

# Delusion of Pregnancy and Pseudocyesis: A Diagnostic Dilemma

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## ABSTRACT

Delusion of pregnancy and pseudocyesis are found to be relatively common in the developing world but the reported cases regarding the former is rare in the context of Nepal. The present article is a case report regarding delusion of pregnancy. Considering its rarity and familiarity with other pregnancy mimicking conditions like pseudocyesis, the article aims to highlight the possibility of delusion of pregnancy in a case where the delusion is the only presenting feature without other psychotic symptoms. In addition, the obstetricians are more inclined towards diagnosing pseudocyesis being more familiar with the condition. Hence, considering the difference in management of two conditions, it's important to differentiate and correctly identify them.

**Keywords:** delusion of pregnancy, pseudocyesis

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## INTRODUCTION

Pseudocyesis is a condition in which a patient has all signs and symptoms suggestive of pregnancy except for the confirmation of fetus.<sup>1,8,10</sup> In pseudocyesis, there is abdominal distension, enlargement of breast, enhanced pigmentation, menstrual cessation, morning sickness and vomiting, typical lordotic posture on walking, inverted umbilicus, increased appetite and weight gain.<sup>2,7,10</sup> Modern classification i.e. ICD 10 categorizes it as F45.9 (somatoform disorder, undifferentiated).<sup>1</sup>

However, the psychological background of pseudocyesis has been explained by its relation with depression.<sup>1,7,8</sup>

The delusion of pregnancy is the condition in which one believes being pregnant despite factual evidence to the contrary.<sup>3,10</sup> It is classified by DSM 5 within schizophrenia spectrum and other psychotic disorder.<sup>4,7,9,10</sup> It is mostly associated with wide variety of psychiatric conditions but predominantly in

schizophrenia and psychotic depression.<sup>5</sup> It can be differentiated from pseudocyesis by the absence of signs of bodily changes during pregnancy and possibility of presence of other psychotic symptoms.<sup>2,3,7</sup> However, it can also present as a only symptom, without another disorder.<sup>6</sup> When present independently, delusion of pregnancy is categorized as somatic type of delusional disorder, under schizophrenia spectrum and other psychotic disorder.<sup>6</sup>

There are few other differential of pseudocyesis in females which includes, pseudopregnancy and simulated pregnancy. Pseudopregnancy is the state resembling pregnancy caused by organic factors such as endocrine tumors.<sup>4</sup> Simulated pregnancy is a factitious disorder when a person claims to be pregnant knowing that he or she is not.<sup>6,7,10</sup>

## CASE REPORT

A 18 years old hindu, married, nulliparous, female, educated up to class 4, from rural background, staying with her husband, father in law and mother in law, was referred from obstetrics department to psychiatry outpatient department in view of pseudocyesis.

During assessment in the Psychiatry department, she stated that she had been pregnant for the last 5 months as she had not been menstruating for 5 months. On further questioning, she revealed that she had been experiencing nausea and vomiting, abdominal enlargement, breast heaviness and perceiving fetal movements for 4 months. She presented in the obstetric department complaining of bleeding per vaginum for 3-4 days, along with the passage of clots and lower abdominal pain, however the bleeding stopped few hours back.

In addition, she complained of having low mood, decreased activity and decreased interest for 4 months, fortunately there were no suicidal thoughts and ideation. The collateral history of her husband stated of no abdominal enlargement and he thinks that she is not pregnant.

She also had cessation of menstruation in the past year for 4 months but had no symptoms of being pregnant or depressed at that time period. Her family history includes an unknown psychiatric illness in her mother. Her general and systemic examinations were unremarkable and she had no signs suggesting pregnancy. Mental state examination (MSE) revealed a middle- aged, medium built, well-kempt woman with inadequate eye contact, who has then been anxious and rapport establishment took some time. Her speech was low in tone and volume with normal rate and her affect was shallow and constricted. Her thought content revealed being pregnant. When she was being made aware of the absence of signs of pregnancy, she insisted "I have noticed abdominal enlargement, breast heaviness and fetal movements" She did not reveal any hallucinations. She did not attempt higher mental function questions and insight was absent.

On investigation, her urine pregnancy test was negative and baseline investigations were within normal limits. Even after revealing her reports and providing evidence regarding her pregnancy, she insisted on being pregnant. Based on the above presentation and findings, she was diagnosed with delusion of pregnancy and the treatment was provided accordingly.

