

## INTRODUCTION

Delusional parasitosis (DP) is a psychiatric disorder in which the patient has a fixed, false belief that he or she is infested by parasites [1]. Many patients with DP usually present to a dermatologist because they are convinced of having a dermatological problem and are then referred to the psychiatrist [2]. There are a number of anecdotal case reports of the condition as well as reviews of case series with the largest being reported from India with 128 cases [3]. The disorder may be seen comorbid as a part of depression, substance abuse disorders and schizophrenia [4]. DP has always been a disorder which is challenging to treat medically and the patient's firm beliefs come in the way of treatment [5]. We present herewith a case report of a patient of DP that developed post cataract surgery.

## **CASE REPORT**

A 70 year female patient visited our outpatient department with her daughter with complaints of seeing ants all over body since the past 10 months. According to the patient and her daughter she was apparently alright 10 months back when she had underwent cataract surgery. One week after the surgery she started complaining of seeing ants all over her body. She would complain that the ants were coming from all the orifices of body i.e. nose, ear, eyes, urethral opening, anus etc. She could see them in respective secretions i.e. nasal discharge, tears, urine, stools etc. she would complain that the ants would keep on coming out from the orifices the whole day and she would keep on itching her skin whole day. She would collect ants which she would pick by rubbing skin and store them in handkerchief and paper wraps to show family members. She was convinced that during operation someone had placed few ants in her eyes and from there they spread throughout her body and are now coming out from various orifices as described above.

She started remaining sad throughout the day, would have crying spells, feel like dying as it became unbearable to her. The family members tried to convince her that there were no ants but she would get angry on them and would feel helpless as no one believed her. Gradually her sleep and appetite started affecting. And since one month she had not slept well. She was referred by her family doctor for a psychiatry consult.

There was no history of suspiciousness of other kind or other hallucinations. No history of any memory disturbances. Also patient did not have any other medical co morbidities. There was no family history of any psychiatric illness. After a thorough assessment, we diagnosed her as having delusional parasitosis and major depressive disorder and started her on Tab. Tiaprex 50 mg per day, Tab. Escitalopram 10mg per day and Tab. Clonazepam 0.5mg at night as sleep was disturbed. After 2 weeks of treatment she reported 15% improvement in clinical symptoms and Tiapride was increased to 100mg per day. At the end of 4 weeks she was almost 70% better. The patient is following up and doing well.

## DISCUSSION

38

DP can present as the sole delusion and sometimes it may be associated with an underlying psychiatric disorder. In our case report it occurred

as a part of depression and developed post cataract surgery. There have been a number of case reports and case series from India on the disorder [6]. The unique features of the case discussed are that it started post cataract surgery and the patient felt that ants were inserted in the eye during surgery from where they spread to all orifices of the body. The patient collected some ants which were not seen by family members. Our patient responded well as far as DP to Tiapride. 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 [7-8]. Here our patient responded very well to Tiapride alone while Escitalopram was added to manage the depression.

Conflict of Interest-Nil Financial Disclosures-Nil Acknowledgements-Nil

## References

- Lepping P, Russell I, Freudenmann RW. Antipsychotic treatment of primary delusional parasitosis: systematic review. Br J Psychiatry 2007;191:198-205.
- Bewley AP, Lepping P, Freundenmann RW, Taylor R. Delusional parasitosis: time to call it delusional infestation. Br J Dermatol 2010;163(1):1-2.
- 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.
- Freudenmann RW, Kölle M, Schönfeldt-Lecuona C, Dieckmann S, Harth W, Lepping P. Delusional parasitosis and the matchbox sign revisited: the international perspective. Acta Dermat Venereol 2010;90(5):517-9.
- Lepping P, Freudenmann RW. Delusional parasitosis: a new pathway for diagnosis and treatment. Clinical Dermatology 2007;33:113-7.
   Bhatia MS, Jhaniee A, Srivastava S. Delusional infestation: a clinical profile. Asian J
- Bhatia MS, Jhanjee A, Srivastava S. Delusional infestation: a clinical profile. Asian J Psychiatry 2013;6(2):124-7.
   Prakash J, Shashikumar R, Bhat PS, Srivastava K, Nath S, Rajendran A. Delusional
- parasitosis: Worms of the mind. Industr Psychiatry J 2012;21(1):72-5.
  Huber M, Lepping P, Pycha R, Karner M, Schwitzer J, Freudenmann RW. Delusional
- Indeet M, Lepping T, Fycha K, Kalnet M, Schwitzer J, Fredermann KW. Detusional infestation: treatment outcome with antipsycholics in 17 consecutive patients (using standardized reporting criteria). Gen Hosp Psychiatry 2011;33(6):604-11.