



DELUSIONAL PREGNANCY

SAADIA ZAKI, JAWED AKBAR DARS, MUHAMMAD IQBAL AFRIDI

Jinnah Postgraduate Medical College (JPMC) Karachi

ABSTRACT

OBJECTIVE

Delusion of pregnancy (DP) is a firm, fixed and false belief of being pregnant, occurring in various psychiatric and organic disorders. Cases on delusional pregnancy have been reported, mostly from the developing countries, however of multiple pregnancies, literature is scanty. We hereby present the case of a 20-year-old female with the firm belief of being pregnant with 22 fetuses (both intra- and extra-uterine), which the patient states, are causing her pain in various parts of her body, including her head, arms and legs.

KEY WORDS

Delusion of pregnancy, schizophrenia, hyperprolactinemia

INTRODUCTION

Delusion of pregnancy (DP) is a false belief of being pregnant despite factual evidence pointing to the contrary. It is a type of somatic delusion which could occur in schizophrenia, delusional disorder, mood disorder, epilepsy, dementia or other organic brain disorders and may also present with drug induced lactation, polydipsia and urinary tract infection¹. Although it is more common in females, multiple cases of delusional pregnancy in men have also been reported².

CASE REPORT

We report the case of a 20-year-old Hindu female "U", belonging to a lower socioeconomic status, is the eldest of 4 siblings with no family history of psychiatric illnesses. Her 8 months of difficult marriage ended with a divorce 5 years back. She has never been pregnant, as stated by her mother.

She presented to the psychiatry ER department with complains of abdominal pain and aggressive behavior. The patient was subsequently admitted, this being her 7th admission. Total duration of illness was reported to be 5 years, which started around the same time that her husband left her, when the patient was diagnosed with schizophrenia. She was stable on olanzapine 10 mg and procyclidine 5 mg for the last one year, however noncompliance towards medication might have precipitated this episode.

"U" believes that she is pregnant since the last 5 years. Initially she thought she had 3 babies in her abdominal cavity and claimed that the abdominal pain is the result of kicking movements of the babies. During most of the recent hospitalization, "U" was convinced that there are a total of 22 different-sized fetuses growing in different parts of her body, including her head, arms and legs, which were producing physical symptoms of pain. She states that she could see them and hear their voices that are telling her to "take them out". According to "U", she has given birth twice prior to this, and her husband took away both the babies to keep them away from the evil eye. She reported visual and auditory hallucinations, of her husband and a religious figure both of whom were calling her.

"U" was noted to have had menstrual irregularities with hypomenorrhea and occasional vaginal spotting. She also complained of vomiting and mild breast pain.

Interview with the patient's mother revealed that one year back, she drank disinfectant solution (Dettol), which she claimed her husband commanded her to drink, "in order to kill the germs in her body", which she did and was taken to the ER immediately where she was managed. The family attributed these symptoms to "black magic" and took her to shrines of religious figures in hopes to get her cured.

On examination, the patient's abdomen was mildly distended, which she claimed was due to pregnancy. Mental status examination revealed a young female of average height and weight, well oriented to time, place and person. Speech was coherent but irrelevant. Thought process revealed loosening of association and delusions of pregnancy. She

harbored 2nd person hallucinations. Insight was absent. Laboratory investigations including CBC, PT/INR, urea, creatinine, electrolytes, LFTs and blood glucose levels were within the reference ranges. Ultrasonography was performed which revealed no abnormality with no signs of pregnancy. Her prolactin level was elevated (58.5 ng/ml).

During her hospital stay, patient was given Injection Haloperidol 5 mg, Tablet Olanzapine 10 mg and Tablet Procyclidine 5 mg, which were able to control the patient's aggressiveness, however, the delusions and hallucinations persisted. Patient was started on monthly Intramuscular Fluphenazine Decanoate 25mg due to history of nonadherence. Insight was partially regained. The patient continues to be monitored closely. The family members were educated regarding the disease course and the importance of medicine compliance.

DISCUSSION

Antipsychotics raise prolactin levels by D2 receptor blockade in tuberoinfundibular region of the brain. Anti-psychotic associated hyperprolactinemia was found to be the culprit in several reported cases of DP, with symptoms improving as the prolactin levels normalize with the discontinuation of drug³. The most commonly responsible antipsychotic was risperidone³. Several studies suggest an association between olanzapine use and raised prolactin levels⁴. Similarly, "U" was taking olanzapine for 1 year which could be responsible for the higher than normal prolactin levels observed.

Psychosocial factors play a vital role in development of DP. Shankar(1991) suggests that the loss of love or a loved object may contribute to the emergence of DP, a mechanism also noted in pseudocyesis⁵. Similarly, in this case, the onset of delusion appears to have been precipitated by the patient's husband abandoning her, as both events coincide with one another, indicating a strong association.

Previous studies have outlined the misperception of body sensations and physical changes as signs and symptoms of pregnancy⁶. "U" also misinterpreted abdominal pain, distension and vomiting as signs that she is pregnant.

CONCLUSION



DP is a rare occurrence in the psychiatric setting. Pharmacotherapy remains the mainstay of treatment along with supportive psychotherapy.

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Sr. #	Author Name	Affiliation of Author	Contribution	Signature
1	Dr. Saadia Zaki	JPMC	History, literature review, Write-up	
2	Dr. Jawed Akbar Dars	JPMC / JSMU	History, Literature review	
3	Prof. Dr. M. Iqbal Afridi	JPMC / JSMU	Supervision	