



Genital Delusional Parasitosis and Dhat syndrome : a case report

KEYWORDS

Delusional parasitosis, Risperidone, Genital.

Hardhik Sheth

Resident Doctor, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

Avinash De Sousa

Research Associate, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

Nilesh Shah

Professor and Head, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

ABSTRACT

Delusional parasitosis (DP) type is a rare delusional disorder which poses a challenge to psychiatrists worldwide. We illustrate a case here that presented to our out patient department with purely genital delusional parasitosis. The patient was diagnosed and treated with Risperidone to which he responded very well.

INTRODUCTION

Delusional parasitosis (DP) or Ekbom syndrome is a psychiatric disorder in which the patient has a fixed, false belief that he or she is infested by parasites [1]. These patients generally reject psychiatric referral or treatment and often present to a dermatologist because they are convinced of having a dermatological problem and are then referred to psychiatry [2]. Literature reveals a large number of anecdotal case reports of the condition as well as reviews of case series [3]. The condition may be seen post a skin infection or after the patient has been treated for skin disorders and recover [4]. We present herewith a case report of a patient that presented to our out-patient department with DP that was focused on the genital area and started after a genital skin infection.

CASE REPORT

A 32 year old married male who was illiterate and a labourer presented to the psychiatry out patient department with genital complaints. He was being treated by the dermatology department for tinea corporis and was sent to us in view of his bizzare genital complaints. The patient was apparently alright 1 year prior presentation when after a sexual exposure with an unknown woman, he started feeling a burning sensation on the foreskin of his penis and complained a sudden bolt of unexpected pain in the foreskin region. He would also feel the same sensations during micturition. He had been on skin medication for many months but found no improvements. He then began to feel that some insects were crawling under his foreskin and penis. He claimed to have seen the insect and mentioned that it was 3cm long. He also complained that the insects bite near his genitals. All attempts to make him think to the contrary was unsuccessful.

He also complained of loosing semen in his urine that has added to his woes and weakness. He also felt that all his sensations increased after loosing this dhat (semen). He believed that all this had started after his affair with that unknown lady and that she had ruined his life. The patient was started on Risperidone in a dose 1mg thrice a day and this dose was increased to 6mg per day. The patient was better on follow up within 3 weeks and was also called in for 2-3 sessions of sex counselling to resolve his semen loss issues. He was also examined manually in the genital area to make him feel that there are no insects in the region.

DISCUSSION

DP can present as the sole psychiatric symptom or it may be associated with an underlying psychiatric disorder while in our case report it occurred as a part of a paranoid disorder in the primary case here. There have been a number of reports from India on DP [5]. The unique features of the case discussed are the facts that the patient started feeling the DP after a genital infection and ulcer following herpes simplex infection and a sexual exposure. DP may be a part of substance abuse or as a comorbidity of depression as well [6]. Risperidone and Pimozide are agents that have been most documented in the treatment of DP though Olanzapine and electroconvulsive therapy (ECT) finds mention as well [7]. Here our patient responded very well to Risperidone alone.

REFERENCE

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