

LETTER TO EDITOR

Delusion of pregnancy in a married male: A rare case report

Sir,

After the first documentation of delusional pregnancy by Esquirol, it has been reported in patients of varying age groups in both sexes.^[1,2] Male patients have attributed their capacity to becoming pregnant as being due to “intersex” state, due to change of internal organs, or as being a real possibility for all males.^[3] Reports have also mentioned explanations about the mechanism of impregnation. Patients reported being impregnated by kissing,^[4] by sexual contact with men,^[4] artificial anal insemination,^[4] or by self.^[2]

A 52-year-old religious Muslim male, unemployed postgraduate, was forcefully brought to the hospital by his brother with complaints of abnormal sensations in abdomen for 6 months that he misinterpreted as pregnancy. On probing, he mentioned that there is a baby in his abdomen, which caused distention. When pointed out to him that men would not become pregnant, he vehemently denied it, explaining that it can happen as he had homosexual relationships, in which he was the recipient. He felt the baby moving inside him, and because of it, he stopped doing heavy work and was taking complete bed rest. Last few days, he developed nausea and the food intake was minimal. There were neither delusions or hallucinations nor features of depression or anxiety. There were no features of gender identity disorder or gender dysphoria.

He had homosexual relationships from adolescence, due to peer pressure, which had no temporal correlation with his symptoms. Despite the homosexual relationships, he had a healthy sexual relationship with his wife and had two children. Gradually, he developed erectile difficulties, leading to marital discord and the wife left him 3 years back. There was neither past or family history of psychiatric illness nor any drug abuse. Physical examination including neurological examination was normal. Complete hematological examination, thyroid function test, liver function test, and renal function test were normal. Computed tomography scan of brain, ultrasound abdomen, and electroencephalogram was normal.

The history was suggestive of monosymptomatic delusional disorder. After admission, he was treated with risperidone at a dose of 8 mg/day and lorazepam 2 mg SOS. After 3 weeks of treatment, the delusion completely resolved. His wife was called for marital therapy, but did not turn up. After discharge, patient stayed with his brother and returned to work. During follow-up, his sexual dysfunction persisted, but he stopped engaging in homosexual relationship. He gained insight after recovery. He had no signs of hyperprolactinemia.

Previous reports suggest a wide variation in the intellectual abilities of these patients.^[2] Our patient had normal intelligence as reflected by his education and adequate independent functioning. Prior history of homosexual contact and bisexual orientation has been reported as risk factor for delusion of pregnancy.

The patient did not express symptoms of pregnancy such as swollen abdomen, galactorrhea, and morning sickness as reported in other cases and hence does not suggest the phenomenon of Couvade syndrome.^[5] In the present case, delusion completely disappeared with only psychopharmacological treatment. It is interesting to note the process of evolution and resolution, the effect of pharmacotherapy, psychosexual issues, and the diagnostic possibilities.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

**Pattath Narayanan Suresh Kumar,
Arun Gopalakrishnan, K. S. Muhammed Farooque**

Department of Psychiatry, KMCT Medical College,
Calicut, Kerala, India.

E-mail: drpnsuresh@gmail.com

REFERENCES

1. Jenkins SB, Revita DM, Tousignant A. Delusions of childbirth and labor in a bachelor. *Am J Psychiatry* 1962;118:1048-50.

Letter to Editor

2. Kornischka J, Schneider F. Delusion of pregnancy. A case report and review of the literature. *Psychopathology* 2003;36:276-8.
3. Bitton G, Thibaut F, Lefevre-Lesage I. Delusions of pregnancy in a man. *Am J Psychiatry* 1991;148:811-2.
4. Michael A, Joseph A, Pallen A. Delusions of pregnancy. *Br J Psychiatry* 1994;164:244-6.
5. Hall W, Degenhardt L. Cannabis use and psychosis: A review of clinical and epidemiological evidence. *Aust N Z J Psychiatry* 2000; 34:26-34.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Website: www.indianjpsychiatry.org	Quick Response Code 
DOI: 10.4103/0019-5545.174397	

How to cite this article: Suresh Kumar PN, Gopalakrishnan A, Muhammed Farooque KS. Delusion of pregnancy in a married male: A rare case report. *Indian J Psychiatry* 2016;58:97-8.