Unexplained Destructive Nasal Lesions in Half-Brothers: A Possible Case of Munchausen Syndrome by Proxy

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Objectives
- Review published cases of MSBP in the pediatric head and neck
- Explore recommendations for diagnosis and management of MSBP

Study Design and Methods
Case report with review of relevant literature.

The patient’s hospital and clinical records were reviewed and summarized, along with a review of the current literature.

Introduction
Munchausen syndrome by proxy (MSBP) is a condition where a caregiver knowingly fabricates or inflicts illness on another for their own gain. This practice can result in significant harm or even death to the victim. Children are a vulnerable population when it comes to MSBP. We describe the current literature and current recommendations for handling this complex issue and present two cases of MSBP.

Case Presentation
An 8 month old boy initially presented to our clinic for evaluation of a destructive, bleeding nasal lesion in 2011. Mother reported a 4 month history of an ulcerating, bleeding lesion along his nasal alar. The child did not represent for 6 months, when his symptoms returned with a new destructive lesion along his right ala. At this time an extensive work-up was begun with CT imaging, tissue biopsy, ANA, ACE, ESR, PRP, PPD, and consults to infectious disease and rheumatology. The work-up did not reveal any underlying pathology. The issue of MSBP was delicately investigated at this point, which was met with denial and anger by family.

Patient continued to follow up at regular intervals, with a story of the wound improving then the child having some sort of trauma and re-irritation to the wound just prior to an office visit. In 2013, a year and a half after initial presentation, the patient’s 11 month old younger half-brother presented with the same unexplainable symptomology. Over the next 4 months, the child was seen monthly with mild improvement of his symptoms. The child was then brought to the OR for endoscopy and cautery of prominent vessels along the septum. The child did not represent for 6 months, when they presented with a similar story and with a new destructive lesion along his right ala.

MSBP in the Literature

<table>
<thead>
<tr>
<th>Patient</th>
<th>Pathology/Adverse Event</th>
<th>Mechanism of Injury</th>
<th>Perpetrator</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 year old female</td>
<td>External auricular trauma</td>
<td>Introduction of houseflies into the ear</td>
<td>Mother</td>
<td>Sethi</td>
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<tr>
<td>18 month old female</td>
<td>Mechanical trauma to ear canals and tympanic membranes</td>
<td>Unknown</td>
<td>Mother</td>
<td>Griffiths</td>
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<tr>
<td>11 month old female</td>
<td>Hemorrhagic otitis media</td>
<td>Suggestive warfare administration</td>
<td>Mother</td>
<td>White</td>
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<tr>
<td>3 year old male</td>
<td>Mechanical trauma to external meatus</td>
<td>Unknown</td>
<td>Mother</td>
<td>Zohar</td>
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<tr>
<td>4 month old male</td>
<td>Extrinsic auricular trauma</td>
<td>Introduction of chalk into the ear</td>
<td>Father</td>
<td>Zohar</td>
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<tr>
<td>5 week old female</td>
<td>Bilateral auricular hematomas</td>
<td>Mechanical trauma to ear canals</td>
<td>Mother, Father</td>
<td>Manning</td>
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<tr>
<td>2 year old male</td>
<td>Perforation of tympanic membranes</td>
<td>Unknown</td>
<td>Mother</td>
<td>Manning</td>
</tr>
<tr>
<td>3 year old female</td>
<td>Destruction of nasal septum</td>
<td>Repeated “cleaning” with baby pin</td>
<td>Mother</td>
<td>Orton</td>
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<tr>
<td>14 year old female</td>
<td>11 unnecessary sinus surgeries</td>
<td>Falsified history of CVID</td>
<td>Mother</td>
<td>Awadallah</td>
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<td>2 year old female, 6 year old male</td>
<td>Oral ulcers and esophageal burns</td>
<td>Forced sodium hydroxide ingestion</td>
<td>Mother</td>
<td>Tamay</td>
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<tr>
<td>3 year old female</td>
<td>Persistent CSF otitis media</td>
<td>Introduction of CSF soaked dressing into the ear canal</td>
<td>Mother</td>
<td>Mra</td>
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<tr>
<td>21 month old female</td>
<td>Upper airway obstruction</td>
<td>Forced balloon swallowing</td>
<td>Father</td>
<td>Milroy</td>
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<tr>
<td>18 month old female</td>
<td>Unnecessary hyposensitization and adenoidectomy</td>
<td>Falsified history of refractory allergic symptoms</td>
<td>Mother</td>
<td>Guandalo</td>
</tr>
<tr>
<td>3 year old male</td>
<td>Postoperative sepsis after otologic surgery</td>
<td>Injection of fecalant material into IV lines</td>
<td>Mother</td>
<td>DiBase</td>
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Figure 1. Images of both children’s destructive nasal lesions. Images 1-4, first child’s nose showing relapsing destructive lesion. Image 4 taken when child admitted to the hospital. Images 5 and 6, after removal from family. Images 7-10, second child’s lesion with image 10 taken at time of admission to hospital. Images 11 and 12 after removal from family, showing resolution and improvement.

Discussion and Conclusions
Up to 83.3% of MSBP cases detected by otolaryngologists involve the ears. Though other cases involving the pediatric head and neck have been reported, descriptions of MSBP involving the nose are rare. The cases presented here offer an example of MSBP involving destructive nasal lesions, and are particularly unique due to the impact of family history in diagnosis—the appearance of identical pathology in the patient’s younger half-brother further complicated the differential diagnosis and raised suspicion for MSBP. MSBP should be considered in the differential diagnosis when a thorough and appropriate work-up of unusual symptomatology in a vulnerable patient fails to reveal a definite cause. Appropriate suspicion for MSBP can avoid significant burden to the healthcare system and more importantly, avoid harm to the patient.

References


