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Bone Marrow Aplasia Secondary to Etoposide (Vepesid) in A Patient Who Simulated a Lung Tumor, Finally Being Diagnosed with Munchausen Syndrome. A Reflection of The Telephone Consultations in The COVID 2019 Pandemic

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1. Abstract

Munchausen syndrome is a psychiatric disorder, in which the patient assumes the role of sick person, in order to obtain medical attention. We present a case of a 43-year-old patient, who after gaining access and to Vepesid (Etoposito) in the face of a presumed lung tumor previously diagnosed in a Hospital at Barcelona, Spain, was admitted to the Vithas 9 de October Hospital with febrile syndrome and bone merrow aplasia. After an exhaustive review, which involved calling hospitals in other communities at Spain, the patient confesses that she accessed the medicine through the primary care doctor, by telephone, in the middle of the COVID 2019 pandemic, in order to draw the attention of close relatives, causing herself, bone marrow aplasia and febrile syndrome due to the use of the mentioned drug. Given the complexity of the diagnosis, the background perfectly mentioned by the patient, the clinic, the evidence of bone merrow aplasia, it is almost impossible to think of a psychiatric case due to drug abuse. We share this case, given its exceptionality.

1.1. Background: Munchausen syndrome is characterized by the repeated simulation of clinically compelling illnesses, faking an illness and giving false, but extremely detailed information about the medical history of the patient involved [1]. These patients often undergo tests, surgeries, and treatments to get the care that is given to sick people. A review of records from 2008 to 2016 reported that the incidence of factitious diseases was 3.71 per 100,000 in Germany with a nearly equal gender distribution. In the literature, no bone marrow aplasia has been reported in a patient with Munchausen syndrome due to Etoposide (Vepesid), simulating a lung tumor, and a chronic myeloid leukemia [2, 3, 4].

2. Case Report

A 43-year-old female patient, from Spain, admitted in May 2021 to the internal medicine service of the Vithas 9 de October Hospital in Valencia, due to febrile syndrome and pancytopenia under study. The patient refers (without providing previous reports from other Hospital nor any Primary health doctor, nor any previous studies, nor treatments) that she was treated for nonspecific lung cancer in 2019 in Barcelona with Pembrolizumab, she reports that she developed Phi + chronic myeloid leukemia performing a treatment every 21 day with Imatinib and Vepesid 100 mg for 7 days in the months of April and May 2021.

3. Conclusion

Given the clinical evidence of bone marrow aplasia and a detail clinical history of the patient, a Munchausen syndrome is a last diagnose to rule out. However, given the incongruity anamnesis, the lack of clinical reports made all the case suspicious. Even during the covid 19 pandemic and all the administrative chaos involved, a good anamnesis is always the correct way to solve even the most difficult cases.

3.1 Case Report: 43-year-old patient admitted due to pancytopenia in May 2021 in the internal medicine service at the Vithas 9 de October Hospital in Valencia, due to febrile syndrome. Upon admission, she had a blood pressure of 86/40 mmHg, a heart rate of 106 bpm, and a temperature of 38ºC. The analytics under admission and complementary tests (Table 1). Background of interest, the patient refers that she has been treated for a lung tumor that without specifying in December 2019 in a hospital in Barcelona [5-10]. She also reports that received a treatment with PEMBROZULIZUMAB. Also, it is reported by the patient that she was diagnosed and treated for Phi + Chronic Myeloid Leukemia with a regimen of Imatinib and Vepesid 100 mg daily for only 7 the months of April and May 2021. The patient does not provide any medical report from any of the centers where she was previously treated, but given the current symptoms (fever) and laboratory test under admission (aplasia) that she presents, treatment with Meropenem and Metronidazole is started, obtaining positive cultures for Klebsiella Pneumoniae in 72 hours, with rapid improvement of the infection due to the established treatment, not being necessary intervention of the intensive care unit. Reporting thoracoabdominopelvic CT scan was performed. (Table 2). During the next 72 hours, the patient was administered Filgastim 300mcg / 24hrs, as well as a transfusion of 4 packed red blood cells and 2 pools of platelets, persisting very severe leukopenia and severe thrombocytopenia. Consultation with oncohematology was performed given the inconsistencies in the clinical history with the radiological findings, as well as the results of the laboratory tests (pancytopenia). A thorough investigation work begins, and it is decided to call the hospital in Barcelona where the patient refers his first antitumor treatment. Information which was hard to get cause of the patients' resistance to give more information.

