To the Editor:

For more than a decade we have been reading case reports of the patient profiled in the article “Munchausen Syndrome: A Review of Patient Management.” We applaud the authors Drs. Lilian Wong and Mark B. Detweiler for their diligence and comprehensive efforts at providing care, and would like to identify at least one published case report their literature search did not uncover.

We have been referring to the patient in their illustrative case as “Kylo Rend” for several reasons. First, this is in the tradition of the patients known as the “Red Baron”3 and the “Million-dollar man,”4 who earned nicknames as their cases appeared in medical journals. Kylo Rend is as an allusion to the fictional character in the Star Wars movie franchise who killed his father (Han Solo) with a light saber through the heart (causing chest pain); the intentional spelling Rend (rather than the character’s name Ren) refers to rending chest pain.

We think it is important for our colleagues to reference Kylo’s long history and be aware of the reports that have already been published. To us, the case serves as a broader lesson on medical literature and the availability heuristic. Might readers unfamiliar with this man’s extensively peer-reviewed published exploits believe there are many such people and overestimate the likelihood of factitious disorder? Of interest, this man has developed acute myeloid leukemia, which he may have acquired from frequent exposure to diagnostic radiation.

REFERENCES

Curtis Alan McKnight, MD
Phoenix, AZ

David Kasick, MD
Columbus, OH

Disclosure: The authors have no relevant financial relationships to disclose.

Response:

We were delighted to see Drs. Curtis Alan McKnight’s and David P. Kasick’s response to our article “Munchausen Syndrome: A Review of Patient Management.” We chose to submit our manuscript to Psychiatric Annals because of its large readership both in academia and clinical practice, with the hope that other medical teams who had encountered this challenging patient would provide more information about his case. We appreciate the efforts of Drs. McKnight and Kasick to inform us of the three additional cases our literature search failed to identify. The rendering of the patient’s name to reflect a mythical character seems appropriate considering the prodigious amount of research and medical publications attributable to Kylo Rend’s crusade against the medical community.

Kylo Rend’s case history is incredibly interesting from the standpoint of trying to understand how his premorbid situation metamorphosed into his factitious-disorder career that would probably impress even Freiherr von Munchhausen himself. This is undoubtedly a classic teaching case that would be even more instructive if information regarding the evolution of Kylo Rend’s life could be chronicled from its earliest moments,
through the evolution of his skills as a practiced Munchausen expert, to his reported present state with probable leukemia related to the hundreds of computed tomography chest scans secondary to his chronic complaints of chest pain. Does having a verifiable, reasonably serious medical condition fulfill Kylo Rend’s life wish of being treated for a bona fide medical condition? Does this event close the psychological loop and bring some modicum of relief from his relentless drive to be perceived as having a challenging medical case requiring a high degree of investigative rigor and at the same time foster sympathy for all his purported serious illness and psychosocial stressors brought about by his factitious and now probable leukemia? Unfortunately, as Kylo Rend would not allow our team to verify any of his biopsychosocial information and his diagnosis is congruent with obfuscation and diversion, we have no idea about his life other than he is extremely creative in his challenging factitious disorder battles with his chosen treatment team opponent of the day.

In my opinion, Kylo Rend has gifted the teaching community a classic case of self-imposed factitious disorder that should catch the attention of even the most tangentially interested medical student, resident, or physician. Having a complete biopsychosocial description of this case would make a significant contribution to expanding the understanding of this case, demonstrating an entity newly classified in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition as a somatic symptom and related disorder. From our point of view, some of the questions we would like answers to include how did his social and family histories contribute to launching this lifelong quest to seek sympathy and outwit medical specialists? How did the sophistication of Kylo Rend’s presentations evolve as he gained more knowledge about the medical problems that he presented and the diagnostic strategies used by the medical teams he challenged on each admission? Was there any difference in how the medical teams managed and resolved his case? What were the lessons learned by the numerous medical teams that were challenged by this talented Munchausen syndrome practitioner?

Finally, in keeping with the Star Wars analogy, has Kylo Rend decided to lower the defensive shields on his spaceship as he is presumably legitimately accepted into medical care as a patient with a bona fide illness (leukemia)? Or, is his present recovery on the planet Anoat merely a staging area for a new cycle of carefully planned challenges to target the Jedi Knights of the medical community? If he does not choose to start another self-imposed factitious disorder quest to challenge medical teams, what life has he or will he find to be suitable to fulfill his psychosocial needs after his near mythical war with medicine?

REFERENCES

Mark B. Detweiler, MD, MS
Salem, VA

Disclosure: The author has no relevant financial relationships to disclose.
doi: 10.3928/00485713-20161109-03