A Case with Delusional Parasitosis

Bir Delüzyonel Parazitoz Olgusu

Delusional parasitosis (DP) is a false belief in which sufferers have a strong conviction that they are infested with insect-like organisms. The delusion may exist as a core symptom in patients with delusional disorder or it may be one of the symptoms in other psychiatric disorders. In this report, a woman with DP and the difficulty in persuasion on her for psychiatric treatment were described and the literature about DP was checked.

CASE REPORT

A 58-year-old woman applied to our clinic with a complaint of living parasites on her hair and body for a year. She informed that she had applied to several doctors previously and had used anti pediculosis, anti-scabietic, anti-histaminic treatments several times without a response. No pathology
was detected on dermatological and physical examinations. She brought some materials to our clinic of which she pointed them to be parasites. When examined, the materials that the patient brought together were detected to be parts of waste and herbals (Figure 1).

In laboratory examinations, no pathology was detected in complete blood count, renal, hepatic, and thyroid function tests. Serum levels of vitamin B12, folat and iron were normal. Hepatitis markers, anti-HIV, and VDRL were negative. Chest X ray graphy, abdominal and pelvic ultrasonographies were normal. She did not describe alcohol and drug intake, and substance abuse. No pathology was detected in cranial magnetic resonance examination. After the elimination of organic causes, the patient was consulted with psychiatry clinic and diagnosed as persistent delusional disorder and antipsychotic treatment was planned. But she refused this treatment.

**DISCUSSION**

DP is a chronic psychiatric disorder in which patients have a false and fixed belief that they are infested by parasites.\(^1\)\(^-\)\(^5\) Patients believe that these organisms live in their skin, and sometimes in other parts of their body such as mouth, intestine.\(^2\)\(^-\)\(^4\)\(^,\)\(^6\)

The prevalence of DP is unknown. DP is predominantly an illness of middle to late adult life.\(^1\)\(^,\)\(^3\)\(^,\)\(^7\)\(^,\)\(^9\) Mean duration of symptoms before attending a clinic was found to be 1.3 years in one study.\(^10\) The mean duration time to apply a doctor was found to be 3 years in the study of Aw et al.\(^8\) Patients usually seek care in dermatologists, and bring the parasites they have collected, the so-called matchbox sign, which is considered by some authors to be pathognomic.\(^1\)\(^,\)\(^3\)

To remove the insects, patients may excoriate the skin or apply toxic agents to skin or a part of body.\(^2\)\(^,\)\(^6\) so the patient may present with various dermatological findings such as excoriations, dermatitis-like lesions and/or ulcers that may mimic any kind of dermatological disorder. Therefore, the differential diagnosis may be difficult in some cases. The patients may be misdiagnosed as scabies, allergic and/or irritant contact dermatitis, dermatitis artefacta, and bullous diseases.\(^3\) Therefore, initial management in DP should include a detailed history, dermatological and physical examinations. In the presence of lesions, histopathological and direct immunofluorescence examinations may be needed.

DP can also be related with an organic disorder and or physical diseases such as diabetes mellitus, hyperthyroidism, renal failure, hepatic disease, nutritional disorders (vitamin B12 deficiency, pellagra), malignancies (lymphoma, breast, chronic lymphocytic leukemia), neurologic disorders (cerebrovascular disease, dementia, Parkinson’s disease), and substance abuse (alcohol, amphetamines, cocaine).\(^3\)\(^,\)\(^5\)\(^,\)\(^7\)\(^,\)\(^8\)\(^,\)\(^11\) While evaluating the patient, all organic factors should be excluded.\(^1\)\(^,\)\(^8\) Once organic causes have been eliminated, DP should be considered as a psychiatric disorder.

DP can occur in the context of an affective disorder, substance abuse, schizophrenia or organic psychosyndrome, but in 40% of reported cases it exists as an encapsulated persistent delusional disorder. DP can also be referred to as monosymptomatic hypochondriacal psychosis, psychogenic parasitosis.\(^1\)\(^,\)\(^4\)\(^,\)\(^5\)\(^,\)\(^7\) Delusional disorders has to be differentiated from major depression and schizophreni a firstly since delusions can be part of these disorders.

The treatment of DP includes firstly listening the patient and making the patient trust to the doc-
tor. Drugs used in DP are antipsychotic agents such as pimozide, olanzapine clozapine, risperidone (safer drugs, causing less adverse effects).\(^1\,\,^3\,\,^5\,\,^7\)

Patients usually deny using any treatment, as it was seen in our case.

In approaching the patient, firstly a true parasitic infestation, and a systemic disorder should be ruled out. Preparations of skin scrapings and necessary laboratory examinations must be done.\(^1\,\,^3\) Our case had had pruritus for a year, and her dermatological examination was normal when she applied to our clinic. She had been treated many times with anti-scabies, anti-histaminics, topical steroids, emollients without a response. No abnormality was detected in laboratory and screening examinations. So, she was consulted with psychiatrist.

Although DP is a psychiatric disorder, patients usually present to a dermatologist. The role of the dermatologist has a great importance in the diagnosis. Therefore, the presence of non dermatological disease should alert the dermatologist to the possibility of underlying psychiatric problems.

### REFERENCES