

CASE REPORT**Pseudocyesis and Delusional Miscarriage in a Patient
with Breast and Ovarian Cancer**

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Abstract

A case is presented of a middle-aged lady whose initial presentation was pseudocyesis, which was terminated by delusional miscarriages. The belief of pseudocyesis was initiated by amenorrhea and abdominal distention, which could be caused by bilateral ovarian carcinoma, with consequent peritoneal infiltration and hence ascites, fueled by patient's thought disorder. This case supported the somatopsychic and psychosomatic hypothesis of pseudocyesis, in an already predisposed individual with psychodynamic difficulties. Clinicians should consider a delusional miscarriage state following pseudocyesis, recognizing the possible physiologic and psychological etiologies.

Keywords: Breast Cancer, Cancer, Delusional Miscarriage, Ovarian Cancer, Pregnancy, Pseudocyesis

Introduction

Pseudocyesis is a rare syndrome, whereby women who are not psychotic believe that they are pregnant, while demonstrating signs and symptoms of pregnancy [1]. It commonly involves women aged from 20 to 39 years old, living in a culture whereby childbearing is the fundamental role of women [2]. This case report elucidates pseudocyesis and consequent delusional miscarriages in a lady with breast and ovarian carcinoma. This case report describes the diagnosis and treatment of the patient; followed by discussion on plausible hypotheses behind her thought disorders.

Case Report

A 53-year-old lady with breast and ovarian carcinoma, which were diagnosed five months prior, was admitted electively into the gynecology ward for debulking surgery. She was referred to the psychiatric team, for assessment of her fitness to provide an informed consent. She reported being pregnant a year and two months prior, with last menstrual period a year and five months prior. She reported having a protuberant abdomen and urinary frequency.

The patient subsequently reported to have two miscarriages. She described the first

miscarriage was a year prior, presented as per vaginal bleeding with “a piece of flesh” coming out from her vagina, while performing exercises in the gym. She described the “piece of flesh” as having a head, a pair of tiny arms and feet, resembling a fetus. The second miscarriage occurred nine months prior, while in the bathroom at home, similarly, with “a piece of flesh” resembling the fetus coming out from her vagina. The patient reported that she did not seek any medical advices for the miscarriages.

The daughters reported a different history, which was confirmed by medical reports. The daughters apparently brought their mother to medical attention after the second “miscarriage”. Gynecological examination and ultrasonography revealed suspicious masses over bilateral ovaries and peritoneum, certainly not a gravid uterus nor miscarriages. The patient refused to undergo further investigations for the suspicious masses.

Medical History

According to her two daughters, the patient had been in good physical and emotional health prior to the current presentation. Her last childbirth was 25 years prior. Her medical history started five years prior, whereby she noticed there was a left breast lump, which grew to around three centimeters, within five years, ultimately causing ulceration and nipple discharges a year prior. The daughters reported that their mother refused to seek medical advices, because she was fearful that the lump would turn out cancerous.

Until five months prior, she developed urinary retention and was admitted into the gynecology unit. Computed tomography scan revealed infiltrating carcinoma over

bilateral ovaries and left breast. Ovarian carcinoma infiltrated the peritoneum, forming a mass and ascites, causing abdominal distention. Bone scan demonstrated metastases to the left anterior ribs and right acetabulum.

Family History

The patient had been living in a family with high expectations towards childbearing and offspring, particularly her late mother-in-law who passed away two years prior due to medical illness. Few months before passed away, her late mother-in-law had been pressuring the patient to fulfill her last wish to have two great-grandchildren of opposite sexes. To date, the patient was still feeling frustrated that such wish was imposed towards her.

The daughters reported that the patient had been enduring numerous difficulties throughout her life, related to the derogatory late mother-in-law and emotionally distant relationship with her husband. She had been an easily anxious person with tendency to catastrophize and ventilate to others, as her sole coping skill. She had been confiding to her two daughters and only younger sister. Her younger sister had no children yet with history of two miscarriages.

Mental State Examination

For the initial sessions, the patient exhibited delusion of miscarriages. She was fixated at describing the “piece of flesh”, resembling a fetus, which came out from her vagina months prior. When approached with discrepancies in her history, she justified the thought disorder in a systematized manner, that the cancer was due to remnant infection from incomplete miscarriages. When being challenged with evidences from imaging results, the patient became agitated and

upset. No other psychopathologies or cognitive deficits were identified.

