Fool Me Once… A Case of Severe Factitious Disorder Complicated by Cardiopathia Fantastica and False Positive Troponin Levels

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Background

- Chronic factitious disorder, or Munchausen syndrome, includes deliberate fabrication of physical symptoms without obvious secondary gain (Yates, 2016).
- Severe presentations can be complicated by elements of sociopathy, dramatic and false personal histories (pseudologica fantastica), and travel from hospital to hospital (peregrination) (Steel, 2009).
- A subset of patients report cardiac-specific complaints, risking exposure to unnecessary and potentially harmful diagnostic studies (Park, 2004).

Causes of Troponin Elevation

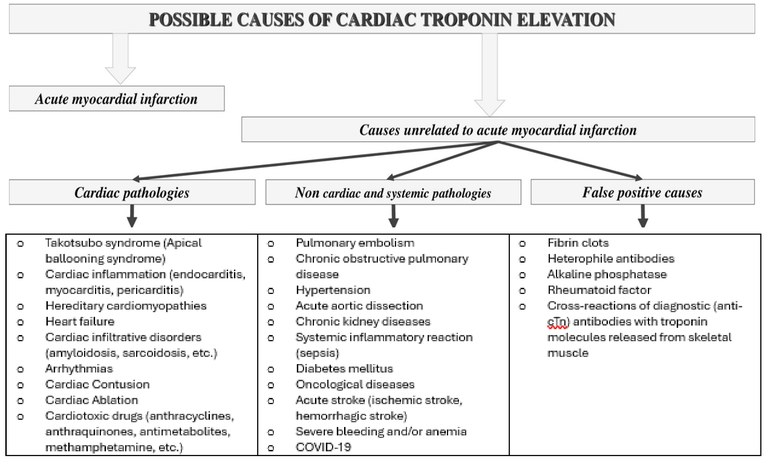

Figure 1: Various cardiac and non-cardiac causes of elevated troponin levels as well as causes for false positive elevations (adapted from Chaulin, 2022).

Case Presentation

A 50-year-old male presented to the emergency department with severe chest pain not remitting to oral nitroglycerin.

He reported an extensive cardiac history including several myocardial infarctions, stent placements, bypass surgery, heart failure, and reported heart transplant candidacy.

He shared an extensive family cardiac history but refused to provide any family or emergency contacts. He consistently reported he worked as a veterinarian but would not share additional personal or relationship details.

Pain complaints appeared disproportional to unremarkable physical examination findings and EKG was unremarkable as well. However, high-sensitivity troponin I peaked at 530 ng/L (normal is < 53 ng/L), down-trending to 404 ng/L the following day.

The consulted cardiologist recognized him from performing a recent cardiac catheterization at a nearby community hospital, noting the patient was now admitted under a different name.

This previous cardiac catheterization revealed non-obstructive disease of native coronary arteries and previously placed patent grafts and stents without other acute or actionable findings. Providers concluded that the troponin elevation represented a false positive result.

Psychiatric consultation affirmed the diagnosis of factitious disorder given his pattern of treatment engagement, identification with the sick role, and absence of clear secondary gain.

Additional chart review revealed 49 emergency department visits (some within the same day) across 11 states while using 3 different aliases during the previous two years and other episodes of unexplained hypertroponinemia.

A therapeutic discharge was conducted to prevent further misuse of medical resources.

Tests done in 2023	ED Visits	Troponin	EKG	CT PE	Nuclear Myocardial Perfusion Test
Data available in EMR	41 (28 discharge summaries available)	147 (36 elevated)	51	3	1

Discussion

- This case highlights the cumulative hazards of severe cardiac factitious disorder complicated by misleading laboratory results.
- Among numerous potential causes of false positive troponin levels, his previous work with animals (if accurate) could generate assay-interfering heterophilic antibodies.
- Compared to other physical symptoms, factitious chest pain can accelerate exposure to interventional procedures and hospital admission.

Conclusion/Implications

- Consultation-liaison psychiatrists should be aware of the role of false positive laboratory findings in obfuscating signs and symptoms of fabricated illness.
- Detection of factitious syndromes through independent history taking and detailed review of records demonstrates a key opportunity for consultants to add value in the hospital setting.
- EMR platforms could be leveraged to alert future providers to consider procedural restraint and augment patient safety.

References

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