Medical Memorandum

Spurious Labour in Pseudocyesis

The occurrence of a spurious form of labour at "term" in pseudocyesis is well recognized but rarely witnessed. The following case was seen for the first time as an emergency presenting in labour, and illustrates some features of this peculiar condition.

CASE REPORT

A nulliparous married woman aged 28 attended hospital as an emergency case on December 11, 1954, stating that she was expecting a baby and had had labour pains for the past hour. They were now strong and occurred every three minutes. The membranes had not ruptured and she had not seen a show. She had not booked anywhere. There was no history of previous pregnancies. The last menstrual period had begun early in March, 1954; previously her periods had been regular 5/28 and normal. The only relevant past history was of an abdominal operation at the age of 4, about which she could provide no details. She said she had been well throughout her pregnancy.

At first glance she passed for a pregnant woman, and while she was being prepared for examination efforts were made to find her a maternity bed. On examination she was extremely obese. Her temperature, pulse, and respirations were normal, and there was no anaemia; heart and lungs were normal; B.P. 140/85. The breasts were very obese and pendulous; no colostrum could be expressed and the areolae were not pigmented. The abdomen was as large and protuberant as a full-term pregnancy and extremely obese; there were three separate lower abdominal scars and inconstant suprapubic tenderness. Palpation was rendered difficult by the gross obesity of the abdominal wall, and no foetal parts could be identified; the fundus uteri was not defined and no foetal heart sounds were heard.

Vaginal examination revealed a normal vulva and vagina; the cervix was firm, closed, and nulliparous and the uterus non-pregnant, retroverted, and so far as could be ascertained normal in size; the fornices were clear. There was no abnormality in the urine. A straight radiograph of the abdomen showed no foetal parts and was normal. Throughout the examination the patient had bizarre intermittent pains, quite unlike those of normal labour. She found it difficult to describe the character or site of the pains, but they appeared to be located deep in the pelvis rather than in the abdomen. The pains were alarmingly sudden in onset and were associated with considerable grimacing, a pretence at crying, and marked movement of the feet. Lasting only a few seconds, they would disappear with equal suddenness.

The patient was told that it was extremely doubtful whether she was actually in labour. She paid no attention to this remark and her pains continued unabated. She was asked why she thought she was pregnant and replied disdainfully that of course she was, as she had had no periods for nine months, during which time her abdomen and breasts had become progressively larger. In reply to a direct question she said she had felt foetal movements for the past two months. At first she was unable to explain why she had not attended an antenatal clinic or made arrangements for her confinement. Subsequently she said she had attended an antenatal clinic in Ireland a month previously and had been told there that she was pregnant. Further questioning about this showed the story to be a complete fabrication, and she begged not to be reminded about it. It proved impossible to reconcile her history of only one abdominal operation with the presence of three separate scars. Progressively stronger expressions of doubt about her supposed pregnancy failed to impress her. It was only when she had been told quite firmly that she was not even pregnant, let alone in labour, that her pains ceased. Her only emotional reaction was the uttering of some tearless sobs. The abdomen remained as large as ever.

She then admitted that she had been married for two years and desperately wanted a baby, but had failed to con-

ceive. She welcomed the suggestion that she might be helped by attending the fertility clinic, and promised to attend the following week. Saying that she now felt well enough to go home, she got up and walked out of the hospital. She failed to attend the clinic.

COMMENT

Bivin and Klinger (1937) collected the details of 444 cases of pseudocyesis and found that the condition lasted nine months in 42% of 331 cases in which the duration was recorded. Labour pains occurred in 138 cases in which the pseudocyesis had lasted nine months or more. Spurious labour was often experienced by nulliparae, both married and unmarried. Of the seven cases of pseudocyesis which occurred in the Boston Lying-In Hospital from 1927 to 1940 (Rutherford, 1941), one patient experienced labour pains at term. She had a very obese abdomen, and labour ceased when she was told she was not pregnant; she did not revisit the clinic. Fried *et al.* (1951), describing their personal series of 27 cases, state that foetal heart sounds were reported as having been heard in two patients in labour in the maternity ward. Labour had occurred at the "expected date" and ceased abruptly when the patients were told they were not pregnant. Of the four cases reported by Ingerslev (1951), one was admitted in spurious labour.

The simulation of pregnancy and labour may be sufficiently realistic to deceive the patient's friends and relations, and, on not a few occasions, the unsuspecting accoucheur. Rhythmical pains in no respect different from those of normal labour, "broken waters," and the occurrence of a show have all at times been reported, and foetal heart sounds have been heard or rather imagined. One case reported by Bivin and Klinger (1937) narrowly avoided caesarean section, and in another labour lasted over a fortnight.

The bizarre nature of the pains in the above case immediately aroused suspicion, and it was interesting to note that foetal movements had been felt only for the past two months. Fried *et al.* (1951) state that foetal movements frequently differed from those of normal pregnancy in time of appearance, vigour, and location. Rutherford (1941) draws attention to the absence of pouting of the umbilicus in pseudocyesis. The condition occurs in both parous and nulliparous women over a wide age range, but the majority of the patients of Fried *et al.* (1951) were in their middle twenties. Of their 27 patients 26 were childless and spoke of their strong desire for a child; 24 gave histories of infertility extending from 2 to 17 years. O'Neill's (1955) case gave a seven-year history of infertility. On the other hand, three of Ingerslev's four patients had previously had children.

Psychic factors undoubtedly play an important part in the aetiology of pseudocyesis. An intense longing for pregnancy and a great fear of pregnancy, particularly in the unmarried, are particularly potent causes. There may be an associated personality defect, as instanced by the above patient's invention of a story of a visit to a clinic in Ireland a month previously. It was noteworthy that she could not name a single town in Ireland. The action of psychic factors on the anterior pituitary, possibly through the medium on the hypothalamus, may account for the hormonal changes which may occur in this condition (Fried *et al.*, 1951).

Several theories have been advanced to account for the abdominal enlargement in pseudocyesis, but in many cases it is simply due to gross adiposity. Treatment may be rendered difficult by the patient's absolute refusal to accept the diagnosis, particularly if she has previously been informed that she is pregnant. Psychotherapy may be necessary, or even endocrine therapy.

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