A Case with Delusional Parasitosis

Bir Delüzyonel Parazitoz Olgusu

Ülker GÜL, MD,[a]
Seray KÜLCÜ ÇAKMAK, MD,[a]
Arzu KILIÇ, MD,[a]
Erkan ASLAN, MD[a]

[a]2nd Dermatology Clinic,
Ankara Numune Education and
Research Hospital, Ankara

Geliş Tarihi/*Received:* 10.11.2006
Kabul Tarihi/*Accepted:* 16.01.2007

This article, was presented as a poster in congress of 15th EADV in 4-8 October 2006 in Rhodes.

Yazışma Adresi/*Correspondence:*
Arzu KILIÇ, MD
Ankara Numune Education and
Research Hospital,
2nd Dermatology Clinic, Ankara
TÜRKİYE/TURKEY
kilicarzu@gmail.com

ABSTRACT Delusional parasitosis is a rare and chronic psychiatric disorder in which patients have a false and fixed belief that they are infested by parasites. Although this is actually a psychiatric disorder, patients usually seek for care from dermatologist. Delusional parasitosis may be associated with a wide range of physical and psychiatric illnesses. In some cases, it may occur as the sole psychiatric disease. In this report, we present a 58-year-old woman presenting with delusional parasitosis in whom we could not detect an organic etiology. We want to emphasize the role of the dermatologist and the importance of the referral of the patient to a psychiatrist in such cases.

Key Words: Delusion; diagnosis, dual (psychiatry)

ÖZET Delüzyonel parazitoz, hastaların parazitlerle enfeste olduklarını düşündükleri yanlış ve sabit inanışlar ile oluşan nadir görülen kronik psikiyatrik bir hastalıktır. Her ne kadar gerçekte psikiyatrik bir hastalık olsa da, hastalar genellikle dermatoloğa başvururlar. Delüzyonel parazitoz çok çeşitli fiziksel ve psikiyatrik hastalıklarla ilişkili olabilir. Delüzyonel parazitoz bazı olgularda tek başına bir psikiyatrik hastalık şeklindedir. Bu yazıda organik bir etiyoloji saptanamayan delüzyonel parazitoz tanılı 58 yaşındaki kadın olguyu sunuyoruz. Bu tür vakalarda dermatoloğun rolünü ve hastanın psikiyatriste yönlendirilmesinin önemini vurgulamak istiyoruz.

Anahtar Kelimeler: Delüzyon; tanı, psikiyatrik hastalık

Turkiye Klinikleri J Dermatol 2009;19(1):20-2

Delusional parasitosis (DP) is a false belief in which sufferers have a strong conviction that they are infested with insect-like organisms.[1-4] 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.[4] In this report, a woman with DP and the difficulty in persuasion 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

FIGURE 1: The materials that the patient brought together.

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 pyschiatry 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 prevalance 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 hypochondrial psychosis, psychogenic parasitosis.[1,4,5,7] Delusional disorders has to be differentiated from major depression and schizophrenia 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.[3,7] Drugs used in DP are antipsychotic agents such as pimozide, olanzapine clozapine, risperidone (safer drugs, causing less adverse effects).[1,3,5,8,12] 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

1. Meehan WJ, Badreshia S, Mackley CL. Succesful treatment of delusions of parasitosis with olanzapine. Arch Dermatol 2006;142(3): 352-5.
2. Wilson FC, Uslan DZ. Delusional parasitosis. Mayo Clin Proc 2004;79(11):1470.
3. Driscoll MS, Rothe MJ, Grant-Kels JM, Hale MS. Delusional parasitosis: A dermatologic, pschiatric, and pharmacologic approach. J Am Acad Dermatol 1993;29(6): 1023-33.
4. Ghaffari-Nejad A, Toofani K. Delusion of oral parasitosis in a patient with major depressive disorder. Arch Iran Med 2006;9(1): 76-7.
5. Koo J, Lee CS. Delusional of parasitosis. A dermatologists's guide to diagnosis and treatment. Am J Clin Dermatol 2001;2(5):285-90. (Abstract).
6. Ford EB, Calfee DP, Pearson RD. Delusions of intestinal parasitosis. South Med J 2001; 94(5):545-7.
7. Yorston G. Treatment of delusional parasitosis with sertindole. Int J Geriatr Psychiatry 1997; 12(11):1127-8.
8. Aw DCW, Thong JY, Chan HL. Delusional parasitosis: Case series of 8 patients and review of the literature. Ann Acad Med Singapore 2004(1);33:89-94.
9. Takahashi T, Ozawa H, Inuzuka S, Harada Y, Hanihara T, Amono N. Sulpiride for the treatment of delusion of parasitosis. Psychiatry Clin Neurosci 2003;57(5):552-3.
10. Le L, Gonski PN. Delusional parasitosis mimicking cutaneous infestation in elderly patients. Med J Aust 2003;179(4):209-10.
11. Mercan S, Öğütcen Ö, Altunay İU, Karamustafalıoğlu O. Folie á Famille ve delüzyonel parazitoz: Olgu sunumu ve literatürün gözden geçirilmesi. Klinik Psikofarmakoloji Bülteni 2005;15(2):71-8.
12. Clayton DO, Clayton NM, Shen WW. Treatment of delusional parasitoses. JAMA 1997; 278(16):1319-20.