Opinion
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Münchhausen syndrome: a medical challenge for the spine surgeon in the 21st century

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In recent years, medicine has made significant progress in the treatment of pain in spinal diseases. However, although we know the anatomy of the spine and the physiology of pain, we have not yet been able to unravel a mystery that remains enigmatic in the 21st century, which is where exactly the pain comes from.

In this sense, the cognition of the pathologies of the spine has been studied. With difficulty, we deal with the non-organic issues of pain.

In the past, Prof. Waddel et al.[1] provided us with an advance in the knowledge of pain of emotional nature and with that we progressed in its handling. With the development of pharmacology and the better knowledge of the pathways of pain, we have been able to optimize pain treatment.

It is now known that in patients with chronic spinal pain, its migrates from the initial focus towards the Central Nervous System. This finding was confirmed by the presence of pain sensitivity activators - cytokines - in certain regions of the brain. Such observation was confirmed by magnetic resonance of 3 Tesla.[2]

In our University Service we had a special case of a patient with chronic pain in the lumbar spine detected in a prospective study without randomization on lumbago of non-organic causes. The differential of the research was the performance of tests related to emotional stability by the psychiatry team. In one of the female patients it was found that her case was extremely severe and that she could not be operated on at the risk of not improving. After the end of this research we lost contact with this patient.[3]

However, six years after the end of the study, the same patient returned to the clinic. At this point, in a new anamnesis, she reported that she had undergone six surgeries in that short space of time. The patient had forgotten that she had consulted with us in the past. She had sued three doctors and was looking for a new doctor to undergo another surgical procedure aimed at curing her spinal pain. This patient had previously been diagnosed with Münchhausen Syndrome by the psychiatry team.

Asher[4] described Münchhausen's syndrome as a factitious disorder in which the patient appears to be acute and dramatically ill, with the ability to mimic signs and symptoms in order to require prolonged hospitalization, invasive diagnostic procedures, long-term therapy with the most varied classes of drugs and surgeries. According to the American Psychiatric Association, the criterion for the diagnosis of factitious disorder is the production of physical or psychological signs and symptoms, without the patient obtaining something in return, such as financial gain or release of legal responsibility, improvement of physical well-being or use of certain medications.[5] Thus, the surgeon must observe symptoms that fit perfectly in the classic description of the reported disease, but the response to the treatments is unstable and inefficient; eagerness to undergo different examinations and procedures; incoherent medical history; evaluation with different doctors in different hospitals, sometimes in several areas; the patient has the knowledge of the disease and hospital procedures; refusing to let doctors talk to family or friends; psychological disorders, especially those related to affective lack, theatricality and insecurity.

We leave here the reflection that in the presence of a chronic pain in the spine we can not only evaluate the clinic and the changes in imaging tests. We may have asymptomatic patients with severe alterations in spinal imaging exams. We must be vigilant and remove the temporary blindness that causes us to forget the importance of the emotional aspects of our patients.

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Conflict of interest

Authors declare there are no conflicts in publishing the article.

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