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Ekbom's syndrome (delusion of insects infestation) in a Nigerian elderly woman: A Case Report

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ABSTRACT: Ekbom's syndrome has been described at various times to be a rare condition. The drug of choice for the treatment has been pimozide but there are new innovative to the treatment of this disorder. We described our experience with a 78 year old woman together with a review of literature. Better liaison between psychiatrists and other specialists who these patients present to and counselling for the patients is strongly recommended.

Key Words: Ekbom's syndrome; Delusion; Infestation.

Introduction

The syndrome of delusional infestation is a clinical state in which the individual has the unshakeable believes that small animals such as insects, lice, vermin or maggots are living in or thriving on his/her skin[1.] It was first described by a French dermatologist, Thibierge in 1894.[2] It has been variously described in the literature as acrophobia, dermatophobia,parasitophobia and entomophobia [3] but these terminologies are now obsolete. Ekbom [4] in a seminar a paper described eight patients with delusional infestation and used the term *Dermatozoenwahn* or delusion of animal life in the skin. Now are days the preferred terminology includes delusional infestation, delusion of infestation, and delusional parasitosis. [3]

In DSM –IV [5,] it is classified as a somatic type of delusional disorder and this is also known as monosymptomatic hypochondriacal psycosis (MHP). MHP- a term which was first used by Munro [6, 7] . MHP is regarded as a variant of paranoia, and may be defined as an illness characterised by a single hypochondriacal delusion that is sustained over a considerable period, sometimes for years [3] .This could be divided into four categories: (a) delusional parasitosis or infestation [4] (b) delusional bromosis (or delusion of bad body odour) [8, 9] (c) delusional dysmorphobia (or delusion of physical defect) [10, 11] and (d) miscellaneous.

However delusional infestation has been reported to occur as a co-morbid problem in a wide variety of physical and psychiatric disorders[3, 12, 13, 14, 15, 16, 17.] It can also be induced by phenelzine, a monoamine oxidase inhibitor antidepressant [17, 18.]

Treatment modality adopted will depend upon which specialist is consulted and psychiatrists have advocated drug treatment according to the underlying psychiatric diagnosis [3]. It was formerly advocated that pimozidewas the antipsychotic drug of choice [3, 19] but reports now favour the use of other 'conventional' antipsychotic drugs (such as trifluoperasine, haloperidol,chlopromazine), a typical antipsychotic drugs, antidepressants,ECT [12,20,21,22] and treatment may be non –pharmacological (supportive psychotherapy) [23].

The outcome of treatment of delusional infestation will depend on the underlying aetiology, type of treatment, patient compliance, and age of onset and chronicity of illness [3, 12, 20]. We report here a case of Ekbom's syndrome in an elderly woman who initially defaulted treatment but later returned and responded positively to haloperidol after she was given adequate psycho education.

Case report: AL is a 78 year old widowed, Christian woman who presented with five years history of insects crawling and biting her all over her body. Patient was referred to the psychiatric out patient clinic by a consultant physician in the same hospital and she came to the clinic in company of her son. The illness though has been on for about 5 years became severe just a year before presentation and affects her more on her left upper arm and anterior chest wall.

Her problem with the insects does not vary in severity either when in the village or on a visit with her children in the urban centres and other people around her do not have a similar experience as confirmed from the son.

She often scratches her body as a result of the insects bite. Patient often rubs kerosene on her body to repel the insects and also has a small broom with which she fights these insects both day and especially in the night when she often stays awake fighting the invisible insects. She believes that people she quarrelled with in the past may be responsible for her present predicament. Other than occasional sad feeling because of her experience, there was no symptom in support of depressive illness. There was no hallucinatory experience or bizarre delusion. No history in support of under lying organic problem. There was no past history of mental illness and neither was there a family history. She was the only wife of the husband and she has six children and all were doing fine. She was described as a gentle, industrious, and friendly woman, premorbidly.

Mental status examination revealed a conscious and alert woman, who was well groomed and kempt. Mood was sad because of the problem with the insect but her affect was appropriately reactive. Speech was rational and coherent, had the delusion that insects bite and crawl on her body and persecutory ideas. Cognitive function was intact but she was in sightless.

The only positive finding on physical examination was the hyper tropic scars on her left upper arm extending to the upper part of the anterior chest wall.

Laboratory investigations which included full blood count, fasting blood sugar and stool microscopy were normal.

A diagnosis of delusion of insect infestation (Ekbom's syndrome) was made. She was commenced on low dose haloperidol to which she showed some improvement but defaulted after a month. She reported back after a year when other forms of intervention failed. Patient was recommenced on her medication adequate counselling. She was on medication for 4 months, during which she claims good compliance with her medication and was regular on her out patient appointments. Within this period, she showed remarkable improvement as evident by her persecutory ideas which melted completely, delusion of insects biting and crawling on her body which was reduced to the barest minimum and could sleep well at night. Patient was lost to follow up at this point.

Discussion

We report a case of delusion of insect infestation in an elderly woman which to the best of our knowledge has not been reported before in this hospital and also generally been considered as rare in this environment. This case probably represents one out of many that have missed psychiatric management. Qureshi et al [22] were of the opinion that although somatic delusion disorder has been found across all cultures of the world, these disorders are infact under diagnosed, underreported and under treated in the non- Western world.

Our patient did not present for psychiatric consultation until after 5 years and she defaulted after a month of treatment for one year before she resumed psychiatric treatment. This finding is in support of reports on rejection of psychiatric referral by such patients [19, 22] and the findings that such patients would have consulted traditional practitioners, consult doctors after doctors and dermatologists before consulting a psychiatrist [3, 12].

This patient who was referred by a physician could not appreciate the relevance of psychiatric referral and had to default for about a year and only resumed psychiatric treatment when alternative interventions did not relief her of her symptoms. This finding underscores the importance of better liaison between the psychiatrists and other specialists and the place of psycho education for the patient. Psychiatrists must also bear in mind that treating this group of patients requires patience and tact [12, 19].

The age and sex of our patient is in agreement with other reports which state that delusion of infestation could occur in any age group but that it is commoner in the elderly, particularly females [3, 14, 15, 24].

The main physical finding in this patient was hyper tropic scars on the left upper arm and on the anterior chest wall. This could have resulted from repeated scratching and probably the application of topical medication to the affected area. Our patient admitted rubbing kerosene but she could have as well used some other agents. Other authors have reported similar physical findings and patients' engagement in purification rituals, such as applying kerosene, bathing with petrol, spraying insecticide on the environment as well as their bodies [3, 12, 24].

The choice of haloperidol rather than the age long antipsychotic in use – pimozide, for the management of this patient brings to focus the fact that other psychotropic agents are good and relevant. Srinivasan et al [20] reported that the use of antipsychotic drugs such as trifluoperazine, haloperidol, chlorpromazine and electroconvulsive therapy (ECT) produced good response in their patients. The response of our patient to haloperidol before she was lost to follow up was also good. The immediate reason for her default despite the remarkable improvement recorded was not known but it is a well known fact that patients with delusion of infestation comply poorly with medication and treatment outcome varies [12, 13, 15, 20]. Good prognosis would be determined by: short duration of illness, early psychiatric consultation, acute onset, late age of onset and good compliance. To further enhance patients' compliance and good prognosis, reports are now in favour of the use of atypical antipsychotic drugs in view of their favourable side effect profiles [12, 21, 22].

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