FALSE PREGNANCY

C. García Montero1, A. Duque Domínguez1, M. Mejía Quiterio1, M. Palomo Monge1, R. Duque Domínguez2, A. Mas Villaseñor1, J. Ruiz Navarro1, C. Fernández Muñiz2, F. De La Torre Brasis1, N. Echeverría Hernández1, A. Sánchez García1, M. Martín Román1, M. Sánchez Losada1, D. Guerro Prado1.

1Psicóloga, Complejo Asistencial de Ávila, Ávila, Spain. 2Psicóloga, Hospital Nuestra Señora del Prado, Talavera de la Reina, Spain. 3Psicóloga, Hospital Universitario de Fuenlabrada, Fuenlabrada, Spain. 4Psicólogo Clínico, Complejo Asistencial de Ávila, Ávila, Spain.

OBJECTIVES

We want to expose the main characteristics of patients diagnosed with Somatic Delirious Disorder and the main therapeutic difficulties encountered in the approach of these patients. We present the case of a patient diagnosed with Paranoid Schizophrenia who believes she is pregnant.

MATERIALS AND METHODS

We review the clinical history and scientific literature.

RESULTS

Woman of 49 years, mother of 3 children. At the moment in separation proceedings. He has studied a module of Professional Training of Clinic Assistant. At the moment in a situation of work stoppage.

Organic antecedents: Hypothyroidism; Chronic back pain.

Psychiatric antecedents: Initiates follow-up in mental health consultations at the age of 19, diagnosed with Paranoid Schizophrenia. Abandons the monitoring and psychopharmacological treatment on several occasions. A previous admission in the Acute Unit of Psychiatry.

Psychiatric family history: Elderly child diagnosed with Borderline Personality Disorder and Harmful Toxic Consumption.

Current treatment: Desvenlafaxine 100 mg at breakfast and Eutirox 125 mg at breakfast.

Denies alcohol or other toxic consumption.

Patient referred to the emergency service for psychiatric assessment by their Primary Care Physician for presenting the idea of "being pregnant". The patient claims to be pregnant, have symptoms compatible with pregnancy such as abdominal discomfort, two months of amenorrhea and breast enlargement. Up to 10 negative pregnancy tests have been carried out, both at home and at the health center. She has also undergone a vaginal ultrasound, ruling out pregnancy as well. Even so, she is convinced that she is pregnant and for that reason she has abandoned the antipsychotic treatment that she had prescribed.


Complementary explorations:

- Systematic blood and biochemistry within normality.
- Determination of thyroid hormones: within normality.
- Determination of vitamins: within normality.
- Systematic urine: normal.
- Viral and bacterial serology: negative.
- E.G.S: sinus rhythm without alterations in repolarization.
- Brain CT: No evidence of alterations in brain and cerebellar parenchymal density, or mass effects. Normal size ventricular system. Middle line not deviated. Turkish chair of normal size with pituitary gland of small size housed inside. Conclusion: No significant alterations.

CONCLUSIONS

Pseudocyesis, also known as false pregnancy is a rare syndrome in which a woman, who is not pregnant, not only believes that she is expecting a baby but also happens to present typical symptoms of a pregnancy, including absence of menstruation and increase in volume abdominal.

Psychological pregnancy is a condition that affects women of all ethnic groups, regions and social classes. It is more common in married women and with ages between 20 and 40 years, but there are cases described in children and older women, even after menopause. Pseudocyesis seems to occur due to neuroendocrine system stimuli caused by psychological factors.

Studies show that rather than treating psychological pregnancy, the personality disorder must be treated so that the symptom stops appearing. That is, pseudocyesis is seen as the end of a long anxiety or depression disorder.

BIBLIOGRAPHIC REFERENCES