Factitious Lymphedema of the Hand

S. Ali Ahmadi Abhari, MD[1]
Nooshin Alimalayeri, MD[2]
S. Sina Ahmadi Abhari[3]
Khadijeh Omidi Nobijari, BSc[4]

1 Psychiatry and Psychology Research Center, Tehran University of Medical Sciences, Tehran, Iran
2 Tehran University of Medical Sciences, Roozbeh Hospital
3 Qazvin University of Medical Sciences, Qazvin, Iran
4 Tehran University of Medical Sciences.

Corresponding Author:
Seyed Ali Ahmadi Abhari, MD
Professor of Psychiatry, Tehran University of Medical Sciences, Psychiatric Research Center, Roozbeh Hospital, South Kargar St., 1333795914
Email: drsaa_abhari@yahoo.com
Tel: +98-21 55412222
Fax: +98-21 55419113

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 my fluoxetetine 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

Iran J Psychiatry 2006; 1: 166-168

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. 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

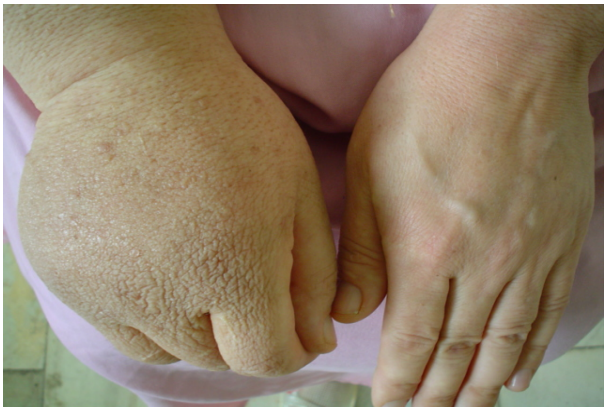

Figure 1. Photograph of the hands of the patient swelling of the right hand and forearm of the patient comparing left hand after the self- applied tourniquet was removed.

observed at early morning rounds with a cloth bandage wrapped tightly around
her right arm. The edema had recurred. Figure 1 shows photograph which was taken after the self- applied tourniquet was removed.
In Psychiatric interviews the patient resisted, was defensive, obstructed interviewing process and overtly expressed refusal. She recurrently stated that she is young enough to get married "… a young handsome doctor should request to marry me", she stated. She added her family members do not like her, … "They are not my parents, one who calls him my brother envies me". Her parents stated she behaves and plays like a 15 year old girl! She recurrently complained of different organs pains and when referred to a doctor, refused to take medications, "if I take medication I will not be able to get pregnant and bear a child" she said. She desired to be vaccinated against infections which affect youngsters and insisted that she is young enough to be vaccinated by this type of vaccines. While her family members opposed her vaccination, quarrelling has been developed and she has been struck by her brother. She has injured herself by a knife thereafter and within two weeks the first episode of hand edema was developed.
The patient, who has the primary education, presented herself as guidance school graduate.
In mental state examination patient's mood was dysphonic. She showed symptoms of moderate anxiety and agitation. No psychotic symptoms were detected. Patient denied tourniquet application. Physical examination revealed no abnormality except for right hand edema. Right upper extremity X ray was normal except for soft tissue expansion of the hand, indicating edema. To relieve mental symptoms, patient was treated with fluoxetine 20 mg daily along with continuous programmed supportive psychotherapy. According to observable characteristic behavior of the patient, the interview was spot on denial defense mechanism of the patient to identify emotional conflicts, stressors and the processes that activated the defenses interfering with the interview. Gross swelling was persisted for a few days and two weeks after its onset was resolved completely. Patient was discharged with no observable psychiatric signs or symptoms after two months of admission.

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, (6), lymphedema as well (3,4), wether 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 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

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 4th text revision ed. Washington, DC: American Psychiatric Association; 2000.
2. Al-Qattan MM. Factitious disorders of the upper limb in Saudi Arabia. *J Hand Surg [Br]* 2001; 26: 414-421.
3. Krahn LE, Li H, O'Connor MK. Patients who strive to be ill: factitious disorder with physical symptoms. *Am J Psychiatry* 2003; 160: 1163-1168.
4. Smith RJ. Factitious lymphedema of the hand. *J Bone Joint Surg Am* 1975; 57: 89-94.
5. Firoozabadi A, Taghavi M, Mozafarian K. Psycho-flexed hand Associated with Conversion Reaction: A case Report. *Iran J Med Sci* 2006; 31: 499-502.
6. Limosin F, Loze JY, Rouillon F. [Clinical features and psychopathology of factitious disorders]. *Ann Med Interne (Paris)* 2002; 153: 499-502.
7. Eisendrath SJ. Factitious physical disorders: treatment without confrontation. *Psychosomatics* 1989; 30: 383-387.
8. Friedman B, Yaffe B, Blankstein A, Rubinstein E, Rieck J. Self-inflicted hand injuries: diagnostic challenge and treatment. *Ann Plast Surg* 1988; 20: 345-350.
9. Bhugra D. Psychiatric Munchausen's syndrome. Literature review with case reports. *Acta Psychiatr Scand* 1988; 77: 497-503.