



## EKBOM SYNDROME: A REVIEW OF RARELY OCCURRING PSYCHOTIC DISORDER

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### KEYWORDS :

#### Introduction

Ekbom syndrome is also known as delusional parasitosis (DP) or delusional infestation or dermatozoid delusion which is a rare psychiatric disorder. This disorder was initially described by Thiberge in 1894, ekbom defined the syndrome first in 1938<sup>1</sup>.

#### Definition

Ekbom Syndrome also known as delusional parasitosis is an uncommon condition and has occasionally been found to be associated with systemic conditions like leprosy pellagra, vitamin B12 deficiency, cerebro-vascular disease and temporal lobe epilepsy.<sup>2,3</sup>

#### Clinical features

- Patient Perceives Skin as Infested With “Invisible Bugs”.

Although it would not be surprising for a patient to say, “It feels like bugs moving under my skin,” ES patients state, “have bugs crawling under my skin.” The bugs demonstrate attributes and behaviors that are scientifically unrealistic.<sup>4</sup>

The bugs are visible only to the patient, who is frustrated that the physician cannot see them. “There are millions of them,” but the patient cannot provide an actual specimen. Patients express desperation, using dramatic terms such as, “You’re my last hope.” Not infrequently, they express suicidal ideation, “I can’t take it anymore; I just going to end it all if you can’t help me”.<sup>5,6,7</sup>

- Patient Treats Skin With Various Substances to Kill the Bugs
- Patients exhibit self-inflicted excoriation, extraction wounds, lesions, and dermatitis due to the extreme treatments they employ. Most of them have “purification rituals” through which they attempt to eradicate their infestation.<sup>8</sup> Common home remedies include tea tree oil, cedar oil, and neem oil.<sup>9</sup>
- Patient Uses Sharp Objects to Extract Bugs From Skin  
Patients spend considerable time picking and digging at the skin, attempting to extract the bugs.<sup>8</sup>
- Patient Exhibits Extreme Housecleaning Efforts  
These activities can produce severe dermatitis, interpreted by the patient as further parasite caused damage.<sup>10</sup>
- Patient Experiences Insomnia
- Patients complain that the insects are more active at night, interfering with sleep.<sup>11</sup>
- Patient Abandons Home  
Believing the home to be infested, patients move from hotel to hotel (as each sequentially becomes infested) and eventually end up living out of their vehicle.<sup>12</sup>
- Patient Exhibits Social Isolation  
Again, because the patients are fearful of contaminating others, they often withdraw, having no interaction with People.<sup>13</sup>

#### Doctor Shopping

Patients complain of lack of understanding from those in the medical profession.<sup>14</sup>

Physician’s attempts to explain to patients about their condition and the lack of bug involvement are met with hostility and resentment.<sup>15</sup>

One patient, for example, consulted a general practitioner, an emergency medical physician, a dermatologist, a parasitologist, and a veterinarian.<sup>16</sup>

#### Epidemiology

Psycho-cutaneous disorders are more common in females; however, DP affects both sexes equally below 50 years of age, and the male-to-female ratio of having the disease is 1:3. DP is considered rare; however, Ekbom stated that it is common for mentally ill people to believe they have creatures in and/or on the body. DP affects 2.37–17 per million per year. The age of onset ranges from 55–68 years; however, primary DP may occur in adolescents, and those in the age group of 20–40 years must be dealt with the utmost concern due to recreational drugs that may trigger or cause DP.<sup>17,18,19,20</sup>

#### Classifications

Primary and secondary DP can be distinguished (Table I).<sup>21</sup> In primary DP, the delusion occurs independently of any medical condition; in secondary DP, the delusions arise in the setting of another major medical (infection, somatic illnesses associated with itching or paraesthesia, e.g. diabetes mellitus, uraemia, jaundice, cancer), neurological disorder (e.g. dementia, brain tumour, stroke) or psychiatric disorder such as schizophrenia, major depressive disorder or mania; finally, DP can be induced by psychotropic and non-psychotropic substances.<sup>22</sup>

#### Classifications of EKBOM Syndrome

Primary		
Organic cause	Substance	Psychiatry
Vitamin B12 deficiency Heart Failure Leprosy, Meningitis Arthritis Trauma, Tumors	Amphetamine Captopril Clonidine	Mood disorder Anxiety Schizophrenia

#### Diagnosis

Laboratory tests, Mental state examination shows cognitive functioning (MMSE = 30); the clock drawing test and Cerebral CT that shows initial brain atrophy compatible with age. A diagnosis of primary delusional parasitosis was made, according to diagnostic criteria for delusional disorder, somatic type in DSM-IV-TR and ICD-10 criteria for persistent delusional disorder.<sup>23</sup>

#### Treatment

DP is usually treated with the antipsychotic pimozide. Pimozide, like other typical antipsychotics, is associated with extrapyramidal side effects. Moreover, pimozide therapy can cause prolongation of the QT interval, requiring baseline and periodic electrocardiographic monitoring. Due to these serious adverse effects, the use of atypical antipsychotics (AA) has been suggested. Comprehensive reviews of the clinical efficacy of AA in the treatment of both primary and secondary DP have been reported.<sup>24</sup>

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