Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Psychiatry

Ekbom's Syndrome: Crossed Views, a Case Report

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DOI: 10.36347/sjams.2022.v10i05.030 | **Received:** 05.03.2022 | **Accepted:** 08.05.2022 | **Published:** 28.05.2022

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Abstract **Case Report**

Parasitic delirium is a manifestation that can occur in different psychopathological presentations or fit into different somatic pictures. Ekbom syndrome; primary form of parasitic delirium, is an exceptional and non-specific psychiatric disorder that classically interests women of advanced ages and without intellectual deterioration, dermatological manifestations are usually highlighted in search of “evidence in the skin”. The diagnosis is generally made with a delay of psychiatric consultation of one year on average, which sometimes allows the delirium to retreat and specialized care is thus deferred. The management is confronted with the systematic refusal of any "psychiatrization" of the symptoms and the atypical antipsychotics display efficacy and a better tolerance profile.

Keywords: Parasitic delirium, Ekbom syndrome, atypical antipsychotics.

INTRODUCTION

Ekbom syndrome is an exceptional psychiatric disorder through which the early, multiple and complex links between the two ectodermal organs, brain and skin are expressed;

Our clinical vignette and the related bibliographical overview will point out the transnosographic character of the symptomatology, the heterogeneity of the clinical presentation and the difficulties inherent in the therapeutic contract.

CASE REPORT

51-year-old patient, seamstress, with no particular pathological history, brought to a psychiatric consultation by her family for depression, declaring that she had been beaten down by small vermin which had been proliferating in her body for 2 years.

The onset of the disorder was insidious and the experience alternated bouts of morbid scratching with insomnia and periods of relative calm. The patient's story was marked by referral to five somatic doctors, including two dermatologists.

Patient reluctant about the psychiatrization of her complaints, holding a container containing organic debris torn from the still oozing forearms (Figure 1), and speech centered on delusional ideas of skin infestation,

Underpinned by pervasive haptic hallucinations, systematized with total adherence and evolving in sectors, without stereotyped anxious struggle or mental disorganization.

Conviction makes the salient delusional dimension of the clinical picture, the mood was dysphoric and irritable with persistent anxious apprehensions specific to parasitic prurigo, requiring an exhausting state of wakefulness, and furthermore, no other idea of a hypochondriac nature or belonging to the obsessive register is noted. The required distancing and the intensive rituals of cleaning and the abuse of disinfectants have accentuated his unusual tendency to social withdrawal.

At the end of the neuro-radiological, neuro-cognitive, biological explorations (Figure 2), as well as the iterative skin biopsies which made it possible to invalidate the hypothesis of a somatic origin of the

parasitic delirium (PD), we retain the diagnosis of an Ekbom syndrome,

Corresponding to the DSM-5 diagnosis of delusional disorder somatic type with thematic parasitic infestation [1], complicated by a depressive episode characterized by mild intensity, evolving for a month without suicidal thoughts or of incurability.

The therapeutic alliance obtained laboriously and the treatment undertaken with Haloperidol 2% (10 mg/d).

The clinical efficacy was spectacular after 4 weeks, judged on the reduction of itching and a drying up of the delirium, despite the annoying side effects reported; it was replaced by Risperidone (6 mg/day) with a better profile of efficacy and especially of tolerance.

Figure 1: Container containing organic debris

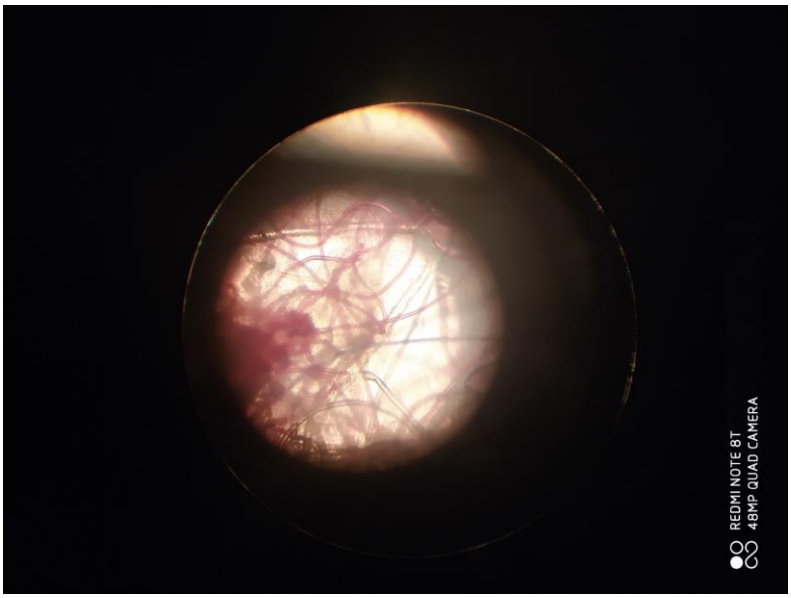

Figure 2: Organic debris in optical microscope (x 40)

