

SUSPECTED MUNCHAUSEN BY PROXY IN A CHILD WITH MEDICAL COMPLEXITY

Morgan Dailey, PA-C, MPAP, MSPH, Grace Ayala, PA-C, MPAP, MSPH, James Hampson, PA-C, MPAP, MSPH Ian Ward, PA-C, DHSC Campbell University, College of Pharmacy and Health Sciences, Physician Assistant Program, Bures Creek, NC

INTRODUCTION:

Medical Child Abuse (MCA), also known as Munchausen Syndrome by Proxy (DSM IV) and Factitious Disorder Imposed on Another (DSM V), is child maltreatment that occurs when caregivers fabricate an illness by imagining, exaggerating, or inducing symptoms in their child.¹ Offenders are most commonly mothers.² Failure-to-thrive (FTT) and anorexia are the most common fabricated symptoms.³ Children with medical complexity (CMC), defined as children with chronic medical conditions often involving multiple organ systems, are at increased risk for MCA.⁴ Detecting MCA in a CMC is difficult, because red flags for MCA are often intrinsic to CMC diagnoses.¹

CASE DESCRIPTION:

CF, 5-year-old female, is a CMC followed by several specialty services. She was born 24-weeks gestation with twin-twin transfusion syndrome. History is significant for atrial septal defect (ASD), FTT, bronchopulmonary dysplasia (BPD), asthma, gastroesophageal reflux disease (GERD), retinopathy of prematurity (ROP), juvenile idiopathic arthritis (JIA), and absence seizures.

Patient's mother lost custody May 2019 following legal investigation of patient's medical records. Since March 2018, patient's mother has been in drug rehabilitation, leaving custody to her father. After mother's custody loss, family members reported concerns for MCA perpetrated by mother.

Reported Medical Encounters 2015-2019

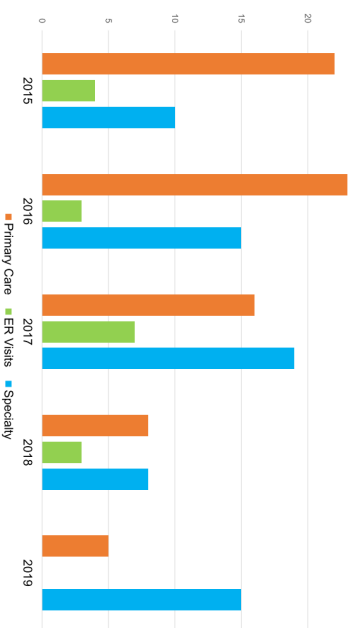


Figure 1: Trend of patient's medical visits from 2015-2019, showing a decrease in overall visits. Specialty visits remain high in 2019 because patient has been diagnosed with more conditions as she has aged.

OUTCOME AND FOLLOW-UP:

MCA diagnosis is supported by the mother's healthcare experience and patient's numerous health improvements since separation from her mother. **Patient has been weaned to nighttime only G-Tube feedings, started solid foods, discontinued an asthma and GERD medication, and is now speaking in sentences.** Frequency of sick and emergency visits has declined.

Growth from 9mo to 5yo

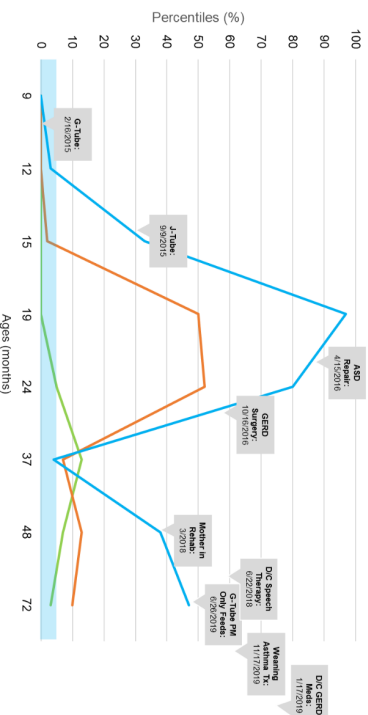


Figure 2: Comparison of patient's growth percentiles of length, weight, and weight-by-length measured at primary care appointments, beginning at 9mo to current age of 5yo.

