

DELUSIONAL PARASITOSIS – A CASE SERIES

DR. SUDIP MUKHERJEE

INTRODUCTION

- It is defined as a psychiatric disease with a fixed, false belief in infestation with living or nonliving pathogens¹.
- Also known as Ekbom's syndrome, honoring the neurologist Karl-Axel Ekbom, who published seminal accounts of the disease in 1937 and 1938.
- Occurs in less than 3 per 1000 psychiatric in-patients

INTRODUCTION

- Can be primary or secondary
- Typically manifests as a crawling, pin-pricking sensation that is most commonly described as involving perceived parasites crawling upon or burrowing into the skin, sometimes accompanied by an actual physical sensation
- Treatment primarily involves the use of antipsychotics

CASE 1

72 yr, F

- **c/o: crawling of insects** over forehead and ears
- **Itching** over scalp and face
- Claimed she could see **these 'insects'**, plucked them out of the eyebrows since 2 years

CASE 2

37 yr, F

- **c/o: crawling of insects** over hands, legs, upper trunk while washing her husband's clothes
- **Itching,**
- Apprehension, palpitation, worrying thoughts, irritability towards husband
- Reduced sleep and appetite since 6 months

CASE 3

65 yr, M

- **c/o : crawling of insects**
- **itching** over scalp and forearms
- Belief that insects fly, change colour and shape after scratching since 2 years
- Would also **collect these 'insects'** in a piece of paper as a proof

CASE 1

Past history – K/C/O
Hypertension since 8
years, on Amlodipine

H/O consultations
from a general
physician and a
dermatologist

No past or family
history suggestive of
psychiatric illness

No h/o substance use

CASE 2

Past history: H/o
receiving

Dermatological
treatment for eczema
due to severe itching

No past or family
history suggestive of
psychiatric illness

No h/o substance use

CASE 3

Past history: H/o
dermatological
consultation for itching

No past or family
history suggestive of
psychiatric illness

No h/o substance use

CASE 1

General physical and systemic examination was within normal limits

MSE : an anxious affect, **delusion of parasitosis, tactile and visual hallucination** and impaired insight

CASE 2

General physical and systemic examination was within normal limits

MSE : anxious affect, **delusion of parasitosis, and tactile hallucinations**

CASE 3

General physical and systemic examination was within normal limits

MSE : **delusion of parasitosis, visual and tactile hallucinations,** lack of insight and impaired judgement.

CASE 1

All routine lab investigations - within normal limits

MRI Brain plain – NAD

Diagnosis : delusional disorder

Rx: T. Trifluoperazine (5mg) and Trihexyphenidyl (2mg) twice daily and showed gradual amelioration of symptoms

CASE 2

All routine lab investigations - within normal limits

MRI Brain plain – NAD

Diagnosis : delusional disorder

Rx: Risperidone 4 mg H.S., Trihexyphenidyl 2mg H.S. and Fluoxetine 20 mg. Her worrying thoughts reduced in a week, and her delusion changed to ideas in subsequent follow-ups

CASE 3

All routine lab investigations - within normal limits

Except HbA1c – 7.0

MRI Brain plain – NAD

Diagnosis : delusional disorder

Rx: Risperidone 6 mg with trihexyphenidyl 2mg and Metformin 500mg. 2 months later, he was symptom free.

DISCUSSION

A very obvious finding in this case series is how the patients were referred from other OPDs for a Psychiatric evaluation.

While the symptoms are distressing, patients are unwilling to attribute them to be of psychiatric nature.

In cases of monosymptomatic delusions particularly, the lack of any other psychiatric symptoms confounds doctors as well.

Lack of improvement in cases motivates them to send the patients to Psychiatry OPD.²

DISCUSSION

There is a female preponderance in this condition, as is also reflected in our series, more commonly seen after the age of 50 years.³ They usually have an insidious onset as seen in our cases, last for more than 6 months suggesting chronicity.

The disorder does not show spontaneous remission and requires pharmacotherapy for the same. Relapses are usually associated with drug discontinuation

Sound remission rates have been achieved with antipsychotics, both first as well as second generation.^{1,3}

DISCUSSION

The socio-occupational functioning is greatly disrupted due to the distressing nature of these complaints as was seen in our patients.

To conclude, delusional parasitosis is a psychiatric condition which is difficult to detect in the initial phase of the illness but responds well to antipsychotic medication.



Thank you