



Delusional Parasitosis : A Case Report

KEYWORDS

Delusional parasitosis, Risperidone.

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ABSTRACT *Delusional parasitosis (DP) type is a rare psychiatric disorder which poses a challenge to psychiatrists worldwide. We illustrate a case here that presented to our out patient department with the same problem. 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 parasites¹. 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 psychiatry². Literature reveals a large number of anecdotal case reports of the condition as well as reviews of case series³. The condition may be seen comorbid or as a part of disorders like depression, substance abuse and obsessive compulsive as well being a part of paranoid schizophrenia⁴. We present herewith a case report of a patient of DP that presented to our out-patient department.

CASE REPORT

Mr. X, a 42 year old married illiterate male who was a labourer, presented to the out patient psychiatry department with the complaints of insects crawling over his skin. When the patient was told that no insects were visible, he tried to convince the psychiatrist that the insect has already made tracks and sat hidden. On enquiry, the patient gave history that 2 months ago he suddenly got up from his sleep when he felt insect on his skin and tried to remove them by scratching and scrapping his skin but failed. Gradually the patient felt that the insect was making multiple tracks. Sometimes he could hear the noises made by the insect. He described the insect to be about 2-3 inches long, blackish in colour having multiple legs, something like a centipede. The patient believed that the insect was growing in size. The patient followed the advice given by his colleagues to get the insects out of his skin by eating a particular food which was felt to be toxic to insect, pouring warm water on the body and sleeping with oil applied on the body. The patient was also convinced that the insects would lay eggs all over his body include his brain. This thought worried him so much that he hardly slept 3-4 hours/day, had stopped going to work and became aggressive and irritable. The patient was then brought for treatment to the psychiatry department. We started him on Risperidone 2mg per day which was later increased to 6mg per day and Trihexyphenydl 4mg per day was added. He was also prescribed Clonazepam 0.5mg at night for sleep. Within 3 weeks of treatment he was 80% better and did not feel that the insects remained anymore. He would get sensations off and on and would ignore the same while he restarted going to work regularly. He is currently well maintained.

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 DP⁵. The unique features of the case discussed are the facts that the patient even started following a particular diet or started applying oil prior to sleep feeling that the insects may be killed. He even started scrapping his kin and became irritable. Thus DP may lead to patients becoming irritable, aggressive and even self injurious. DP may be a part of substance abuse or as a comorbidity of depression as well⁶. Risperidone and Pimozide are agents that have been most documented in the treatment of DP though Olanzapine and electroconvulsive therapy (ECT) finds mention as well⁷. Here our patient responded very well and quite quickly to Risperidone alone.

REFERENCE

1. Lepping P, Russell I, Freudenmann RW. Antipsychotic treatment of primary delusional parasitosis: systematic review. *Br J Psychiatry* 2007;191:198-205. | 2. Trabert, W. 100 years of delusional parasitosis. *Psychopathology* 1995;28:238-246. | 3. Lombardi C, Belli D, Passalacqua G. When allergology meets psychiatry: delusional parasitosis (Ekbom's syndrome). *Eur Ann Allergy Clin Immunol* 2011 ;43(3):89-91. | 4. Goddard, J. Analysis of 11 cases of delusions of parasitosis reported to the Mississippi Department of Health. *South Med J* 1995;88:837-839. | 5. Lepping P, Freudenmann RW. Delusional parasitosis: a new pathway for diagnosis and treatment. *Clinical Dermatology* 2007;33:113-117. | 6. Aw DC, Thong JY, Chan HL. Delusional parasitosis: case series of 8 patients and review of the literature. *Ann Acad Med Singapore* 2004;33:89-94. | 7. Berrios GE. Delusional parasitosis and physical disease. *Compr Psychiatry* 1985;26:395-403. |