

Global Health Elective Report: Delusion of Pregnancy

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AHDH, Haiti, February 4-14, 2016*

Case: A 37-year-old G1P1 presents to the OB/GYN clinic with chief complaint of “I’m 7 months pregnant, but I keep having my period every month”. She states that she knows she is pregnant because her abdomen has been enlarging over the past 7 months, and she has some lower abdominal pain intermittently. Her previous pregnancy was 12 years ago and uneventful; she had a healthy baby girl by spontaneous vaginal delivery. She is obese, but her past medical history is otherwise unremarkable. A urine pregnancy test is negative.

Background: Pseudocyesis is a clinical syndrome in which a non-pregnant, non-psychotic woman believes she is pregnant and exhibits the signs and symptoms of pregnancy¹. It is rare but reported more frequently in developing countries². It most often occurs in the context of strong familial and culture pressure on women to be fertile, where childbearing is a woman’s central role in society^{1,2}. Women may present with any of the following symptoms: abdominal enlargement (most common), menstrual irregularities, sensation of fetal movement, breast enlargement/tenderness, nipple discharge, abdominal pain and urinary frequency.

Pseudocyesis exists on a spectrum with another syndrome, delusion of pregnancy, wherein a woman has a fixed and false belief that she is pregnant despite evidence disproving pregnancy¹. This is typically felt to be a psychotic illness, whereas the former is considered a somatoform disorder². Although there can be an association with psychiatric illness, that is not always the case; in both conditions, women may not have a history of psychiatric illness or may be suffering from major depression and/or active psychosis². The main differentiating factor between the 2 conditions is the presence of outward signs and symptoms of pregnancy in pseudocyesis and their absence in delusion of pregnancy, although some women with delusion of pregnancy may still have absence of menstruation and/or abdominal distension².

Interestingly, there is another similar condition that affects a large proportion of Haitian women called perdition (pedisyon), or “arrested pregnancy syndrome”³. In this condition, a woman is culturally thought to be carrying a child, but the normal progression of pregnancy is arrested³. Unlike in pseudocyesis, she does not exhibit the signs or symptoms of pregnancy³. The hallmark is the occurrence of menstrual blood in a women believed to be pregnant, in contrast to pseudocyesis where there is often absent menstruation. Perdition may persist for months or even years. It is present in approximately 1% of the Haitian population, more common in urban than rural areas³.

Perdition has long been associated with infertility. In Haiti, where the ability to bear children and become a mother is extremely important both socially and culturally, the condition may serve to protect infertile women from isolation and rejection. As having children is often the bond that unites a man and woman in commonwealth marriage,

perdition unites an infertile couple. It has also been used to explain the unexpected death of a Haitian woman due to hemorrhage, a tumor or other unknown cause⁴. Still others have suggested that in modern times, in the age of migration, perdition provides an explanation for the pregnancy of a woman who has been unfaithful while her husband is away working in the US or elsewhere, stating that she had a repressed pregnancy that is now progressing⁵.

Discussion: The case above was one of two similar presentations that I came across in the 70 or so women that I saw for gynecologic concerns. I was initially caught quite off-guard by these women's chief complaint and was unsure how to proceed. I wondered perhaps if my translator was interpreting incorrectly. In both women, I took little history and proceeded almost directly to a urine pregnancy test. When it returned negative, I discussed with my preceptor, who then reassured each woman that she was not pregnant and then moved on.

He diagnosed both women with pseudocyesis, which was a condition that I had not heard of until my time in Haiti. However, upon returning home and doing some further research, I believe these women had perdition rather than pseudocyesis, given that they reported continuing to have monthly periods and otherwise lacked the signs/symptoms of pregnancy. Both women had previous pregnancies although a much lower number than the 8-10 pregnancies many other women reported; this fits with reports that perdition is more frequently observed in women who bear fewer children.

Since both women we saw in Haiti were sent away without any work-up or treatment, I have since wondered what is the treatment for perdition? Is treatment even warranted given its potential role in protecting women from social isolation and rejection? Both of the women I saw presented to the clinic, so I presume they were seeking help or treatment, although it was difficult to truly grasp their goals and needs through a translator. There is little mentioned about treatment in the literature. Some Haitian women seek a cure through voodoo religion and folk healers³. Others are seen by a physician who diagnosis them with hemorrhage or a uterine tumor and thus proceed with surgical intervention, usually a D&C or hysterectomy, simultaneously healing them of their perdition. Alternatively, some physicians believe perdition to be an imaginary condition or psychosomatic condition, more in line with pseudocyesis or delusion of pregnancy⁶. In these cases, treatment options are limited given that mental health services are scarce in Haiti with only 10 psychiatrists in the public sector in 2003⁵.

Conclusion: Perdition is a unique condition affecting a large proportion, as many as 1%, of Haitian women and likely falls along a spectrum with the more well-known conditions of pseudocyesis and delusion of pregnancy. It has strong social and cultural roots and is often associated with infertility. Little is known about how to treat perdition and if treatment would even be beneficial if pursued. Further exploration of this topic with Haitian women including in-depth interviews to ascertain patient-centered goals of care would be beneficial in developing an approach this condition.

Resources:

1. Anvi-Barron O., Gupta R., and Miller, LJ. Pseudocyesis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed March 2, 2016.)
2. Seeman, MV. Pseudocyesis, delusional pregnancy, and psychosis: The birth of a delusion. *World J Clin Cases*. 2014 August 16; 2(8): 338–344. PMC. Web. 2 Mar 2016.
3. Coreil J., Barnes-Josiah DL., Augustin A., Cayemittes M. Arrested pregnancy syndrome in Haiti: Findings from a National Survey. *Medical Anthropology Quarterly*. 1996 September; 10(3): 424-436. JSTOR. Web. 2 Mar 2016.
4. WHO/PAHO. Culture and Mental Health in Haiti: A Literature Review. Geneva: WHO. 2010.
5. Richman, K. Male Migration, Female Perdition: Narratives of Economic and Reproductive Impotence in a Haitian Transnational Community. *Anthropologica*. 2012; 54(2): 189-197. JSTOR. Web. 2 Mar 2016.
6. Moise, K. Pedisyon: Haitian Myth or Medical Fact? *Woy Magazine*. 2015 May 12. *Woy Magazine*. Web. Accessed 2 Mar 2016.