

A 39-year-old man with schizophrenia and tuberous sclerosis with a delusion of being a pregnant woman—A case report

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Key Clinical Message

We present a case of a married man, known case of schizophrenia and tuberous sclerosis, who presented with delusion of pregnancy along with other psychotic symptoms. This type of delusion can be attributed to wish fulfillment as the patient has been married for seven years without being able to conceive.

KEYWORDS

delusion of pregnancy, schizophrenia, tuberous sclerosis

1 | INTRODUCTION

Delusion of pregnancy is an unusual presentation that can be part of delusional disorder, schizophrenia or other psychotic disorders.^{1,2} It can also be associated with organic disorders such as epilepsy, hyponatremia, hypothyroidism, metabolic syndrome, and others. In some cases, it was attributed to hyperprolactinemia induced by antipsychotics or other organic causes¹⁻³; false impression or interpretation of body sensations (coenesthesia); and psychosocial factors including wish fulfillment, due to lack or loss of children or spouse for instance, and cultural pressures on women to have children.^{1,2,4} Although most patients presenting with this kind of delusion are females, it has also been reported in males. In some cases, male patients attributed their ability to become pregnant to homosexual relations; in one of these cases, the patient believed he is experiencing pregnancy changes and is turning into a woman.^{1,4,5}

Most cases were associated with one fetus and few involved multiple fetuses. Other features associated with the delusion included auditory hallucinations of hearing the fetus which was reported in very few cases mainly associated with schizophrenia and fetal movements.¹

This false and fixed belief of being pregnant should be differentiated from pseudocyesis in which a nonpregnant woman experiences symptoms of pregnancy, and couvade

syndrome in which a man develops symptoms of pregnancy when his wife becomes pregnant recognizing that he is not.²

In this paper, we present a case of 39-year-old married man, known to have schizophrenia, and epilepsy secondary to tuberous sclerosis, who presented with a 5-day history of believing he is a pregnant woman along with other psychotic symptoms after being noncompliant with his medications for 2 months.

1.1 | Case Report

A 39-year-old Saudi married man, known case of schizophrenia since he was 18 years old, presented to the Emergency Department (ED) in King Fahad Hospital of The University (KFHU) in Al-Khobar, eastern province in Saudi Arabia in 23 October 2017, with his brother due to abnormal behavior, poor self-care, irritability in the past 5 days.

He is a secondary school graduate. Nonetheless, he has been working as a receptionist in a company for the past 10 years. He has been married for 7 years with no children.

The patient has a history of epilepsy secondary to tuberous sclerosis; he had his first seizure when he was 3 years old and was diagnosed at the age of 14. He has been on antiepileptics for 30 years and has been discharged in 2015 as he has not had seizures for 12 years.

As for schizophrenia, he used to follow-up in Riyadh since 1999 and had been stable on olanzapine 20 mg since 2001;

risperidone was tried before, and it was not effective in his case. He only had one relapse during the previous year when his doctor started lowering his dose because the patient developed metabolic syndrome (dyslipidemia and hyperglycemia). He became psychotic when the dose reached 5 mg; the previous dose was then resumed and the patient improved. There is no History of drug abuse.

There is no Family history of schizophrenia though he has a family history of obsessive-compulsive Disorder (OCD), and the patient's parents are not relatives.

During his current presentation, the disturbed behavior was associated with talking and giggling with self, irrelevant talk, in addition to recklessness and aggressiveness such as putting his cigarettes on the carpet trying to burn the house by that and driving to another city without his glasses. He also had grandiose delusions which manifested by the idea that he knew the king and wanted to talk to him in person; moreover, he believed that the angels talk to him and that he can communicate by telepathy. Additionally, he believed that he is a girl. Before the onset of his symptoms, he was irritable and had low mood and poor sleep. His brother reported that his wife, who was responsible for giving him his medications, left 2 months ago for her father's funeral and has not returned; since then, he has not been compliant and he eventually stopped the medications 5 days ago. He was sedated in the ED with haloperidol and was admitted to the psychiatric ward where he reported pregnancy and mentioned that he is having painful abdominal contractions, which he interpreted as a sign of delivery. He said there are 2 human fetuses and that he can hear their voices. When asked about their parents, he reported that they are his wife and him who are both females. He is monogamous and had no homosexual relationships. He did not have abdominal distension or nausea and vomiting, and did not have manifestations of hyperprolactinemia. However, angiofibromas were noticed in his face.

Neurology was consulted during this admission, and they confirmed that this episode is not related to his seizure disorder.

During the admission, he was not cooperative, did not maintain eye to eye contact, his talk was disorganized, and

he showed hallucinatory behaviors. The patient insisted on leaving and even tried to escape, and hence, he was placed in isolation for a while. He was started on antipsychotics and sedatives which were given to him intramuscularly due to his irritability and aggressiveness.

His CBC, LFT, electrolytes, prolactin, and testosterone were within normal ranges; he had hyperglycemia and dyslipidemia; toxicology screening was negative; no cannabis, opiates, benzodiazepines nor amphetamines were detected.

After few days of starting the medications, his talk became organized, but he still had delusions and insisted on leaving.

The patient's delusions became shakable after about 2 weeks and subsided shortly after. He also denied hallucinations and did not show any hallucinatory behaviors thereafter. His self-care and behavior started to improve as well. He became cooperative with improvement in eye to eye contact. The patient was discharged on out on pass for 2 days one week later and was picked up by his wife. Then, he was discharged on clopixon 300 mg injection every 2 weeks, olanzapine 20 mg PO, haloperidol 5 mg PO and showed no signs of relapse upon follow-up. Figure 1 shows patient's life events related to his presentation.

2 | DISCUSSION

The patient's delusion presented along with other psychotic symptoms suggesting that it is merely a part of his relapse which was believed to be a result of stopping his medications, and therefore, it is unlikely to be a manifestation of another new disorder such as delusional disorder. The presentation of delusion of pregnancy in this case could be because the patient has not been able to conceive since his marriage 7 years ago, especially that his wife left and he was alone during these 2 months; hence, it could be explained as wish fulfillment which is the most frequently reported cause. The patient also reported having abdominal pain and related it to delivery, and therefore, coenesthesia could be a contributing factor. There were no abnormalities in the patient's laboratories ruling out hyperprolactinemia. Neurology confirmed that the patient's seizure disorder is not related to his relapse



FIGURE 1 Timeline of patient's life events

ruling epilepsy out as a cause. However, metabolic syndrome might have contributed.

The patient believed that he is a pregnant woman, and thus, he—apparently—did not believe that males can get pregnant.

Finally, in this paper, we support the hypothesis of wish fulfillment to be a contributing factor to delusion of pregnancy. Like other psychotic symptoms, antipsychotics are the mainstay of treatment. However, psychological and social factors should not be overlooked in order to improve functioning and prevent recurrence.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTION

All authors contributed to the paper and approved the final manuscript.

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