



COTARD'S SYNDROME: A REVIEW ARTICLE

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ABSTRACT **INTRODUCTION:** Cotard's Syndrome was first described by Jules Cotard, a French neurologist who called it as "le délire de negation" ("negation delirium"), in a lecture in Paris in 1880. He reported the case of a 43 year old lady who believed that she had "no brain, nerves, chest or entrails and was just skin and bone", that "neither God nor the devil existed" and that "she was eternal and would live forever". The syndrome is described to have various degrees of severity, ranging from mild to severe. In a mild state, feelings of despair and self-loathing occur, whereas in the severe state the person with Cotard's syndrome actually starts to deny the very existence of self. The present case is of a lady with recurrent depressive disorder, in which the sufferer had nihilistic delusions typical of Cotard syndrome.

KEYWORDS :

DEFINITION

Walking Corpse Syndrome or Cotard's Syndrome is a mental disorder in which patient experience delusion that they are dead, do not exit, are putrefying or have lost their vitals organs. In some cases, they can even smell the rotting flesh. The condition can simply be described as "existence denial". It is sometimes accompanied by symptoms of guilt, anxiety and negativity.



EPIDEMIOLOGY

Studies indicate that the disease is more prevalent in older patients with depression. It is also more likely to occur in patients with disorders like schizophrenia, bipolar disorders, brain injury, brain atrophy, seizure disorders, depression, brain tumours, stroke, and migraine and in patients with delirious states. Women may be more commonly affected than men.

CAUSES OF WALKING CORPSE SYNDROME

Walking Corpse Syndrome occurs due to lesions in frontal and temporal regions of the right hemisphere of the brain. The exact cause for 'Walking Corpse Syndrome' is not known.

Some patients suffering from 'Walking Corpse Syndrome' have died of starvation since they deprived themselves of food thinking that they are already dead. The patients also have a tendency to attempt suicide and harm themselves.

RISK FACTORS THAT HAVE BEEN ASSOCIATED WITH COTARD'S SYNDROME ARE-

- The condition is more common in older individuals with depressive disorders. It is associated with other mental disorders like schizophrenia, bipolar disorders and dementia
- It has been associated with other conditions affecting the brain like brain atrophy, brain tumour, seizure disorders, brain injury, migraine, Parkinson's disease and stroke
- it could also be a consequence of an adverse drug reaction to acyclovir, an antiviral drug, in patients with kidney failure. These patients are unable to excrete a metabolite of acyclovir called CMMG, which accumulates in the blood and causes the symptoms

PATHOPHYSIOLOGY

In the cerebrum, organic lesions in the parietal lobe might cause the Cotard delusion. The underlying neurophysiology and psychopathology of Cotard syndrome might be related to problems of delusional misidentification. Neurologically, the Cotard delusion (negation of the Self) is thought to be related to the Capgras delusion (people replaced by impostors); each type of delusion is thought to result from neural

misfiring in the fusiform face area of the brain (which recognizes faces) and in the amygdalae (which associate emotions to a recognized face). The neural disconnection creates in the patient a sense that the face they are observing is not the face of the person to whom it belongs; therefore, that face lacks the familiarity (recognition) normally associated with it. Cotard's syndrome is usually encountered in people afflicted with a psychosis (e.g., schizophrenia), neurological illness, mental illness, clinical depression, derealization, brain tumor and with migraine headache.

SIGNS AND SYMPTOMS OF WALKING CORPSE SYNDROME

Clinical features include depression, feeling of guilt, negativity and insensitivity to pain. The patients may also believe that they are paralyzed or have auditory or smell-based hallucinations.

People affected by this disorder cannot recognize their own face and do not show any interest in social life or pleasure. They are always paranoid and neglect their own hygiene. They have a suicidal tendency or may harm themselves. They lose sense of reality and have distorted view of the world.

Yamada suggested a classification of Cotard's syndrome; he divided it into three stages based on the symptoms:

- **Germination stage:** In this stage, the patient shows characteristic features of depressive mood, extreme worry of unwellness and excessive fear of one's illness, despite medical treatment.



- **Blooming stage:** In this stage, the patient experiences true features of the syndrome i.e. delusion of being dead or immortal; this stage is associated with anxiety and negativism.

DIAGNOSIS OF WALKING CORPSE SYNDROME

'Walking Corpse Syndrome' is diagnosed based on the patient's history and symptoms. Tests are used to exclude other conditions as well as to diagnose associated diseases. These tests include:

- Blood test
- CT Scan (Computed tomography)
- MRI (Magnetic Resonance Imaging)
- SPECT (Single-photon emission computed tomography)
- Electroencephalogram (EEG)

TREATMENT OF WALKING CORPSE SYNDROME

Walking Corpse Syndrome / Cotard's syndrome is treated with medications in combination with electroconvulsive therapy.

Treatment of 'Walking Corpse Syndrome' includes the following:

- **Identification and treatment of risk factors:** Risk factors for 'Walking Corpse Syndrome' should be identified and treated.
- **Antidepressants, antipsychotics and mood stabilizer medications:** Antidepressants, antipsychotics and mood stabilizers are used in the treatment of Cotard's syndrome. Based on the underlying condition, the patient should be treated with a single drug or combination of medications. Mood stabilizers have beneficial effects in patients with bipolar disorder.



- **Electroconvulsive Therapy:** Many cases have shown that a combination of electroconvulsive therapy (ECT) with medications was more effective to manage the condition as compared to medications alone. ECT involves placing electrodes on the patient's head and administering the small impulses.
- **Chronic stage:** In this stage, the individual shows severe depression due to emotional disturbances or paranoia.

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