

## Malingering—A Diagnosis of Exclusion

A Medical Clinic in a Jail

I am the medical director of a large jail that houses 1200 inmates, both men and women. In this setting, the incidence of malingering is high.

A recent code blue involved an 18-year-old woman who suddenly developed confusion, disorientation, and bizarre behavior. She had been incarcerated for 3 weeks. She was not taking any medications, and she had no access to illicit drugs. The deputy who escorted her to the clinic stated that the inmate was play-acting to draw attention to herself.

The patient was responsive, but she answered questions inappropriately. She required assistance for ambulation. She was febrile (102° F) without meningismus or localizing neuropathologic signs. As the patient's vital signs were being evaluated, an astute nurse noted an

inability to obtain a blood pressure reading.

After resuscitative efforts were initiated and an emergency squad was summoned, active vaginal bleeding was noted. Inspection and digital examination revealed a tampon that was homemade from toilet paper wrapped around newspaper. Sanitary pads, not tampons, are used in correctional centers. A diagnosis of toxic shock syndrome was established.

Malingering should always be a diagnosis of exclusion. As my father, who is also a physician, once told me, "It's not what you don't know, it's what you don't see that comes back to haunt you."

—Vincent Spagna, MD  
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