

RESEARCH ARTICLE

"A CASE REPORT ON DELUSIONAL PARASITOSIS"

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Manuscript Info Abstract Manuscript History Delusional parasitosis is a rare psychotic illness characterized by an Received: 05 December 2022 unshaken belief of having been infested by a parasite when one is not. Final Accepted: 09 January 2023 It is also called Ekbom syndrome or delusional infestations. Published: February 2023 Case:Mrs X a 55 years old married female, Hindu by religion, housewife belonging to lower socio-economic background came with Key words:complaints of itching sensation over scalp ,feelings of insect crawling Delusion, Ekbom, Parasitosis under her skin, hair and into her genitals for one year. Gradually, her sleep was disturbed, decreased appetite, social isolation and impaired in her daily activities and then they first consulted dermatologist and subsequently referred to psychiatrist.Delusional parasitosis is an uncommon psychotic illness. Patients often report to dermatologists and physicians for treatment and are brought to psychiatric attention only for associated psychological distress. In such cases, a therapeutic

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Introduction:-

Delusional parasitosis is a rare psychotic illness characterized by an unshaken belief of having been infested by a parasite when one is not.¹ It is also called Ekbom syndrome.² This occurred at an incidence of 1.9 cases/100,000 person-years with 3:1 female to male incidence.³ Delusional parasitosis can be primary, secondary, or organic. Primary delusional parasitosis consists primarily of a single delusional belief of having been infested by parasite and comes under monosymptomatic hypochondriacal psychosis. Secondary delusional parasitosis can occur in other mental disorder like schizophrenia, depression, and dementia. Organic delusional parasitosis occurs secondary to organic illness like diabetes, cerebrovascular disease, cocaine intoxication, etc.⁴

process using antipsychotic treatment is necessary.

In this condition patients may perceived parasites crawling or burrowing into skin. Discrete bruises, nodular pruritis, ulcers, and scars are frequently produced by patient trying to extract the parasite. Patient may injured themselves to get rid of parasites. They may even bring dust, fibers, scab, or debris excoriated from the skin as evidence for inspection in, for example, a matchbox, often called as "match-box sign."⁵ This kind of patient first report to dermatologist for their cutaneous sensation and from there they have referred to psychiatrist.

Case History:

Mrs A is a 55 years old married female, Hindu by religion, housewife belonging to a lower socio-economic background came with complaints of itching sensation over scalp, feelings of insect crawling under her skin, hair and into her genitals for one year.

Corresponding Author:- Dr. Arambam Carol Address**:-** Postgraduate Trainee, Department of Psychiatry, Regional Institute of Medical Sciences, Imphal. She started having of itching sensation over her head. Her family member found scratching her head most of the time and she often asked them to check her head whether there is insects or not. When family members tried to convince her that ,there is nothing in the head she would asked them to check repeatedly and she could not stop her violent scratch even after the family members tried to stop her. This continued for 5 months. She washed her hair more than 6 times a day. She started combing her head until it bleeds. The symptoms were severe during day time because of which she was not able to do her daily household activities .She used to washed her hair with dettol solution which she never used before.

She would say insects are crawling under her skin and she often throw away the clothes. She used to changed her clothes multiple times and immersed the changed clothes in detergent. When asked, she would say these clothes contain so many insects if she wear then all the insects will enter inside her body and will damage her internal organ. She was found bathing every hour, used to changed the clothes and washedit repeatedly in the fear of insects. She would say that her body got infested with insects and it may come out through her eyes, ears, nose etc. So she refused to sleep with her daughter saying it may infest daughter too. She used to sleep with covering her head with towel initially and later on started using helmet while sleeping. She believed that it will preventfrom the insects going inside her or out of her. She was often found spraying sanitizer over the bed before sleeping. She stopped eating as she believed that if she open her mouth the insects will get into her body. As the symptoms became out of control they went to local faith healer but there was no improvement. After which they first consulted dermatologist and subsequently referred to psychiatrist.

Treatment history :

She was started with Tab Aripiprazole 5mg once a day and Tab Clonazepam 1 mg in two divided dose. After 2 weeks her symptoms was not improved so we increased to TabAripiprazole 10 mg once a day. After 1 month her symptoms improved and maintained well with the medication.

Discussion:-

Delusional parasitosis is a monosymptomatic hypochondrical psychosis in which the patient believed that parasites which may be macro parasites like helminthes or smaller parasites like virus or bacteria are infested. In background of this belief, patients may perceive parasites crawling or burrowing into skin.Morgellons, which refers to cutaneous symptoms like biting, crawling, or stinging sensation, finding fibers on or under skin, and persistent skin lesions, are often seen in delusional parasitosis.

Prakash J et al reported a case of 36-year-old male presented with vague sensation of something crawling under his skin, he developed a sudden onset belief that he has been infested by worms that crawl under his skin as well as travel throughout his body.⁵

Gold A et al reported a case of 48-year-old male with a past medical history of cystic acne, presented with concern for a parasite on his face. He reported that on the previous night he thought a parasite had crawled out of a healed cystic lesion on his right cheek. He presented a jar with a bloody napkin and paper, stating that he had scraped the parasite from his face with a scalpel and brought it with him to the ED.³

Conclusion:-

Delusional parasitosis often would present to nonpsychiatric medical professional. They might seek multiple consult to seek relief and would refuse psychiatric explanation of the symptoms. Poor response to nonpsychiatric treatment, healthcare cost, and significant distress may lead to secondary depressive features. Better awareness of such illness by general physician, early recognition, good rapport, timely referral, and empathic treatment are the cornerstones of management in such cases.

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