CASE REPORT

Recurrence of pseudocyesis in rural Sri Lanka

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Introduction

Pseudocyesis is defined by the DSM-5 as a false belief of being pregnant associated with objective signs and reported symptoms of pregnancy (American Psychiatric Association, 2013). It is found especially in societies where there is cultural pressure on women to have children (Cohen, 1982). The condition tends to recur in 5%, unless proper intervention and psychological support is offered (Bivmi & Klingerm, 1937). We present a case of a woman who had recurrence of pseudocyesis from a rural community in Sri Lanka.

Case report

The female from a small rural village was unemployed and living with her husband who was a farm hand. The husband financially supported his parents and his widowed sister who had three children of her own. She was under considerable pressure from the husband's family to have a child.

She presented to the obstetric clinic with amenorrhea for 16 weeks and features of early pregnancy. At 32 weeks she claimed she had the sensation of fetal movements. On examination her fundal height was 31 cm with striae gravidarum and linear nigra. The ultrasound scan found the uterus to be enlarged with endometrial thickening but no intrauterine pregnancy.

Her past history revealed that she was investigated for primary subfertility. Four years earlier, she had presented with a period amenorrhea of 24 weeks, but routine scans did not reveal a pregnancy. At that time, she had even bought clothes meant for pregnant women and started wearing them as she believed herself to be pregnant. When she was informed that she was not pregnant, she had been very distressed and taken a bottle of poison with a view to end her life.

She was referred for psychiatric assessment due to the recurrence of symptoms of a false pregnancy. We found that she had underlying clinical depression and a mild degree of mental retardation, confirmed by psychometric testing. She was treated for depression and supportive psychotherapy was offered.

Discussion

Our patient had several attributes and experiences characteristic in those developing a recurrence of pseudocyesis. Of importance were her continued intense desire and the constant pressure from her husband's family to have children. She was unable to cope adequately with these stressors, due to her limited intelligence, which acted as a maintaining factor that caused the recurrence. Her history of depression and suicidal ideas is similar to other non-psychotic cases of pseudocyesis described in literature.

This case highlights that development of pseudocyesis is multifactorial in the context of biological, psychological and social factors. Psychiatric intervention should give special attention to non-pharmacological approaches in preventing recurrences.

References

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