Children with Medical Complexity and Medical Child Abuse

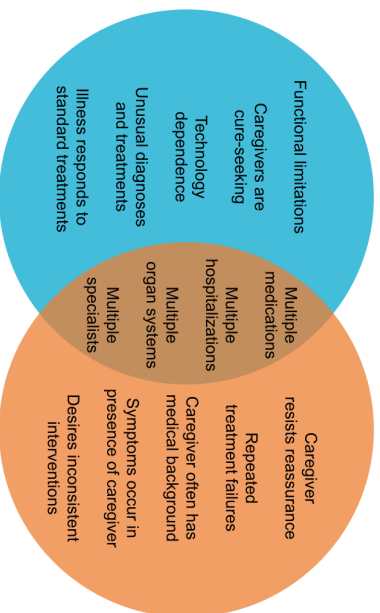


Figure 3: Significant overlaps exist among children with medical complexity and medical child abuse, which can make clinical judgment difficult. Adapted from "The Intersection of Medical Child Abuse and Medical Complexity."

DISCUSSION:

- Fathers of children affected by MCA are often unaware and have assumed a "bread-winner role," leaving most of the care to offending mother.⁶
- Offenders often have some health care experience or extensive exposure.¹
- Difficult to prove improvement in child's condition due to separation from caregiver or due to resolution of underlying medical problems.¹
- Significant overlap exists between presentation of MCA and over-medicalization.^{1,4} Over-medicalization is the excessive request and use of medical services but does not threaten harm.⁴
- New FTT validated tool to detect MCA.³
- Must have high index of suspicion, especially if inexplicable findings or treatment failures.^{1,2,4}
- 4 pillars of medical ethics: respect for autonomy (difficult in pediatrics), beneficence, non-maleficence, and justice.⁴

CONCLUSION:

Difficulty diagnosing MCA is due to significant overlap between symptom presentation and over-medicalization, especially in CMC.^{1,4} Patient improvement might be due to separation or resolution of the underlying medical condition. Healthcare providers must have a high index-of-suspicion for inexplicable findings or treatment failures.⁵

REFERENCES:

1. Peltka, H. W., Gordon, J. B., Jablonski, D., & Sheets, L. K. (2017). The Intersection of Medical Child Abuse and Medical Complexity. *Pediatric Clinics of North America*, 253-264.
2. Faherty, E. G., & MacMillan, H. L. (2013). Caregiver-Fabricated Illness in a Child: A Manifestation of Child Maltreatment. *Pediatrics*, 590-597.
3. Mash, C., Frazier, T., Nowacki, A., Worley, S., & Goldfarb, J. (2011). Development of a Risk-Stratification tool for Medical Child Abuse in Failure to Thrive. *Pediatrics*, 1467-1473.
4. Mary, C., Alvey, J. C., Mann, K., & Murphy, N. A. (2019). Addressing Over-Medicalization in Children with Medical Complexity. *Current Physical Medicine and Rehabilitation Reports*, 6-10.
5. Siring Jr., J. (2007). Beyond Munchausen Syndrome by Proxy: Identification and Treatment of Child Abuse in a Medical Setting. *Pediatrics*, 1026-1030.
6. Anderson, A. P., Feldman, M. D., Byers, J. (2018). Munchausen by Proxy: A Qualitative Investigation into Online Perceptions of Medical Child Abuse. *Journal of Forensic Sciences*, 771-775.

ACKNOWLEDGMENTS:

Thank you to Dr. Ana Hodges and Claire Simmons-Valenzuela of Legacy Pediatrics for their assistance and support.