

DELUSIONS OF PREGNANCY IN MEN-A CASE REPORT

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Summary

A case of a young, unmarried Schizophrenic boy with delusion of Pregnancy is described here. This delusion was linked with other delusions and persisted at residual phase despite treatment. It is more likely to come from the extended psychopathology of Schizophrenia.

Introduction

The first case of delusion of pregnancy was reported by Esquirol in the 19th century¹. These delusions in men are relatively rare and have been occasionally reported as symptoms of a wide variety of psychotic states, including schizophrenia, melancholia, senile dementia, general paresis following encephalitis, mental retardation and epilepsy². The small number of recorded instances seems to be very small and although there may be some common psychodynamic link determining the content of the delusion, this state does not appear to bear any real relationship to the Couvade syndrome in which almost by definition the sufferers does not entertain the idea that he is pregnant³.

Delusions of pregnancy have been reported both in single and married men as well as in women. The recent case of delusion of pregnancy in a young unmarried Indian male who had moderate mental retardation, epilepsy, and post-ictal psychosis was reported by Chaturvedi in 1989² and in a Schizophrenic Indian women following loss of a baby and rejection by her husband by Radha Shankar in 1991⁴. A case of delusion of pregnancy in a young, unmarried Bangladeshi male is reported here.

Case report

Mr. X, aged 19 years, an unmarried young man, student hailing from semi-urban background was brought by his father and relatives to our out-patient department of Institute of Mental health & Research, Dhaka in 1989. His father reported that Mr. X had been highly disturbed for three months. The onset was sudden and there were no precipitating factors. One fine morning he suddenly expressed the delusional believe that he became pregnant through sexual act by his father during sleep with him at last night. He

reported a sensation of fetal movement and heaviness in the abdomen. He also developed delusional believe of building of abdomen and was convinced that somebody was trying to harm him. He heard many voices talking about him but failed to describe accurately. At the same time he developed sleeplessness, irrelevant talks and excitement. His social, self care and work functioning were markedly impaired. He was treated by traditional healers but the condition were unchanged.

His paternal uncle suffered from paranoid Schizophrenia. He had average scholastic capacity and had no past history of any psychiatric illness. His previous personality was being few friends with good social relationship, shy, obedient. His mental state showed an unkempt appearance, perplexed. His talks were infrequently irrelevant with occasional shouting. Delusion of pregnancy and persecution, auditory and somatic hallucinations were present. His cognitive function was normal. The level of intelligence was average.

He was diagnosed as Schizophrenic and was treated with oral antipsychotic. After three weeks the patient was reported with partial remission of symptoms but there were no change of delusion of pregnancy and associated somatic hallucinations. After few weeks long acting phenothiazine was added. Within four months he improved a lot. Then he was kept in maintenance therapy only with long acting. The somatic hallucinations was remitted gradually and his level of functioning was markedly improved. But still then his delusion of pregnancy was present along with some residual symptoms.

Discussion

The number of recorded instances of delusions of pregnancy in men seems to be very small and that in

Schizophrenia is scanty. There is the possibility of a common psychodynamic link determining the content of the delusion has been mentioned³. There is speculation that by carrying this baby in his stomach he was doing more than acting out a rebirth fantasy. He was playing both the role of the good bearing mother and the reborn self⁵. In this case presented here' no disturbance of mother- child relationship was noted but it is difficult to confirm or deny the role of such a factor. There was no evidence of organic damage, presenting of organic symptoms or low intelligence, hence organic factors as a causation of delusion of pregnancy can be excluded. The patient fulfilled both the ICD-10 (draft) and DSM-III R criteria for the diagnosis of Schizophrenia and delusion of pregnancy was probably the part of extended schizophrenic process which was self linked with persecutory delusions, somatic hallucinations and persisted as an residual symptoms of Schizophrenia. Further exploration is required on this aspect.

References

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