also be prevented by avoiding stress and depression and assistance for expectant mothers because often these cases are based on depression 40% - 60% and lead to the risk of premature death. If it is not managed properly, it will lead to mental disability which contributes to 4.3% of all diseases worldwide.^{3,28}

CONCLUSIONS AND RECOMMENDATION

Pseudocyesis is a condition when a person experience signs of pregnant but it is not real pregnant. Pseudocyesis manifestations found are amenorrhea, enlargement of the abdomen, bigger hips and positive PP test which is quite rare. Collaboration between gynecology and psychiatrist is necessary in order to get further treatment.

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