

Case Report

Pseudocyesis or Delusion of Pregnancy- A Case Report

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ABSTRACT:

Patients presenting with a firm belief of pregnancy require careful evaluation to differentiate between psychiatric and medical conditions. Pseudocyesis is a rare psychopathological condition in which a non-pregnant woman develops physical signs and symptoms mimicking pregnancy, whereas delusion of pregnancy is characterized by a fixed false belief without accompanying physical features. Accurate diagnosis is essential to avoid mismanagement and unnecessary interventions. We report a case of a 32-year-old married woman presenting with amenorrhea, breast enlargement with galactorrhea, morning sickness, and perception of fetal movements. Comprehensive gynecological evaluation and laboratory investigations revealed no evidence of pregnancy. The patient eventually accepted the absence of pregnancy, confirming the diagnosis of pseudocyesis. Psychosocial stressors, including marital discord and fear of divorce, appeared to exacerbate her psychological state. This case highlights the importance of detailed history taking, clinical examination, and multidisciplinary evaluation in distinguishing pseudocyesis from delusion of pregnancy.

KEY WORDS: Pseudocyesis, Delusion of pregnancy, Psychosomatic disorder, Marital stress, Diagnosis

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INTRODUCTION:

Pseudocyesis is a rare psychiatric condition in which a woman who is not pregnant firmly believes herself to be pregnant and exhibits multiple physical and subjective features suggestive of pregnancy.^[1] In contrast, delusion of pregnancy refers to an unshakeable belief of being pregnant in the absence of physical signs and despite objective medical evidence disproving pregnancy.^[2] Accurate differentiation between these two conditions is crucial, as misdiagnosis may result in inappropriate treatment and prolonged psychological distress. The present case was identified in the psychiatric outpatient department

based on clinical features consistent with pseudocyesis.

CASE REPORT:

A 32-year-old married woman, a housewife and mother of two children, presented to the psychiatric outpatient department with concerns regarding a possible pregnancy. She belonged to a low socioeconomic background and was a devout Muslim. There was a significant family history of psychiatric illness, with psychosis reported in her mother and bipolar affective disorder in her elder sister. The patient had a past history of Acute Transient Psychotic Disorder (ATPD), which had resolved completely

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within 15 days following pharmacological treatment. The patient reported cessation of menstruation for the past five months, along with symptoms commonly associated with pregnancy, including morning sickness, breast enlargement with milky discharge, and perception of fetal movements. Despite these symptoms, a home urine pregnancy test was negative. At the time of presentation, she was residing with her parents following separation from her husband, who was planning to remarry and had expressed his intention to seek a divorce. These interpersonal conflicts were associated with significant psychological stress.

A comprehensive medical evaluation was undertaken, including gynecological consultation and relevant investigations. Clinical examination revealed no evidence of pregnancy. Abdominal ultrasonography showed no gestational sac. Laboratory investigations, including serum beta-human chorionic gonadotropin (β -hCG), serum prolactin levels, and thyroid function tests, were within normal limits. Following detailed explanation of the findings and supportive counseling, the patient accepted that she was not pregnant. Based on the presence of pregnancy-like physical symptoms in the absence of actual pregnancy and subsequent acceptance of reality, a diagnosis of pseudocyesis was made.

DISCUSSION:

Pseudocyesis represents a complex interplay of psychological vulnerability, social stressors, and biological influences. Factors such as marital discord, fear of abandonment, and sociocultural expectations related to fertility have been frequently associated with its onset. In contrast to delusion of pregnancy, pseudocyesis is characterized by the presence of physical manifestations resembling pregnancy.

In the present case, significant interpersonal stress arising from marital separation and the possibility of divorce appeared to act as precipitating factors, contributing to the intensity of symptoms.³ Psychological mechanisms underlying pseudocyesis often include an intense desire for or fear of pregnancy, accompanied by emotional distress.⁴ A prior psychiatric illness and positive family history may have further increased the patient's susceptibility.

The condition differs from delusion of pregnancy in that symptoms resembling pregnancy are present despite the absence of a fetus, and the patient ultimately acknowledges the absence of pregnancy. In delusion of pregnancy, the belief remains purely psychological and persists even in the absence of physical symptoms and in the face of clear

contradictory evidence.⁵ Early diagnosis and empathetic communication facilitated acceptance in this case, preventing unnecessary medical interventions.

CONCLUSION:

This case highlights that pregnancy-like symptoms do not invariably indicate true pregnancy or a delusional disorder. Thorough history taking, detailed clinical assessment, and appropriate investigations are essential to distinguish pseudocyesis from delusion of pregnancy. Addressing psychosocial stressors and providing timely psychiatric intervention can lead to favorable clinical outcomes.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s)/guardian has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients/guardian understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of Interest

There are no conflicts of interest.

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