Short Communication
Volume 12:2, 2022

Journal of Nephrology & Therapeutics

ISSN: 2167-1222 Open Access

Pediatric Nephrology and Munchausen Syndrome

Amy Omar*

Institute for Biomedical Ethics and History of Medicine, University of Zurich, Zurich, Switzerland

Short Communication

Munchausen syndrome via proxy is the creation of disease by one person for the benefit of another. Renal and urologic manifestations of Munchausen-by-proxy syndrome are not as uncommon as one might think; a survey of all Munchausen-by-proxy cases revealed that 25% of the children had renal or urologic problems. This syndrome can present clinicians with a difficult diagnostic conundrum; yet, understanding this entity can aid in early detection of falsification and reduce the victim's bodily and psychological harm. We analysed the Munchausen syndrome cases in paediatric nephrology by proxy in this study, classifying them according to the main indicators of presentation.

Munchhausen syndrome by proxy (MSBP) is a pattern of conduct in which a caretaker fabricates, exaggerates, or produces mental or physical problems in someone in his or her care in order to attract the attention of medical professionals and others. Typical victims are males or females, usually under the age of four, and the average time from onset of symptoms to diagnosis is 8 months; mothers are perpetrators in three out of four cases. Meadow originally characterised this syndrome in 1977, when he documented two infants who were treated for medical sickness caused by their mother, one of them died. Since then, there have been an increasing number of cases and variations of this illness described [1].

Fabrications can involve any organ system or disease process, and can include wholly fake histories, historical exaggeration of real sickness, produced signs or symptoms or illness induction, and tampering with specimens. Because of the falsification, children who are victims of this type of abuse are subjected to invasive diagnostic and surgical treatments, and they may acquire iatrogenic issues as well as behavioural disorders as a result of their abuse. Children may act unwell, working with or inventing deceptions: They may work with their caretakers to create illness by altering samples or simulating symptoms [2]. Furthermore, cases of juvenile Munchausen syndrome without proxy are described, in which minors cause disease without the assistance of adults.

Early discovery or suspicion of this illness can reduce the number of unneeded diagnostic procedures undertaken and may even save a patient's life. Between 1974 and 2006, 25% of the children included had renal or urologic issues, according to a database developed in 1995 for all MSBP cases [3]. Urinary tract infections (UTIs), hematuria, and urolithiasis are the most common nephrologic indicators of presentation; however proteinuria, acute renal failure, and electrolytic abnormalities have also been described. Blood or other coloured substances can be used to contaminate urine samples, resulting in fictitious hematuria . There are no additional renal abnormalities found in the laboratory, and random urinalyses acquired by medical staff members are normally negative for the presence of red blood cells [4]. Blood from the patient can contaminate the samples: Abrol et al. reported a case of a 10-year-old child with factitious severe hematuria caused by self-induced finger sticks [5]. Blood in urine can also be caused by urethral manipulations or external genital trauma: a 10-year-old girl with recurring gross hematuria had two cystoscopies, which indicated edoema of the bladder neck. Self-inflicted urethral damage caused the hematuria [6].

Tojo et al. documented the example of a 16-year-old girl who had proteinuria and was able to generate it using egg proteins. The urine protein electrophoresis revealed two anomalous fractions at the alpha and beta globulins, and immunoelectrophoresis confirmed that these abnormal proteins were not derived from human serum proteins, but were egg proteins injected into the girl's bladder [7].

Absolute de la Gastine reported on an 8-year-old kid who had a positive anamnesis for urinary stones; despite the fact that he claimed to have passed numerous stones, the doctors were dubious because he had no renal colic, haematuria, or urinary tract dilatation. Chemical investigation, which revealed that the samples were regular pebbles, and the child's confession helped to corroborate the diagnosis of Munchausen syndrome. Other materials, such as wall plaster or an insect mix, have been utilised in the past.

Conclusion

Physicians should consider MSBP as a possible diagnosis if there is evidence of recurrent illnesses without a defined cause, if there are discrepancies between biochemical findings and clinical conditions, and if there is a caregiver who does not object or repent painful interventions in the child, especially if he or she has previous medical experience, according to Rosenberg. To ensure that rare illnesses are not ignored, these cases should be evaluated by a multidisciplinary team. While it may be difficult to comprehend the abuser's motivation, analyses of documented cases show a definite desire for the perpetrator to use the child as a means of attracting the attention of doctors and other professionals. Once a child has been diagnosed, the child's safety must be prioritised [1-7].

References

1. Meadow, Roy. "Munchausen syndrome by proxy the hinterland of child abuse." *The Lancet* 8033 (1977): 343-345.
2. Rosenberg, Donna A. "Web of deceit: A literature review of Munchausen syndrome by proxy." *Child Abuse Negl* 11 (1987): 547-563.
3. McGuire, Tona L., and Kenneth W. Feldman. "Psychologic morbidity of children subjected to Munchausen syndrome by proxy." *Pediatrics* 83 (1989): 289-292.
4. Feldman, Kenneth W., Marc D. Feldman, Richard Grady, and Mark W. Burns, et al. "Renal and urologic manifestations of pediatric condition falsification/ Munchausen by proxy." *Pediatric Nephrol* 22 (2007): 849-856.
5. Abrol, Rajeshwar P., Amy Heck, Louis Gleckel, and Fred Rosner. "Self-induced hematuria." *J Natl Med Assoc* 82 (1990): 127.
6. Rinaldi, Stefano, Luca Dello Strologo, Francesco Montecchi, and Gianfranco Rizzoni. "Relapsing gross haematuria in Münchausen syndrome." *Pediatric Nephrol* 7 (1993): 202-203.
7. Tojo A., S. Nanba, K. Kimura and Y. Hirata, et al. "Factitious proteinuria in a young girl." *Clinical Nephrol* 33 (1990): 299-302.

***Address for Correspondence:** Amy Omar, Institute for Biomedical Ethics and History of Medicine, University of Zurich, Zurich, Switzerland; E-mail: amy.omar@behm.edu*

Received 01 February, 2022, Manuscript No. JNT-22-55603; **Editor Assigned:** 03 February, 2022, PreQC No. P-55603; **Reviewed:** 14 February, 2022, QC No. Q-55603; **Revised:** 19 February, 2022, Manuscript No.R-55603; **Published:** 25 February, 2022, DOI: 10.4172/2161-0959.1000379

How to cite this article: Omar, Amy. "Pediatric Nephrology and Munchausen Syndrome." J Nephrol Ther 12 (2022): 379.