□ DELUSIONAL PREGNANCY

**CASE REPORT**

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# 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,armsand legs.

# KEYWORDS

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 infection'. Although it is more common in females, multiple cases of delusional pregnancy in men havealso been reported'.

# CASE REPORT

We report the caseof a 20-year-old Hindu female "U", belonging to alowersocioeconomic status, isthe eldest of 4 siblingswithnofamily 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 towardsmedication might have precipitated thisepisode.

"U" believes that she is pregnant since the last 5 years. Initially she thought she had 3 babies in her abdominal cavity and claimedthat theabdominal 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, armsand legs, which were producing physical symptoms of pain. She states that she could see them andheartheir voices that are telling herto "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,ofherhusbandand a religiousfigure bothof whom werecalling her.

"U" was noted to have had menstrual irregularities with hypomenorrhea and occasional vaginalspotting.She alsocomplained of vomiting and mildbreast 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 shedid and was taken to the ER immediately where she was managed. The family attributed these symptoms to "black magic" and took her to shrines ofreligiousfiguresin hopes to get hercured.

On examination, the patient's abdomen was mildlydistended, which she claimed wasdue 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

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harbored 2ndperson hallucinations.Insight was absent.

Laboratory investigations including CBC, PT/INR, urea, creatinine, electrolytes, LFTsand blood glucose levelswere 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 drug'. The most commonly responsible antipsychotic was risperidone'. Several studies suggest an association between olanzapine use and raised prolactin levels'. Similarly, "U" was taking olanzapine for 1 year which could be responsibleforthe higher than normal prolactin levelsobserved.

Psychosocial factors play a vital role in development of DP. Shankar(l 991) suggests that the loss of love or a loved object may contribute to the emergence of DP, a mechanism also noted in pseudocyesis'. Similarly, in this case, the onset of delusion appearsto have been precipitated by the patient's husband abandoning her, as both events coincide with one another, indicating a strong association.

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Previous studieshaveoutlined the misperception ofbody sensations and physical changes as signs and symptoms of pregnancy'."U" also misinterpreted abdominal pain, distension and vomiting as signs that sheispregnant.

## CONCLUSION

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

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