DISCUSSION

Ekbom Syndrome is found in psychiatry with an incidence of seven cases per 10,000 admissions, it frequently occurs in patients aged 64 on average at the onset of the disorders, the sex ratio is 2.8 in favor of women [2].

The evolution is generally insidious and the triggering circumstances are rarely developed. Personality traits are polymorphic, paranoid traits are frequently associated with Ekbom syndrome and social isolation is the main risk factor [2].

The evolution is usually made by periodic interspersed with anxious episodes and social withdrawal is a consequence of the delusional fear of contaminating [3].

Although skin lesions are missing during the psychiatric consultation in one third of cases [3], the dermatology examination must eliminate all dermatoses secondary to psychic disorders (self-mutilation, psychogenic pruritus, pathomimia, etc.) and not overlook any ectoparasitosis at the origin of the feeling [4].

Regularly, a skin infestation syndrome occurs during disturbances related to the use of psychoactive substances (alcohol, cannabis, cocaine, methamphetamine, and chloral), liver failure, kidney failure, HIV infection, viral hepatitis, jaundice, anemia or multiple vitamin deficiencies, cases of PD complicating corticosteroid therapy have also been observed [5, 6].

Dermatosis iatrogenic to psychotropic drugs should be considered in a context of psychiatric comorbidity; cutaneous adverse effects are seen in approximately 2% to 5% of patients treated with psychotropic drugs [7].

Delusional ideas of skin infestation can be associated with a neurocognitive disorder or occur as part of an organic cerebral syndrome with damage to the body impression processing centers, in particular the thalamus [8].

The PD corresponds to a monothematic delirium of exclusively cutaneous infestation, systematized and organized into sectors, the mechanism is hallucinatory and concerns perceptions of the cutaneous or coenesthetic type but without semiological preeminence; visual, auditory or kinesthetic distortions have been reported [9], and the interpretative mechanism of exogenous parasitism was reported by K Ekbom in his original description, realizing from erroneous interpretations of physical cutaneous sensations a delusion of paranoid appearance [10].

Membership is total; with reference to the characteristic match box sign in more than two-thirds of cases according to Skott [11], without intellectual deterioration and without psychic or organic disorders likely to be involved; Karl Ekbom invoked the aging of the skin and of the central nervous system as a physiopathological substrate. The fixed idea of imminent death is reported by several authors [3].

In psychopathology, PD can define positive symptomatology in relation to schizophrenia or another psychotic disorder when the delusion is polymorphic and negative symptoms or elements of disorganization are present, a major depressive episode with psychotic features is highly likely, in particularly when the feeling is melancholy [5] and the delusional conviction emerges through permanent negative and guilt-inducing emotions of sadness and fear of being contagious [13].

This last configuration remains the most frequent in psychiatric practice according to certain authors [9, 12].

Obsessive-compulsive disorder, hypochondria or even malingering are diagnoses to be considered depending on the clinical presentation [13].

Apart from their off-label prescription in the management of PD, recent work has demonstrated the superiority of atypical antipsychotics by their good tolerance and better compliance, especially when it comes to elderly people in this indication [14, 15].

The treatment of secondary PD depends on the indications in the underlying psychiatric or organic pathology [16].

CONCLUSION

Parasitic delirium maintains a differential clinical position and requires rigorous semiological analysis and collaboration between specialists.

Our case corresponds to the princeps description and the singular nature of this disorder always raises the question of the link between the CNS and the skin, legitimized by their common origin in addition to the considerable prevalence of psychiatric disorders in patients in dermatological consultation.

The transnosographic and non-specific character of the Ekbom syndrome within contemporary nosographies, Management is confronted with the systematic refusal of any "psychiatrization" of the symptoms.

Conflict of interest: The authors declare that they have no conflict of interest.

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