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## Pseudocyesis - where is my fetus? A case report of false pregnancy

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### Abstract

A 32-year-old housewife, married, single child to her parents, studied till Bachelor in commerce, hailing from a nuclear family, with well-adjusted premorbid personality, with significant family history of loss of both parents in her early life and being raised by her maternal aunt, with history of multiple failed attempts to conceive naturally and a failed IVF, consulted us following the resolution of her false belief regarding her pregnancy, seeking medication and counselling.

Patient had probable signs of pregnancy including enlarged abdomen, weight gain, morning sickness and apparent fetal movements for 12 months with GPE and systemic examinations revealing no absolute signs of pregnancy. And MSE revealing falsely harboured thoughts of having been pregnant during the last 12-13 months which resolved after crossing the expected gestation period. In this case, the patient had introjected the repeated failed attempts to conceive naturally and loss of loved object (namely, her birth father and mother) into her false belief. This patient is unique in having features of both delusion of pregnancy and pseudocyesis as she didn't have some of the symptoms seen in typical pseudocyesis, like presence of regular menstrual cycles.

**Keywords:** Pseudocyesis, false pregnancy, delusion of pregnancy

### Introduction

Pseudocyesis (Phantom pregnancy) is a rare clinical syndrome in which a nonpregnant woman manifests with a strong conviction of being pregnant with the signs and symptoms that mimic the pregnancy. The word Pseudocyesis in greek translates into pseudṓs, false + kyçsis, meaning pregnancy. Here, patient has all signs and symptoms of pregnancy except for the confirmation of the presence of a fetus <sup>[1]</sup>.

Pseudocyesis is a rare disorder that affects all ethnic, racial, and socioeconomic groups. It occurs more commonly in countries that place heavy emphasis on fertility and childbearing like India & African countries compared to the west with incidence of only 1-6 times per 22000 births. The incidence has fallen in last fifty years, probably due to number of socio-cultural and medical factors <sup>[2]</sup>.

**Etiology:** Multiple Psychological, socio-cultural and endocrine factors appear to interact with each other causing compromising effect between mind and body and thereby leading to faulty thoughts of pregnancy <sup>[1]</sup>.

The most common factors are recent pregnancy loss, infertility, loss of child, loss of love, loss of a loved object, or loss of fertility, social isolation, poverty, and sometimes membership in a cultural or religious group that focuses on childbearing as a central role of woman play a role in development of Pseudocyesis <sup>[3]</sup>.

**Signs and symptoms:** Patient has almost all signs and symptoms of a true pregnancy like abdominal distention, enlargement of the breasts, enhanced pigmentation, cessation of menses, morning sickness and vomiting, typical lordotic posture on walking, inverted umbilicus, increased appetite, and weight gain <sup>[2, 3]</sup>. However, on radiological imaging there is absence of any fetus.

Modern classifications Diagnostic and Statistical Manual of Mental Disorders V-TR and International Classification of Diseases, Tenth Edition categorize pseudocyesis into somatoform disorders <sup>[4]</sup>.

Hereby, we report a case of pseudocyesis who presented to our OPD following the completion of 12 months of perceived pregnancy. This patient is unique in having features of both delusion of pregnancy and pseudocyesis as she didn't have some of the symptoms seen in typical pseudocyesis, like presence of regular menstrual cycles.

### Case report

A 32-year-old female, married housewife, who is a single child to her parents, studied till Bachelor in commerce, hailing from a nuclear family currently staying with her husband, with well-adjusted premorbid personality, with significant family history of loss of both parents, losing her father 3 months prior to her birth due to road traffic accident and her mother 3 days after birth due to postpartum complication. Her grandmother took care of her for the initial 2 years following her parent's demise and later was raised by the maternal aunt.

Patient was brought to our OPD by her brother and aunt following the resolution of her false belief regarding her pregnancy. Patient had harboured thoughts of pregnancy in the last 12 months despite repeated negative UPTs and negative findings in ultra sound scans. However, patient had symptoms of enlarging abdomen with weight gain and morning sickness for more than 11 months.

Patient is married for ten years and has been unable to conceive naturally. She sought help from fertility clinics but was unable to conceive through IVF procedures. Following which she started believing in magico-religious ways of conceiving. She started following the advice of a Guru who directed her to a Devi temple in Wadval, Maharashtra in November 2020, where she was assured with a child. She visited the temple frequently from then on. She was made to sit on a sacred weight scaling device wherein she felt some special "energy surging vibration" in her gut, upon which she was told that her child was soon to be borne in her womb.

