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A RARE CASE OF DELUSIONAL PARASITOSIS AS A PART OF MANIC EPISODE IN A CASE OF BIPOLAR AFFECTIVE DISORDER

Psychiatry

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ABSTRACT

Delusional parasitosis is an intriguing phenomenon which can appear primarily or secondarily to another psychiatric illness. Here we present a rare case where it occurred in the context of bipolar affective disorder.

KEYWORDS

INTRODUCTION

Delusional parasitosis which is also known as Ekbom's syndrome, is a psychiatric syndrome with the delusional belief that the patient's skin is being infested by insects, worms or other small animals[1,2].The onset of the disease is usually insidious in nature[3]. The belief is classically preceded by primary tactile sensations, such as itching or paresthesia, and sometimes hallucinations that lead to delusional parasitosis, secondary in nature [3,4].Here we present a rare case where such phenomenon occurred in the context of mania.

Case Report

A 24 year male presented to dermatology OPD with complaints of itching all over body and something crawling on his skin for past 5 days. Examination did not reveal any dermatological manifestation which led to his referral to psychiatric OPD. Patient was irritable and abusive . Mental state revealed elevated mood , big talks of being the ex prime minister of the nation, incongruent affect with impaired test judgement and abstract thinking. Thought content was dominated by thoughts of insects crawling all over the body and destroying the skin. Youngs' mania rating scale (YMRS) score was 25.On further enquiry, his mother revealed episodic nature of the illness with this being his third episode in past 2 years. Each episode had similar features and was triggered by trivial stressors. Every such episode was preoccupied by thoughts of infestations by insects and incidences of pricking of skin in view of killing them. He was diagnosed with bipolar affective disorder, currently in mania with delusional parasitosis as per DSM V. He was previously treated with psychotropics with adequate response and poor compliance. He had no history of addiction or any co morbidities and recent investigations which include CT Scan of brain were within normal limits. He was started on tablet sodium valproate 500 mg twice a day with tablet olanzapine 5 mg once a day for 3 days then 10 mg a day for next 7 days with clonazepam 0.5 mg on SOS basis. The symptoms came down in 5 days with YMRS score being 12. The patient is well maintained in same dosage in next 2 follow ups on fortnightly visits.

DISCUSSION

As per literature [5,6] the delusional parasitosis is an unspecific state, which lacks a psychopathological and nosological origin grossly. It is mostly a chronic tactile hallucinosis or a primary or depressive delusion that corresponds to one of the four nosological categories that are : symptomatic psychosis, organic psychosis, schizophrenia and vital depression [6].

Some other models of literature have advocated that delusional parasitosis as a possible manifestation of psychiatric presentation, such as affective psychosis, organic psychosis. [7,8]

Coming to our case, here delusional parasitosis was seen as a part of mania instead of an individual entity as in psychosis or acute exacerbatiom of schizophrenia which make the presentation very rare. Possible explanations can be same areas of origin of these delusions and other classical delusions of BPADs in amygdala, limbic system etc[7-11] Resolution of symptoms and lack of recurrence on treatment of the cyclicity further confirms the symptoms cluster as part of the affective illnesss [12,13].

Despite many established research on delusional parasitosis as primary or secondary psychopathology[14], it's manifestation as a demarcated symptom of mania is rare.

CONCLUSION

Delusional parasitosis is a very interesting phenomenon and that in context of a bipolar illness makes it very intriguing . Dermatologist and psychiatrist both should look out for these symptoms and the major psychiatric illnesses co morbidly associated with them for better management and care. Further sample based studies will throw more light on the topic.

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