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FACTITIOUS DISORDER PRESENTING WITH RECURRENT VAGINAL BLEEDING AND SELF-INFLICTED INJURY: A CASE REPORT

Mehmet Akıf Kılıc, Yasemin Gorgulu

Department of Psychiatry, Faculty of Medicine, Trakya University Training and Research Hospital, Edirne, Türkiye

OBJECTIVE: Factitious disorder is a psychiatric condition characterized by the intentional production of physical symptoms without external incentives. Diagnosis is challenging, often resulting in repeated hospitalizations, unnecessary invasive procedures, and high healthcare utilization. In obstetrics and gynecology, recurrent vaginal bleeding without an identifiable organic cause represents a critical differential diagnosis. This case report presents the diagnostic process of a patient with recurrent vaginal bleeding and direct observation of self-harming behavior.

CASE: (The patient consent must be provided and specified with appropriate terms). A 31-year-old mother of two, with no psychiatric history, presented to multiple facilities over three years for recurrent vaginal bleeding. She was hospitalized in a gynecology department following an unplanned pregnancy; however, the bleeding was determined not to be pregnancy-related. Vaginal examinations revealed various bleeding sites occurring at different times, leading to repeated surgical interventions.

On the planned discharge day, bleeding recurred, and curettage was performed due to a hemoglobin level of 6.5g/dL. Post-procedure, the patient failed to respond to verbal stimuli. Neurological evaluation revealed no organic pathology, and a psychiatric consultation was requested for suspected conversion disorder. Mental status examination revealed only a depressed mood.

On the sixthday post-curettage, new bleeding areas appeared at sites inconsistent with obstetric interventions. Further history revealed long-standing admissions for vaginal bleeding and repeated presentations of her three-year-old child with unexplained penile bleeding. During clinical observation, the patient was caught injuring her vaginal area with a knife. Following gynecological treatment, she was transferred to the psychiatry ward with a diagnosis of factitious disorder. Paroxetine and diazepam were initiated.

Although no bleeding occurred during the first three days of psychiatric hospitalization, subsequent self-injury resulted in renewed bleeding, requiring a transfusion of two units of packed red blood cells.

DISCUSSION: This case highlights the importance of considering factitious disorder in patients presenting with recurrent unexplained vaginal bleeding and repeated invasive procedures. Written informed consent was obtained from the patient.

Keywords: Factitious disorder, unexplained vaginal bleeding, self-injurious behavior, recurrent hospital admissions, hospital shopping