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Sir,

Ocular Munchausen syndrome characterised by self-introduction of chalk concretions into the conjunctival fornix

Munchausen syndrome was first described by Asher in 1951.[1] It is characterised by the intentional production of symptoms in order deliberately to deceive the physician about their nature and cause. We report the case of a young female patient self-inflicting a monolateral keratoconjunctivitis by the introduction of chalk foreign bodies into the lower fornix of the left eye.

Case report

An 11-year-old girl was accompanied by her parents to the ophthalmic Accident and Emergency Unit of our institute complaining of tearing and a sandy sensation in her left eye. The physician made the diagnosis of left eye keratoconjunctivitis due to calcareous concretions in the conjunctival fornix (Fig. 1). A left eye lacrimal drainage system calcolosis was suspected and she was referred to the day-hospital for further investigations.

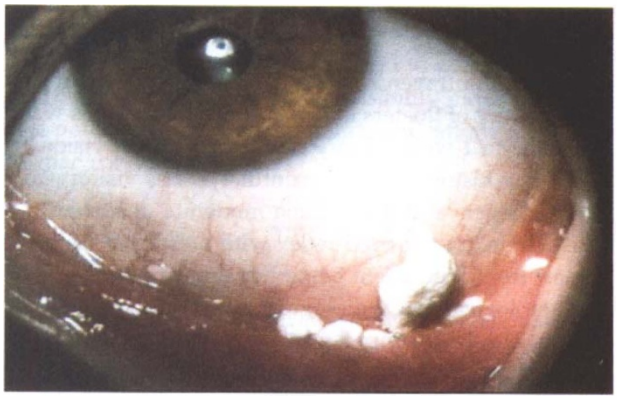

Fig. 1. *Slit-lamp photograph showing calcareous concretions in the lower conjunctival fornix of the left eye.*

A past intolerance to lactose and allergic rhinitis due to dermatophagoides were reported by her mother. No past eye disorders or refraction defects were reported by the patient. The girl declared she had been hit accidentally by a chalk-sponge during school-time 1 week previously. Visual acuity was 6/6 in both eyes. Left eye anterior segment biomicroscopy at the slit-lamp showed lower tarsal and bulbar conjunctival redness with white calcareous concretions.

Lacrimal sac pressure showed no signs of epiphora and lacrimal drainage systems were patent in both eyes. A punctate epitheliopathy with corneal staining could be observed. No other abnormal findings were present in the left anterior and posterior segment. The right eye was normal and intraocular pressure was 15 mmHg in both eyes. Laboratory test results including hormonal and electrolyte values were negative or within the normal range. Left orbit and lacrimal gland ultrasound showed no abnormal signs. Left conjunctival scrapings showed evidence of microconcretions associated with an exudate consisting predominantly of granulocytes, lymphocytes, cellular components and fungal spores.

Fig. 2. *The total amount of calcareous concretions removed from the lower conjunctival fornix of the left eye in 5 days.*

The girl was admitted to the day-hospital for 5 days; concretions were apparently produced several times a day (Fig. 2). The patient's mother, who insisted on being present at all times, claimed that the chalk-stones were spontaneously produced at variable time intervals.

Chemical analysis of the concretions was carried out, revealing that calcium in the form of calcium carbonate was the main constituent (>90%), with traces of organic material.

Finally, the patient was surprised by a physician while she was removing chalk concretions from her pocket. On being asked for an explanation, she declared that she had removed the concretions from her left eye a few days before and had forgotten to inform the physicians.

Comment

Having become aware that the patient was intentionally introducing chalk concretions into her lower fornix, medical and nursing staff spent much time before discovering her in the act. Her parents were prone, on the other hand, to believe their daughter, and when they felt the physicians were suspicious they reacted promptly. The first ophthalmologist's diagnosis (lacrimal drainage system lithiasis) had fully satisfied them and they expected the diagnosis to be confirmed by us. The patient was very skilful in deceiving the physicians by carefully baffling staff vigilance. When she noted that other physicians' curiosity had been aroused she started producing calculi and continued to play her role as a performer. A psychiatric referral and a social worker's assistance were promptly rejected by her parents. It was thus very difficult for us to explain the malingering. We would like to point out the following: (1) There was a family history of lithiasis: the patient's mother reported that she had undergone surgery for renal calculi, the patient's grandmother had died due to hepatolithiasis, and her 8-year-old cousin had undergone surgery for renal lithiasis. (2) The day before the admission the family had been on a religious pilgrimage, and at that time there were many reports in the Italian media regarding a Madonna statue crying blood-tears in a city near Rome.

As previously stated, this case can be considered one of Munchausen syndrome. We are not able to exclude a problem-free home environment, but our impression was that of an apparently normal family living in the suburbs of Rome. In our opinion the deliberately malingering girl was expressing a strong cry for help, but at the same time was incapable of describing her needs. We also noticed a strong need to gratify her mother and a dramatic and spectacular way of expressing diseases. In conclusion, we agree with Kampan *et al.*,[2] who consider that Munchausen patients desire to be ill, and that in these patients the illness is a way of obtaining fulfilment and satisfaction,[2] with the aim of obtaining social acceptance.

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Sir,

An unusual presentation of Graves' disease

In the adult population, Graves' disease is the most common cause of unilateral or bilateral proptosis. Conjunctival injection and chemosis are often associated features. In some patients the process is quite aggressive and may be confused with such disorders as idiopathic orbital inflammation or carotid-cavernous fistula.[1] Here we report a patient who presented with severe unilateral chemosis which caused significant disfigurement and visual impairment.

Case report

A 62-year-old man presented to casualty with a 6 week history of swelling over his right eye which was obscuring his vision. There was no past medical or ocular history of note and other than lethargy he denied any symptoms of thyroid dysfunction. On examination uncorrected visual acuities were 6/36 right and 6/9 left. Colour vision was reduced on Ishihara testing in the right eye (four incorrect plates). There was gross right-sided conjunctival chemosis with splinting of the eyelids (Fig. 1a). Pupillary reaction to light was normal bilaterally. Eye movements were full on the left side but difficult to assess on the right. Anterior segment examination of the left eye showed no abnormality and the optic discs appeared healthy. There was no palpable goitre. Clinically he appeared euthyroid. The remainder of the examination was unremarkable.

CT scan of the orbits revealed marked proptosis of the right globe associated with enlargement of the extraocular muscles (Fig. 2). On conjunctival biopsy the epithelium was hyperplastic with underlying myxomatous and oedematous stroma. Thyroid function tests revealed a serum free thyroxine of 30.7 pmol/l (normal range 7.6–19.7 pmol/l) and TSH <0.01 mU/l (normal range 0.4–4.5 mU/l). Thyroid microsomal antibody screen was negative. The presumptive diagnosis was a unilateral exophthalmopathy with possible compressive optic neuropathy secondary to Graves' disease.