## DISCUSSION

According to the ICD 10 classification system, the main feature of somatoform disorders is persistent presence of physical symptoms (including the presence of pregnancy) in spite of negative objective findings.<sup>1,8</sup> So, the case presented above might be diagnosed as pseudocyesis and that is supported by the presence of depressive symptoms as pseudocyesis has psychological association with depression.<sup>8</sup> But, pseudocyesis is defined as a disorder in which the woman had all signs of pregnancy except for the existence of a fetus.<sup>7</sup> So, the absence of objective signs of pregnancy and persistent belief of being pregnant even after making her aware about the absence of signs of pregnancy and negative test reports, point towards delusion of pregnancy as the isolated symptom of somatic type of delusional disorder..

It is important to consider associated psychotic features that may be associated with delusion of pregnancy which were absent in the patient. The etiology for delusion may be vague and cannot be associated with the single factor. But in the context of being cued to be aware for symptoms of pregnancy, a small amount of signal can result in an emotional arousal and a feedback loop may be

established that keeps attention focused on these symptoms, resulting in an delusion of being pregnant.<sup>3</sup> In the case, cessation of menstruation may act as the signal for feedback loop to develop other symptoms, developing the delusion. Hence the absence of objective signs of pregnancy makes delusion of pregnancy likely diagnosis in the case.

Since, two conditions warrant different lines of management and therapy<sup>4</sup>, they need to be differentiated although the line of demarcation between them is blurred.

## CONCLUSION

When there is absence of objective signs of pregnancy and no psychotic features as well, the diagnostic dilemma exists between delusion of pregnancy and pseudocyesis. But the fact that two conditions required different lines of management, the diagnoses must be made which can be altered on subsequent follow up, based on the response towards treatment.

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## REFERENCES

1. Marušić S, Karlović D, Zoričić Z, Martinac M, Jokanović Lj. Pseudocyesis: A Case Report. *Acta clinica Croatica*. 2005;44(3):291-295. Available from: <https://hrcak.srce.hr/14272>
2. Yadav T, Balhara YPS, Kataria DK. Pseudocyesis Versus Delusion of Pregnancy: Differential Diagnoses to be Kept in Mind. *Indian J Psychol Med*. 2012;34(1):82. Available from: <https://doi.org/10.4103%2F0253-7176.96167>
3. Cipriani, G, Di Fiorino M. (2015) 'Delusion of Pregnancy: An Unusual Symptom in the Context of Dementia', *American Journal of Alzheimer's Disease & Other Dementias*. 2014 :341–345. Available from: <https://doi.org/10.1177%2F1533317514549412>
4. Chatterjee S, Nath N, Dasgupta G, Bhattacharyya K. Delusion of pregnancy and other pregnancy-mimicking conditions:

- Dissecting through differential diagnosis. Medical Journal of Dr. D.Y. Patil University. 2014;7: 369. Available from: <http://dx.doi.org/10.4103/0975-2870.128986>
5. Guilfoyle P, O'Brien H, O'Keeffe ST. Delusions of pregnancy in older women: a case series. Age Ageing. 2015;44(6):1058–1061. Available from: <https://doi.org/10.1093/ageing/afv127>
  6. Sagar Chandra Bera SS. Delusion of Pregnancy: A Systematic Review of 84 Cases in the Literature. Indian J Psychol Med. 2015;37(2):131. Available from: <https://doi.org/10.4103%2F0253-7176.155609>
  7. Stephaine J, Link D. Pseudocyesis. The Journal for Nurse Practitioners. 2016;12(6):390-394. Available from: <http://dx.doi.org/10.1016/j.nurpra.2016.03.009>
  8. Upadhyay S. journal of the Nepal Medical Association. 2008;47(171):147-150. Available from: <http://dx.doi.org/10.31729/jnma.326>
  9. Gaikwad BH, Dharmadhikari AR, Subramanyam AA, Kedare JS, Kamath RM. Delusion of pregnancy in a 70-year-old male. Indian J Psychiatry 2017;59:130. Available from: <https://www.indianjpsychiatry.org/text.asp?2017/59/1/130/204443>
  10. Tarín, J.J., Hermenegildo, C., García-Pérez, M.A. *et al.* Endocrinology and physiology of pseudocyesis. Reprod Biol Endocrinol. 2013;11:39. Available from: <https://doi.org/10.1186/1477-7827-11-39>