

symptoms would help mothers cope better with maternity challenges and the emotional problems they encounter during this period of their life.

Key words: Postpartum depression, psychiatric disorders.

170. MUNCHAUSEN SYNDROME, DIFFERENTIAL DIAGNOSIS

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Introduction. Münchausen Syndrome is a severe psychiatric disorder, also called factitious disorder imposed on self, was first characterized by Richard Asher, in 1951. This syndrome is characterized by the deliberate falsification of the history of the disease, the patient produces or invents an imagined medical pathology to benefit from investigations, medical procedures and treatment. The patient is dependent on hospitalization and aims to get the attention of the medical staff that he misleads by inventing clinical symptoms that are not real. Furthermore, standard therapeutic interventions may not be effective in persons with Munchausen syndrome, causing increased confusion for the care team.

Aim of the study. Studying the particularities of the clinical evolution and differential diagnosis of Munchausen Syndrome.

Materials and methods. All relevant information was obtained from literature review.

Results. Munchausen syndrome is a disease that can be masked in the form of other mental illnesses. At present, it is important to make a correct difference between them. Differential diagnosis of factitious disorder is also made with somatoform disorders such as: conversion disorder; or pain disorder. The diagnosis of Munchausen syndrome is difficult because of the lack of correctness in the patient's statements. The hospitals where the patients are consulted by an interdisciplinary team, theoretically is the ideal environment to identify a factitious disorder and the place where appropriate measures would be taken to initiate the management of the disorder, especially in the case of abuse of a child, of an elderly person, or a person with disabilities. The correct diagnosis and management of cases with factitious disorders at the admitting department are fundamental for a good prognosis and a correct treatment.

Conclusions. Diagnosing Munchausen syndrome can be very hard because of all of the dishonesty associated with this disorder. Doctors must first rule out any possible physical and mental illnesses before considering a diagnosis of Munchausen syndrome. The lack of identification may lead to many unnecessary laboratory tests and procedures which may prolong hospitalizations and increase costs of health systems. So far, no effective treatments have been demonstrated through well-conducted studies, and no diagnostic criteria exist; these facts may explain the little knowledge of students and health practitioners about these conditions. Munchausen syndromes as well as Munchausen syndrome by proxy are variants of factitious disorders. They are challenging conditions in Medicine despite the current technology and knowledge on mind-body boundaries.

Key words: Munchausen syndrome; Munchausen syndrome by proxy; Factitious disorders, differential diagnosis