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SHORT COMMUNICATION

Ocular Münchausen syndrome resulting in bilateral blindness

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PURPOSE. *Münchausen syndrome is a factitious disorder in which patients knowingly harm themselves for subconscious psychological reasons in order to be hospitalized. Recognition of this psychopathology is important, to prevent potentially severe eye damage. Ocular Münchausen syndrome is uncommon. The authors describe an elderly woman with recurrent, probably self-induced, ocular trauma leading to bilateral blindness. The authors are unaware of any previously reported cases of Münchausen syndrome resulting in bilateral blindness and occurring in old age.*
CASE REPORT. *A 73-year-old woman was first seen in 1991 with a closed-globe injury to the right eye, apparently following a household fall. Physical examination showed no sign of extraocular trauma. Right visual acuity was 20/30 after 2 months. She was readmitted in May 2003 with left globe rupture, allegedly following a domestic fall. No extraocular trauma was found. She developed ocular phthisis 6 months postoperatively. The patient was admitted again in February 2004 with right globe rupture, following another alleged domestic fall. Physical examination showed no sign of extraocular trauma. Right visual acuity was 20/400 2 months postoperatively. Psychiatric evaluation revealed Münchausen syndrome. Psychotherapy was prescribed, but refused by her family.*
CONCLUSIONS. *Diagnosis of Münchausen syndrome is difficult to make in the ophthalmic department. Münchausen patients have little or no ability to control their self-destructive behavior. A sympathetic and supportive approach is therefore required and these patients should be urgently referred to a psychiatrist with experience in factitious disorders. Even with psychotherapy, which is often refused, the prognosis remains poor. (Eur J Ophthalmol 2006; 16: 654-5)*

KEY WORDS. *Bilateral blindness, Ocular Münchausen syndrome, Self-inflicted eye injuries*

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INTRODUCTION

Münchausen syndrome is a factitious disorder in which patients knowingly harm themselves for subconscious psychological reasons in order to be hospitalized (1). The name of this disorder derives from a historical figure, Baron Karl von Münchausen (1720–97), a German soldier who exaggerated his supposed heroic exploits while traveling the world. His tales were first published by Rudolf E. Raspe (1737–94) and more recently were chronicled in a 1989 film "The Adventures of Baron von Münchausen." The fact that Münchausen patients understand and are responsible for their illness separates them from patients with somatoform disorders such as conversion disorder, somatization disorder, hypochondriasis, and somatoform pain disorder. As they have no clear reason for or gain from their actions, Münchausen patients differ from malingerers. Ophthalmologists are often faced with psychiatric patients, but patients with factitious disorders are particularly challenging (2). Recognition of this psychopathology is important, to prevent potentially severe eye damage. In this report, we describe a patient with recurrent, probably self-induced, ocular trauma leading to bilateral blindness.

Case report

A 73-year-old woman was first seen in 1991 with a closed-globe injury to the right eye, apparently following a household

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fall. Physical examination showed no sign of extraocular trauma. History disclosed left eye amblyopia. Best-corrected visual acuity (BCVA) was 20/80 bilaterally. Slit-lamp examination of the right eye revealed lid edema, conjunctival hemorrhages, 3 mm hyphema, and pupillary stupor. Fundus examination was normal. There was complete resolution of the hyphema after 2 weeks' therapy. Right BCVA was 20/30 after 2 months.

The patient underwent uneventful left cataract surgery in February 2003. She was readmitted in May 2003 with left globe rupture, allegedly following a domestic fall. No extraocular trauma was found. Left visual acuity was no light perception. Slit-lamp examination disclosed a full-thickness corneoscleral wound with substantial prolapse of uveal and retinal tissue. Wound suture was performed under general anesthesia. She developed ocular phthisis 6 months postoperatively.

The patient was admitted again in February 2004 with right globe rupture, following another alleged domestic fall. Physical examination showed no sign of extraocular trauma. Right visual acuity was light perception. Slit-lamp examination disclosed a full-thickness scleral wound with iris, lens, and vitreous prolapse. Wound suture was performed under general anesthesia and BCVA was 20/400 2 months postoperatively. Psychiatric evaluation revealed affective lability, but excluded schizophrenia, obsessive-compulsive disorders, psychotic depression, hysteria, and malingering. The patient appeared calm, rational, and cooperative. Neither she nor her family seemed overly concerned about her eyes. A diagnosis of Münchausen syndrome was made. Psychotherapy was prescribed, but refused by her family. Over a 13-year period the patient was examined 40 times and hospitalized for 44 days. We have no longer seen her since April 2004.

DISCUSSION

Ocular Münchausen syndrome is uncommon. Reported manifestations include orbital emphysema requiring exenteration, periorbital abscesses, subconjunctival hemorrhages, keratoconjunctivitis due to calcareous concretions, superficial punctate keratopathy, corneal alkali burns, intractable corneal erosions, nystagmus, mydriasis, decreased visual acuity, diplopia, and eye perforation (3-10). We are unaware of any previously reported cases of Münchausen syndrome resulting in bilateral blindness and occurring in old age. Self-inflicted eye damage has been described mainly in girls (5, 9) and young women (3, 4, 7, 10) and rarely results in blindness (3, 4).

Diagnosis of Münchausen syndrome is difficult to make in the ophthalmic department and should be one of exclusion. Similarities exist among patients with Münchausen syndrome, patients with somatoform disorders, and malingerers. All these patients often present dramatically and embellish their symptoms to create a sense of urgency. They often resist attempts at a detailed history and physical examination. However, unlike those with somatoform disorders and malingerers, Münchausen patients have little or no ability to control their self-destructive behavior. A sympathetic and supportive approach is therefore required and these patients should be urgently referred to a psychiatrist with experience in factitious disorders. Even with psychotherapy, which is often refused, the prognosis remains poor (5).

The authors have no financial interest in this study.

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