Munchausen Syndrome: A Case Presenting as Difficult Intubation

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Munchausen syndrome is a disorder characterized by falsified general medical or psychiatric symptoms. Patients deceptively misrepresent, simulate, or cause symptoms of an illness and/or injury in themselves, even in the absence of obvious external rewards such as financial gain, housing, or medications. In this case report, we present a 53 year old male with a psychiatric history and multiple medical comorbidites including a history of CVA, CAD, DM II who initially was admitted for presumed acute ischemic stroke with left sided weakness. Anesthesia was consulted for airway management given his history of anaphylaxis from IV contrast, which he would require for angiogram, and worsening mental status. This patient would require awake fiberoptic intubation as he was considered a difficult intubation (Mallampati 4, in cervical collar due to possible cervical injury from fall, short thyromental distance, and had thick neck with BMI of 160kg). This was performed successfully, and the patient was taken to Interventional Radiology for angiogram. The angiogram did not show any areas of ischemia or acute pathology. Subsequently, he was transferred to ICU and extubated. He was later found to be feigning symptoms after patients/staff saw him walking normally around the hallway (prior left sided paresis). He was confronted and admitted to faking the event due to his severe depression. The patient was transferred to the psychiatric unit thereafter with the diagnosis of Munchausen Syndrome.

Early investigation of a possible factitious disorder can prevent patient self harm as well as iatrogenic complications arising from unnecessary tests and treatments. Medical providers or doctors may consider working with mental health specialists to help treat the underlying mood or disorder as well as to avoid countertransference. Therapeutic and medical treatment may center on the underlying psychiatric disorder. From an anesthesia standpoint, these patients place themselves at risk from multiple general anesthetics with possible complications such as allergic reaction, hemodynamic instability with end organ damage, and airway emergency.