AN IMMACULATE CONCEPTION
THE DIFFERENTIAL DIAGNOSIS OF A DELUSION OF PREGNANCY

Sara Dehanov¹, Tiago Ferreira¹, José Ramos¹, Nuno Borja Santos¹, Teresa Maia¹
¹ Psychiatry Department, Hospital Prof. Doutor Fernando Fonseca, Amadora, Portugal

19TH WPA WORLD
CONGRESS OF PSYCHIATRY
LISBON, 21-24 AUGUST, 2019

INTRODUCTION

- **Delusion of pregnancy (DP)** is a false belief of being pregnant, which is held with unwavering conviction despite evidence to the contrary
- DP has been described in **both men and women**, although being more common amongst females
- This symptom is **not nosologically specific** and can present as a part of another disorder or isolated
 - ✓ It has been described in: schizophrenia, bipolar disorder, depression, paraphrenia, epilepsy, dementia, other organic disorders
 - ✓ When present independently, PD is described as a somatic type of delusional disorder according to DSM-5
- PD is a **heterogeneous phenomenon**, with biological and psychological factors being implicated
- It is important to **differentiate** PD from **other disorders** such as pseudocyesis, simulated pregnancy, pseudopregnancy, Couvade syndrome

CASE REPORT

40-year old woman
Born and raised in São Tomé and Príncipe (STP)
Married (husband lives in STP)
Two children: 15 a 17-year olds
Came to Portugal (PT) in 2014
In PT worked as a babysitter
No personal or family psychiatric history

- Since July 2015...
 - ✓ Emergency room (ER) visits due to nonspecific complaints of asthenia and fever
 - ✓ From December 2015, more ER visits for **complaints of metrorrhagia and conviction of pregnancy** - Laboratory analysis and ultrasound only document uterine fibroids
 - ✓ Maintenance of **conviction of pregnancy despite ultrasound and analysis** results
- Psychiatry's cooperation was asked:
- ✓ Delusion of pregnancy, auditory hallucinations which the patient believed were God's words telling her she was pregnant with two babies coming from the Holy Spirit.
 - ✓ Admission to inpatient psychiatric unit

Psychiatric inpatient unit (29-02-2016 to 15-07-2016)

- ✓ Mainly **calm** and collaborative, **mostly euthymic**, but with the development of an **exalted mood** and excitement when questioned about the ideas of pregnancy. Evidence of **auditory hallucinations** and **visual pseudohallucinations**
 - ✓ **No** evidence of **disorder of thought or functional deterioration**, with **preserved personality**
 - ✓ Normal cranioencephalic MRI and laboratory tests
- Medication:
 - Olanzapine 20 mg/day → 30mg/day with no response
 - Switch to risperidone titrated to 8mg/day with no response
 - Switch to **clozapine** titrated to 300mg/day (serum level 365ng/ml)
 - Since there was a scarce response, with therapeutic plasma levels, **pimozide** was introduced as a co-therapy and titrated to 8mg/day with gradual improvement

At discharge (almost 5 months after admission), the patient maintained an encapsulated delusion of pregnancy, with reduced dynamic and without insight. The main **diagnostic hypothesis** were: **schizophrenia, delusional disorder** and **paraphrenia**

DISCUSSION AND CONCLUSIONS

When it comes to **psychiatric diagnosis**, a systematic review by Bera S.C. *et al* (2015) pointed that the most common diagnosis associated with DP were **schizophrenia (35,7%), bipolar disorders (16,7%) and depression (9,5%)**.

In our case report, the diagnostic hypothesis were:

Schizophrenia	Delusional Disorder	Paraphrenia
✓ It's the nosological entity most related to DP	✓ Monothematic delusion, somatic type	✓ Kraepelin: several commonalities with dementia praecox (schizophrenia), but without the same impact on affect and volition, and with conservation of psychic life and personality
✓ The case meets criteria A and B of DSM-5	✓ No disorder of thought or personality changes	✓ <i>Paraphrenia expansiva</i> : megalomaniac ideation, which can take the form of religious ideas of exaltation. Appearance of early hallucinations of the oneiric type. Mostly females, aged between 30-50 years
✓ Some explanations given by the patient for the DP were bizarre	✓ Preserved affect	✓
✗ No disorder of thought or personality changes	✗ Meets criteria A of DSM-5 for schizophrenia	✗ Not conceptualized in DSM-5
✗ Preserved affect		

Many **psychological explanations** have been proposed for the emergence of DP: cognitive misinterpretation of bodily sensations and physical changes, poor reality testing and wish-fulfilment, an attempt to recapture the lost love object, sustainment of cultural beliefs, among others.

This case shows the difficulty of finding a specific diagnosis from a symptom potentially present in multiple disorders. In face of the different diagnostic hypothesis, it is important to remind that Kraepelin himself said the diagnostic delimitation is sometimes difficult at the beginning, being necessary to wait for the clinical evolution

REFERENCES

1) Seeman M. V. (2014). Pseudocyesis, delusional pregnancy, and psychosis: The birth of a delusion. *World journal of clinical cases*, 2(8), 338–344; 2) Yadav, T., Balhara, Y. P., & Kataria, D. K. (2012). Pseudocyesis Versus Delusion of Pregnancy: Differential Diagnoses to be Kept in Mind. *Indian journal of psychological medicine*, 34(1), 82–84; 3) Bera, S. C., & Sarkar, S. (2015). Delusion of pregnancy: a systematic review of 84 cases in the literature. *Indian journal of psychological medicine*, 37(2), 131–137; 4) Kornischka, J., & Schneider, F. (2003). Delusion of Pregnancy. *Psychopathology*, 36(5), 276-278. 5) Santos, N. B. (2007). O conceito de parafrenia e a sua atualidade. *Psilogos*, 4(1), 44-55