During the interview, she revealed a well-systematized delusion of pregnancy she had, wherein she thought she carried a baby in her abdomen for the last 12 months. She felt movement of the fetus by march 2021, and she was convinced that those were quickening movements of the baby. These perceived movements were more frequent when she was hungry and also after a full meal. She gained about 9 kgs of weight in the span of last 7-8 months as per her ANC records. During the initial 3 months she also had regular menstrual cycles to which she was told by the Guru that she has lost one baby however a new one has been blessed to her, which was affirmed by other devotees of the same temple worshippers that even they had regular cycles but they were blessed with a baby. Thereby her magico-religious belief was reinforced by the stories of other devotees; thus patient went on to believe that she was pregnant. She kept on to this thought and insisted to get admitted to hospital and get a LSCS done by the end of the

9<sup>th</sup> month of perceived pregnancy. However, the family members were not convinced with her belief and believed in scans and doctor's advice and wanted to consult a psychiatrist at that time for which patient refused. The family members and the doctor convinced her that there is no baby in the womb. But she continued to harbour the false belief until after 12 months of perceived pregnancy. Following which she was convinced that a human pregnancy cannot go beyond 10 months and she was not pregnant.

Her general examination didn't reveal presence of stria gravidarum, linea nigra, inverted umbilicus and clinical systemic examination was within normal limits. Her mental status examination revealed following findings. She was cooperative, unguarded, communicative with normal psychomotor activity. Eye-to-eye contact was initiated and maintained throughout the interview, and rapport was established with ease. Her speech was normal in tone and volume with normal reaction time and her affect was euthymic and congruent to her thought process. Thought content did not reveal any delusions and no perceptual abnormalities noted. She told, she had falsely harboured thoughts of having been pregnant during the last 12-13 months. Higher mental functions were within normal limits and insight was present.

### Discussion

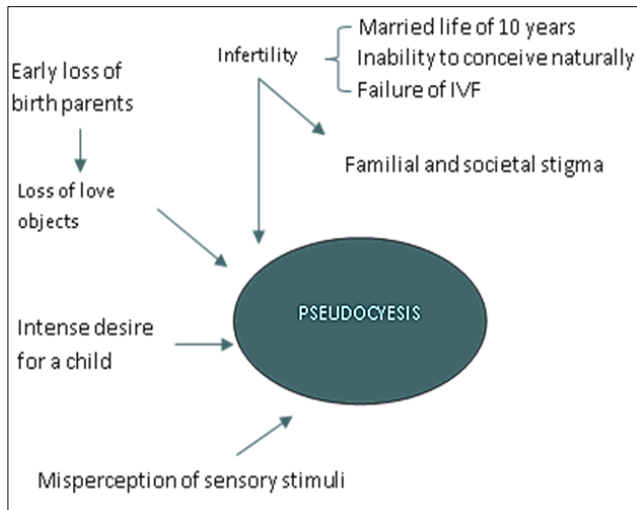
In this case, the patient had introjected the repeated failed attempts to conceive naturally and loss of love object (namely, her birth father and mother) into her false belief. The case highlights the possibility of delusion of pregnancy with the features suggestive of pseudocyesis.

The infertility was attributed to the patient. The family of the husband was disappointed and mistreated since she was unable to conceive. Despite the fact that they have no superstitious belief except regular praying, they went for help with magico-religious models for their pregnancy.

Initially, her spouse was sceptical about her pregnancy. However, as her body changed in terms of weight gain, increased abdominal girth, increased neck circumference he began to believe and even felt foetal movements on palpation. They came from a family with good educational background and socio-economic status. But that didn't stop them from believing she was pregnant in this manner.

After believing she was pregnant, the patient felt relieved, she felt a surge of positive energy within her. Her spouse and his family began to treat her with respect. In the face of the patient's severe insecurity, the delusion's defensive and restitutive role is clear. She had regular menstrual cycles despite the fact that amenorrhea is a common symptom of pseudocyesis [2] Despite this, she believed herself to be pregnant.

A schematic representation representing the factors and their interaction which led to the belief of a false pregnancy as follows.



### Conclusion

- Although it is rare, pseudocyesis is a serious emotional and psychological condition. With the rise in infertility rates and the use of IVF, the incidence of pseudocyesis might increase.
- Psychological factors like loss of loved ones, failed attempts to get conceive tricks the body into believing that it's pregnant.
- Understanding the emotional needs of women in childbearing age group & providing psychoeducation goes a long way in addressing their emotional wellbeing.

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