The hospital center in Barcelona, reports that she did had a consult there, but only cause of anemia secondary to hypermenorrhea Re-questioning the patient several times, she finally confesses that she does not have any tumor at all, that she obtained through the primary care doctor using telephone services during the full wave of COVID 19, providing and incredible precise information about a supposed tumoral disease obtaining access to Vepesid, madding up, the rest of the story, but causing bone marrow aplasia using the drug , confusing everybody.

Consultation with psychiatry is carried out, diagnosing a Munchausen syndrome and the patient is transferred to his referral hospital in order to start psychiatric therapy.

Table 1: Analytical upon admission.

Blood count	Hemoglobin	8g/dL
	Hematocrit	23.2%
	Leukocytes	1000 mm^3
	Neutrophils	25%
	Platelets	9.000 mil
Hemostasis	Quick	120%
	INR	0.89
Biochemistry	Glucose	265 mg/dl
	Urea	24 mg/dl
	Creatinine	0.68 mg/dl
	Amylase	23 U/L
	Sodium	137 mEq/dl
	Potassium	3.6 mEq/dl
	AST/GOT	25 U/L
	Cholesterol	85 mg/dl
	Triglycerides	142 mg/dl
	Serum iron	33 mcg/dL
	Ferritin	424 ug/L
	IST	26%
	PCR	41.30 mg/dl
	Albúmin	2.5 g/L
	Total proteins	4.3 g/dl
Venous blood gas	pH	7.4
	HCO3	19.8 mmol/L
	pCO2	32 mmHg
Thyroid function	Normal	
Viral serology		-
	Toxoplasma Gondi	IgG +
	Rubella	IgG +
	Cytomegalovirus	IgG +
Blood culture	Klebsiella Pneumoniae multisensitive	+
Urine Culture	Negative	
Covid 2019 antigen	Negative	

Table 2: Computerized axial tomography

Thorax	Abdomen
• Bilateral laminar pleural effusion. • Posterobasal pulmonary atelectatic tracts. No significant pulmonary nodular images are seen	• Moderate diffuse hepatomegaly, smooth outlines without evidence of local lesions. • Small 15 mm accessory spleen • Several Small Periaortic Retroperitoneal Adenopathies.

4. Discussion

Munchausen Syndrome is difficult to diagnose[5], often going unnoticed for weeks, months, and even years. It carries serious complications and even death when it goes to extremes. It constitutes a peculiar form of abuse in which one of the parents -generally the mother- simulates the existence or causes symptoms or signs in the child or herself in order to seek medical assistance and costly or risky diagnostic or therapeutic maneuvers, obtaining some kind of psychosocial benefit in most cases[6,7]. Given the great complexity of this pathology[8], it's difficult diagnosis, the great manipulation capacity of the people who suffer from it, taking into account that they know perfectly the symptoms or signs of the supposed disease they suffer or suffer from, it is understandable that during the era of COVID 19 and taking advantage of the telephone consultations as well as the confusion of the pandemic, she gained a surprising access to antitumor drugs, causing clinically visible bone marrow aplasia, creating great confusion among health professionals.

5. Conclusion

Given the complexity of the clinical case, the blood tests carried out and a bone merrow aplasia was clearly appreciated, making it necessary to transfuse the patient with several concentrates of red blood cells and platelets, it would be difficult to think that, it might be a psychiatric disorder, however, the incongruity in the anamnesis, the lack of previous report given the severity of the case made to think that something else was going on. A good anamnesis is more than necessary, especially in the face of the inconsistencies found in the story that the patient tells, it could finally reach the true diagnosis a Munchausen syndrome.

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