Factitious Lymphedema of the Hand

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Objective: To report the case of a 39-year-old unmarried female with factitious edema of the right hand two weeks after being struck by her brother and following self injury of the right arm.

Method: A 39-year-old unmarried female with severe edema of the right hand and forearm diagnosed as factitious lymphedema was admitted to Roozbeh Psychiatric Hospital. After hospitalization, with elevation of affected limb, the edema had lessened. Thereafter, she was observed at ward rounds with a cloth bandage wrapped around her arm. The edema had recurred. Physical Examination as well as right upper extremity X ray was normal. In mental state examination, patient's mood was dysphonic, rather anxious, and denied tourniquet application; otherwise no prominent psychiatric symptoms were detected. Patient underwent psychotherapy and 20 mg fluoxetine on daily basis was administered.

Results: Patient's symptoms relieved within eight weeks and discharged while accepted to adjust herself with the situations.

Conclusion: Factitious etiology may be presuming in any patient with unilateral limb lymphedema when venous or lymphatic Pathology were missing. The patient may be suffering from emotional conflicts.

Key words: Etiology, Factitious disorders, Lymphedema

According to DSM-IV-TR (1) criteria, factitious disorder is defined as an intentional production or feigning of physical or psychological signs or symptoms, motivation for the behavior is to assume the sick role and external incentives for the behavior are absent.

Factitious lymphedema should be taken into account in patients with recurrent edema of a limb discordant to the accused event. Tourniquet, blows to the hand may cause such self induced hand edema. Often the etiology of the swelling is not suspected despite extensive diagnostic procedures. Although the underlying psychopathology of the illness is variable, certain clinical patterns have become evident in patients with factitious lymphedema of the hand (2-4). A case of Psycho-flexed hand associated with conversion reaction has been reported in Iran (5). In our report a case of factitious lymphedema of the hand is presented. Attention is drawn to this entity and its differential diagnoses. Delayed detection in our case could be resulted in prolonged and costly hospitalization presumably with some loss of hand function. Treatment should be left to those skilled in psychiatry, psychotherapy as well. Hospitalization is usually required to confirm the diagnosis. Psychotherapy is indicated once the diagnosis is made. Some psychotropic medications can be helpful to relieve emotional and behavioral symptoms. This case of factitious lymphedema of the hand with underline psychiatric history and psychopathology was interesting enough to be reported.

Case Report

A 39-year-old unmarried female was referred by orthopedist to psychiatric clinic diagnosed as "Psycho flexed hand". Patient was admitted as inpatient to Roozbeh Psychiatric Hospital in February 2004. She had severe edema of the right hand and forearm. The edema ended circumferentially above the arm. On admission to ward she appeared non-cooperative, angry and moderately aggressive. She did not submit willingly to examination and assessments, recurrently expressed her objection to being hospitalized. Admission to ward appeared non-cooperative, angry and moderately aggressive. She did not submit willingly to examination and assessments, recurrently expressed her objection to being hospitalized.

According to history, after she was struck by her brother she injured her right arm by a knife. Within two weeks of the injury, relatively painless but moderately severe swelling about the hand and forearm mostly at distal portion has been observed. In the days following the injury, the hand became more swollen and patient was seen by local doctors, who recommended that she return home at once. The edema became more severe and extended along the forearm.

After five days of being referred and hospitalized in psychiatric hospital, with elevation of the affected limb, The edema had lessened and circumferential rim about the arm had flattened. Three days later, according to the report of a nursing student, patient had been
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Discussion

In factitious illness, the patient consciously and voluntarily produces physical symptoms of illness. A variety of signs, symptoms and diseases have been either simulated or caused by factitious behavior. Psychopathology should be suspected as the basis of virtually all cases of factitious illnesses, lymphedema as well (3,4), whether the patient has a psychic overlay, or is a neurotic, hysteric, or psychotic can be determined by the psychiatrist. For a non-psychiatrist doctor to confront, scold or accuse the patient with factitious disorder would appear to be the most dangerous for the patient and sometimes for the doctor. It would serve no purpose but to increase the hostility of the patient and might complicate adequate psychotherapy (7). Malingering is feigning illness for secondary gain. Patients with factitious lymphedema are not feigning the illness; they are causing illness. The material gain some may obtain in the form of compensation awards would be considered by most as relatively trivial for the pain and inconvenience they produce and tolerate (8). Surgery, even amputation, is rarely refused and may even be sought. These patients are not malingerers. The term Munchausen's syndrome has been used to describe the patient who seeks medical treatment for factitious illness and invents fanciful and elaborate historical details to confound and intrigue medical personnel (4,9), the motives are quite variable and have included a desire to impugn or challenge authority (to fool the omniscient "father image" doctor) and to gain attention. Unlike malingerers who have conscious motivation and intentionally produce signs and symptoms, patients with factitious disorder have unconscious motivation (3).

This patient used denial defense mechanism. She had angry negation of some obvious but painful reality and refused to acknowledge the awareness of reality. In the interview, effort was made to make the patient amaze that has feelings cause her difficulties.

Conclusion

Factitious etiology should be suspected in any patient with recurrent or chronic unilateral upper-limb lymphedema without apparent lymphatic or venous obstruction (8).

Factitious etiology may be presumed in any patient with recurrent or chronic unilateral upper-limb lymphedema which is limited proximally by a well demarcated ring or sulks of circumferential discoloration.

Factitious lymphedema of the hand was observed in this reported case undergoing family and emotional stresses including not being married which she was strongly dissatisfied with and had difficulty handling. Diagnosis of factitious lymphedema of the hand is best
made by thorough in-patient evaluation and observation, along with appropriate laboratory, roentgenographic and psychiatric studies. The patient with factitious lymphedema of the hand is often suffering from a serious emotional conflict and is unlikely to be a malingerer. Once the diagnosis of factitious lymphedema is made the patient should be referred for psychiatric care. Any confrontation should be avoided.

Reference