Short Case Reports

"PSEUDO-STRICTURE" OF THE URETHRA* A CASE OF MÜNCHAUSEN'S SYNDROME

BY

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Münchausen's syndrome has been variously and extensively described (Asher, 1951; Chapman, 1957) in patients seeking in-patient and usually operative or drug treatment for various simulated acute conditions. The present case is one of "out-patient addiction" in a patient presenting at a Venereal Disease clinic for dilatation of a "chronic urethral stricture" and demonstrates strikingly the pathogenesis of a Münchausen haemorrhagic crisis.

Case Report

A 62-year-old Irishman had been attending the Venereal Disease clinic for the last 14 years, having declared, on his first attendance, that he had recently moved into the locality of the hospital and was used to weekly dilatations. He was therefore given weekly dilatations thereafter. There was no history of urethritis or trauma. The serological tests for syphilis were negative.

It was decided to measure his maximum urine flow-rate after one of his routine dilatations and to repeat this measurement at weekly intervals. The initial measurement showed a perfectly normal flow-rate of 28 ml./sec. Second and subsequent measurements, done before dilatation, showed that this normal rate remained constant. It was accordingly decided that the dilatations should cease at the second week and no further dilatations were carried out. It was explained to the patient that this course was being taken as he no longer had a functional stricture. He grew increasingly agitated at each attendance, asserting that he would break a blood-vessel trying to pass urine.

At his fifth attendance after the initiation of this course of action, the patient returned 2 days earlier than his accustomed day with a dramatic and convincing history of passing blood *per urethram*. The flow-rate was again found to be normal but the urine was streaked with blood. It was decided to examine the patient to investigate the cause of the bleeding.

While the patient was undressing for this purpose, an open, blood-stained safety-pin was observed to fall from his trousers pocket. He was confronted with this but

refused to explain its presence and persisted in demanding a dilatation. On again being refused, he became abusive and obstructive and, having been asked to leave the clinic, did not subsequently return there.

Comment

This patient may well have had an organic lesion in the past which was no longer of significance by the time he came under the reported observation. He falls into the category of the Münchausen syndrome, showing, as he did, great confidence in the doctor from whom he received continual treatment of a nature which, one would have thought, most patients would consider unpleasant and undesirable unless absolutely necessary. When treatment was refused, he developed a plausible acute and dramatic illness (the so-called "haemorrhagic-type Münchausen") to force the physician's hand.

He differs from the classic Münchausen, however, in that he is simulating a chronic disease, rather than a series of acute crises, his "illness" becoming acute only on withdrawal of "treatment". It may be that if the classic Münchausen were content with less drastic medical care, he could survive without peregrinations and aliases on out-patient "treatment".

One has frequently seen the look of anxiety which transfigures the patient who is asked to dispense with some now unnecessary piece of apparatus which was formerly life-saving; *e.g.* a cardiac pacemaker in a case of myocardial infarct. One surmises, therefore, that the withholding of "treatment" for our patient's obsession induced such acute anxiety that it provoked a Münchausen crisis. This is in line with the view of Small (1955) that, where an underlying organic condition can produce recurrent illness of a disabling or alarming nature, the fear of it may so irritate a predisposed personality that it results in a "psychopathic accretion" which may need continual placebo treatment.

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Summary

A case is presented of Münchausen's syndrome in a patient making unnecessary demands for urethral dilatation sustained over a period of 14 years. When presented with the threat of cessation of this unnecessary treatment he injured himself to produce haematuria, a Münchausen's crisis.

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Pseudo rétrécissement de l'urètre Crise de Münchausen

RÉSUMÉ

Un cas de syndrome de Münchausen est présenté, chez un malade qui, depuis plus de 14 ans, demandait sans cesse des dilatations urétrales. Quand on lui exposa qu'il fallait cesser ce traitement inutile, il se blessa lui-même pour produire une hématurie, une crise de Münchausen.