

2. Dafallah SE, El-Agib FH, Bushra GO. Maternal mortality in a teaching hospital in Sudan. *Saudi Med J* 2003; 24: 369-373.
3. Graham JM, Adwards MJ. Teratogens update: gestational effects of maternal hyperthermia due to febrile illnesses and resultant pattern of defect in humans. *Teratology* 1998; 58: 209-221.
4. ElZaki K, Ahmed ME, Elhassan AM, Yousif MA, Fahal AH. Acute gluteal abscess following intramuscular chloroquine injection: a clinical and experimental study. *J Trop Med Hyg* 1991; 94: 206-209.
5. Ahmed ME, Fahal AH. Acute gluteal abscess injectable chloroquine as a cause. *J Trop Med Hyg* 1989; 92: 317-319.

Pseudocyesis and infertility

Saad E. Dafallah, MBBS, MJOK.

Pseudocyesis or phantom pregnancy is a psychological disorder in which the women firmly believes her to be pregnant and manifests the symptoms and signs of pregnancy. This definition excludes cases of willful and conscious deception. Since the symptom complex of pseudocyesis is erroneously, commence antenatal care of such patients. Between the 1 of January 1994 up to 31 December 1999 twenty cases of pseudocyesis were collected among patients who had previously being investigated and managed for reproductive failure at Wad Medani Teaching Hospital, Sudan. All the 20 women believed that they were pregnant and had obvious pregnancy fantasies. They all had history of secondary amenorrhea, ranging from 4-19 months, and all complained of abdominal enlargement. In all cases clinical examination revealed a non-gravid uterus. In 5 cases, the uterus was enlarged by leiomyomata of varying sizes, with the largest consistent with cyesis of 24 weeks. Urine specimens sent for pregnancy test were negative in all cases. Ultra-sound confirmed the absence of pregnancy of all cases. The case is a 34 years-old married woman which is a typical case of pseudocyesis. She was the first of her husband's 3 wives. In order to inherit a share of his wealth, it was mandatory to have children. The other 2 wives had 4 and 5 children. The patient have not succeeded in bearing and offspring despite all investigations and management. She attributed her delayed fertility to other 2 wives, but she believed now she is pregnant. When the patient presented, she gave a history of amenorrhea of 14-months, abdominal distension, previous nausea and vomiting, weight gain and fetal movements. Her native doctor had informed her that her pregnancy was due to witchcraft and evil spirits involved by others in an attempt to ensure that the baby would not survive. To overcome the malign influence, she had performed several rituals at great expense, although her husbands provided only

Table 1 - The distribution of the presenting features of pseudocyesis.

Signs or symptoms	n (%)
Amenorrhea	20 (100)
Belief of pregnancy	20 (100)
Abdominal enlargement	20 (100)
Fetal movement	16 (80)
Nausea and vomiting	12 (60)
Enlarge uterus	5 (25)
Softness of the cervix	2 (10)

limited financial supports. On examination, her breasts appeared full with little secretion, the abdomen was distended these are rhythmical movements of the abdominal wall simulating fetal movements. The uterus could not be palpated their abdomen and the fetal heart sound was not audible by the sonic aid. Pelvic examination revealed normal genital organs. Ultrasound revealed no fetal parts. Pituitary function tests revealed normal prolactin, (332 mu/L) normal Follicle stimulating hormone (FSH) (22.8 u/L) and normal leuteinizing hormone (LH) (29.2u/L). estradiol is slightly decreased and serum progesterone is slightly elevated (36.5 n mol/L) suggesting luteal phase. Nevertheless the patient still strongly believed that she is pregnant and intended to continue her follow up with her native doctor. Tow months later she presented claiming that her pregnancy was so prolonged that she is afraid to loose her fetus. She was then admitted to the hospital. She was seen 3 times by the psychiatrist who failed to convince her that she is not carrying any pregnancy. Two weeks later the symptoms and signs of pregnancy disappeared spontaneously. The total number of patients complaining of reproductive failure who were seen during the period 1 January 1994 up to 31 December 1999 was 3200. The number of patients with pseudocyesis was 20, giving an incidence of 1: 160. **Table 1** shows the presenting features of pseudocyesis, the age of patients ranged between 26-44 years, 12 patients were nulliparous, 5 gave birth to 3-5 but had no living child. The remaining 3 patients have got 3 female children but were desirous of a pregnancy hoping that they would give birth to a male child. The period of primary or secondary infertility ranged between 6-20-years and all patients were desperately eager to have a child. Six patients believed that witchcraft have prevented their pregnancies from developing to maturity and the remaining 14 patients will more than 9 months amenorrhea believed that spontaneous labor had