Treatment

The patient received six cycles of chemotherapy after diagnosis of cancer. She responded positively to chemotherapy, with reduction of tumor sizes. She underwent debulking surgery during the current admission, with the consent from her eldest daughter. She underwent left mastectomy and axillary clearance; as well as total abdominal hysterectomy with bilateral salpingo-oophorectomy. No psychotropics were initiated for her.

After the surgery, the clinician explained to the patient regarding intra-operative findings, whereby there were multiple cancerous masses over the ovaries and peritoneum, certainly no signs of incomplete miscarriages nor infection. The clinician also acknowledged that the confusing signs and symptoms mimicking pregnancy; possible psychodynamic difficulties could mislead the patient to believe that she was pregnant. She eventually admitted that she probably had no recent pregnancy nor miscarriages. She accepted that she was having cancer. She started to look sad and lost about the future. She would figure out how to move on with the support from her family members.

Discussion

Numerous hypotheses had been proposed for pseudocyesis, such as somatopsychic and psychosomatic hypotheses. The somatopsychic hypothesis described that pseudocyesis was initiated by physiological changes, which lead to the false belief of pregnancy [3]. Pseudocyesis had been described in medical conditions which could lead to body changes, such as urinary

retention due to urinary tract infection [3] and cholecystitis [4]. Our patient experienced amenorrhea, abdominal distention and urinary frequency, which most probably related to her ovarian cancer and ascites, leading to pseudocyesis.

Understanding that our patient's belief of pregnancy could be due to somatopsychic manifestation, the treatment could aim at reducing the signs and symptoms which mimic pregnancy. A similar case was described by Wang [5] whereby laxatives were prescribed to reduce abdominal distention due to impacted feces. For our case, the debulking surgery could reduce abdominal distention, aiding in developing an insight towards her thought disorder. However, a sole intervention addressing signs and symptoms imitating pregnancy, is often insufficient.

The psychosomatic hypothesis suggests that pseudocyesis is initiated by psychological factors which produced signs and symptoms of pregnancy. The psychological factors include cultural expectations, familial pressure or intense personal desire for pregnancy. In these instances, pseudocyesis serves as a defense mechanism towards the challenging reality, often related to a loss [6]. Our case lives in a family background which valued childbearing heavily. She could have carried the familial expectation of childbearing with herself, including an unconscious drive to fulfill the last wish of her late mother-in-law. She also possibly internalized the expectation of childbearing, from her younger sister who had two miscarriages without children yet. These unconscious drives for childbearing could fuel the thought disorders in our case.

Furthermore, pseudocyesis could serve as a defense against her unconscious fear towards cancer. Cancer received profound

stigma [7], symbolizing a fatal disease which eliminates hope. She could have adopted defense mechanisms such as denial and somatization, finally pseudocyesis to guard against her unconscious feelings: loss of hope and life due to cancer. She exhibited probable symptoms of loss and grief, after accepting the diagnosis of cancer post-operatively. Instilling insight into her disorder, inherently stripped off her defenses, and exposed the patient to grief and loss, which are common difficulties faced by cancer patients [8]. Understanding the psychosomatic hypothesis, could aid in our management, by providing psychotherapy or counselling centered on grief and loss.

On the other hand, women with pseudocyesis tend to employ “face-saving” solutions such as “miscarriage” or “gone to Heaven”, once the fantasy of pregnancy is relinquished [9]. Our case harbored an incredibly systematized belief of miscarriages, more intense than the aforementioned “face-saving” solutions, possibly held as a defense to shield against her unconscious fear towards cancer. Hence, conveying the diagnosis to her, should be in a therapeutic manner rather than damaging. Disclosing the diagnosis empathetically can invite more acceptance of the diagnosis and discovery of unconscious conflicts.

In summary, our case demonstrated the necessity for clinicians to be wholistic and empathetic, by understanding the different hypotheses behind pseudocyesis, aiming to not only reduce signs and symptoms of pregnancy; but psychotherapy and counselling addressing the psychodynamic difficulties or losses, which are key interventions to pseudocyesis. Future studies could aim at reviewing the existing cases of pseudocyesis and their treatment. Albeit being rare, pseudocyesis remains as a

challenging condition and warrants further research.

Conflicts of interest

The authors declared no conflicts of interest for this case report.

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