DELUSION OF PARASITOSIS

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A retrospective analysis of case files registered over 4 years, revealed eight cases with delusion of parasitosis. The onset, clinical features and types of referral are discussed. This rare disorder which responds readily to pimozide should be studied in greater detail.

Key words : Hypochondriasis, Delusion, Parasitosis.

Since the initial publication by Gould and Gragg in 1976,[1] considerable interest has been focussed on hypochondriacal delusions of parasitosis. Patients with such delusions tend to make their way from physician to physician demanding help and rarely feel satisfied, consequently causing much distress to themselves and to the therapist. Till the very recent introduction of pimozide, a neuroleptic belonging to the diphenylbutylpiperidine group of drugs, there had been no specific treatment for this condition. This report presents a retrospective study of eight cases of delusion of parasitosis.

Materials and Methods

A retrospective analysis of case files registered in the Department of Psychiatry between 1st July 1980 to 30th June 1984 was conducted. During this period, 4282 new patients visited the out-patient service, of which 2001 had a detailed evaluation. Among these, patients with a single delusion of parasitosis without any other physical or psychiatric illness at the time of evaluation were selected for the study.

The term delusion of parasitosis was used for the false belief of parasitic infestation which is not culturally influenced, with firm conviction in spite of attempts at modifying it. Absence of other physical and/or psychiatric illness was mandatory.

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Results

Among the 2001 case files studied, 8 cases were found to have isolated delusion of parasitosis with no associated physical or psychiatric illness, giving rise to an incidence of 0.4% of all the registered patients, and 0.187% of all the new patients who attended the psychiatric outpatient service. Seven cases were male and one female, with their ages ranging from 20 to 48 years. The total duration of the symptom ranged between 3 months and 15 years. The onset of the symptom was sudden in five cases, while the other three had a gradual manifestation of the symptom. In some patients, there were trivial organic lesions preceding the manifestation of the delusion. A 20-year-old male who complained of insects crawling all over his body since 2 years, started his symptoms after the appearance of pustules over his lower limbs. Though the pustules disappeared in a week, he was convinced that the insects were still present over his body. A 32-year-old male had symptoms occurring suddenly when he was rubbing a cream on his genitals before he visited a prostitute. He felt that certain insects which were forced into his body through his penis, had travelled all over his body. He also believed that the insects had entered his wife during intercourse and caused her to have abortions. The infesting agents were worms in 3 cases and insects in the other 5 cases. One patient had brought wax from the ear as evidence for the infesting parasite.

These patients had gone from speciality to speciality in search of a remedy before they were referred to psychiatry. The choice of speciality depended on the patient's concept of the most appropriate mode of management for his symptom and the important system that he attributed it to have originated in. One patient visited the psychiatric out patient service directly, but was directed to do so by his family physician. All other cases first visited the other specialities of the hospital before they visited the psychiatric service. Four patients had visited one other speciality, 2 had visited 2 other specialities, and 1 had visited 3 other specialities before they came to psychiatry. The maximum number (4) of cases referred for psychiatric management were from dermatology. One case each was referred from surgery, ophthalmology and neurology.

Comments

Monosymptomatic hypochondriacal psychosis (MHP) is a syndrome characterised by a single hypochondriacal delusion that is sustained over a considerable period of time, and is not secondary to any other psychiatric illness. In such patients, the personality remains well preserved otherwise. However, many fail to distinguish between MHP, a psychotic illness whose fundamental feature is a hypochondriacal delusion, and superficially similar disorders of a neurotic type such as dysmorphophobia. MHP is a protean disorder, and while the essence of the illness is a hypochondriacal delusion, the content of the delusion may vary widely from individual to individual. Delusion of parasitosis is but one form of MHP. In a series of two articles,[3,4] Munro discussed the clinical features of six such cases and reported a very specific therapeutic response to pimozide. However, none of our cases was treated with pimozide, because of its non-availability. In another review[2] of 30 cases of MHP, 26 cases were treated with pimozide. The response was excellent in 19 and fair in 7. He also commented that the non-psychotic nature of the hypochondriacal disorder indicated a poor response to pimozide. It is also mentioned that these delusions may be shared by more than one member of the family, particularly the spouses. In a postal survey of members of the British Association of Dermatology, Lyell[5] identified 282 cases with delusions of parasitosis and reported the disorder to be rare. The male to female ratio was 1 : 1 under the age of 50 years and the ages of his cases ranged from 19 to 90 years. Considering the distress undergone by patients with a delusion of parasitosis and the rapid therapeutic effect with pimozide, it is felt that this group of patients should be identified and studied more extensively.

References

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