been inhibited through witchcraft. All patients were of low socioeconomic groups and were under emotional and psychological stress as consequence of their relative infertility. Pseudocyesis, although not common in gynecological practice, has been recognized since the time of Hypocrites, Aldrich.¹ In our study the incidence of pseudocyesis is 1:160 this comparable with 1:170 found by Hennessy.² Sterile unions are, therefore, invariably associated with considerable stress, especially when the other women in polygamous marriage succeeded in bearing children. In a monogamous marriage infertility is often license for extra marital affairs. Pseudocyesis is classic evidence of the supreme role of the central nervous system on gonadal function through a rather complex and poorly understood psycho-neuro-endocrine interaction Bray et al.³ The reproductive potential of a woman is very important for social, psychological and economic reasons, so it is not unheard of to detect psychosomatic symptoms due to infertility. All patients presented with amenorrhea, belief of pregnancy and abdominal distension, these results are similar to the results of Meza et al⁴ who demonstrated the above symptoms in all his patients. Reactive depression is of importance in the genesis of pseudocyesis and subsequent manifestations of symptoms and signs could be a defense against psychological disorder. The predominance of women of low socioeconomic of group in this series may imply that educated or sophisticated women can compensate for their childlessness by the diversional pursuits, although occasionally varying degrees of depression and mood alteration do occur. Pseudocyesis had no definitive effect on the pituitary function, our case had normal level of prolactin, FSH, LH, and this is consistent with what Padayachi et al⁵ found in his study. Unless the symptoms and sign of pregnancy disappeared spontaneously, it is very difficult to convenes the patient.

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From the Department of Obstetrics and Gynecology, Faculty of Medicine, University of Gezira, Sudan. Address correspondence and reprint requests to Dr. Saad El-Naim Dafallah, Associate Professor, Department of Obstetrics and Gynecology, Faculty of Medicine, University of Gezira, Wad Medani, PO Box 20, Sudan. Tel. +249 (1) 2641610. Fax. +249 (5) 1143415.

References

- Aldrich CK. Case of recurrent pseudocyesis. *Perspect Biol Med* 1972; 16: 11.
- Hennessy MB, Polk-Walker. A case study analysis of Pseudocyesis: consideration of the diagnosis of child sexual abuse. *Nurse Pract* 1990; 15: 31-32.
- Bray MA, Munyirci-Delale O, Kofinas GD, Keyes FI. Circadian, ultradian, and episodic gonadotrophin and prolactin secretion in human Pseudocyesis. *Acta Endocrinol (Copenh)* 1991; 1214: 501-509.
- Meza E, Choy J, Villanueva Ayala A. Pseudocyesis: Clinical and hormonal evaluation. *Ginecol Obstet Mex* 1989; 157: 308-310.
- Pdayachi T, Ashe R, Moodley J, Jialal I. Pituitary function tests in black patients with pseudocyesis. *S Afr Med J* 1991; 79: 24-26.

Garden cress (*lepidium sativum*) seeds as oral contraceptive plant in mice

Maysoon Sharief, CABOG, Zainab H. Gani, MSc.

In recent years, health care professional working in family planning programs have paid increasing attention to the quality of care and informed choice. The provider for contraceptive choice is most likely to be concerned with the ability of a method to prevent pregnancy, with its safety in use and with its feasibility in terms of provision. Choice of a method will of course be concerned with its efficacy, safety and side effects.¹

Oral contraceptive method is widely used in the world to control birth. But individual variation in absorption and metabolism account for small minority of failures. Therefore, and under the circumstances of the economic sanction, a search for herbaceous plant should be discovered and should be used without hard effort and counseling.

BALB/c mice bred in the College of Science, University of Basrah, Iraq were used throughout this work. They were 4-5-weeks-old. The mice were maintained in an animal house which is kept at a 25°C. Plastic cages with silk covers and saw dust beddings were used and were cleaned twice a week. Thirty-two female mice were divided randomly into 2 groups. Sixteen mice of one group were fed for one week on a standard diet containing garden cress (*lepidium sativum*) seeds. At 4 pm daily and throughout the experiment, each 4 female mice were transferred and caged with 2 males until the morning (9 am) of the next day. Then, female mice were isolated in the cages alone for experimental feeding. The other group of 16 female mice was fed on standard diet only and left with a male mice as a control.

In statistics, chi square (X^2) was used as a test of significance. The differences were considered significant at a level of $p < 0.05$.

The rate of contraception was (100%) in female mice in the treated group. In which, each mice received one g/day of oral dose of garden cress seeds. However, the total interruption of oral dose for the same female mice were recovered with the ability for pregnancy (80%). The pregnancy rate for the control group was (100%). Statistically, the difference was not significant ($p > 0.05$). Similarly,