

# Pediatric Nephrology: An Opinion Article

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## Introduction

Munchausen 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].

## Description

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. 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.

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

According to Rosenberg, physicians should consider MSBP as a possible diagnosis if there is evidence of recurrent illnesses without a clear cause, if there are discrepancies between biochemical findings and clinical conditions, and if there is a caregiver who does not object to or regret painful interventions in the child. Rare illnesses should be evaluated by a multidisciplinary team to ensure that they are not overlooked. While the abuser's purpose may be difficult to grasp, documented cases demonstrate a clear aim for the offender to utilise the kid to attract the attention of doctors and other professionals. The safety of a child must be prioritised once he or she has been diagnosed.

## Acknowledgements

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## Conflict of Interest

There are no conflicts of interest by author.

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