

Ekbom Syndrome: A Case Study

M. Fatheddine^{1*}, F. Elfahiri¹, Z. Ennaciri¹, I. Adali¹, F. Manoudi¹¹Ibn Nafis Psychiatric Hospital, Marrakech, Morocco - Faculty of Medicine Marrakech, MoroccoDOI: [10.36347/sjmcr.2024.v12i05.074](https://doi.org/10.36347/sjmcr.2024.v12i05.074)

| Received: 14.04.2024 | Accepted: 21.05.2024 | Published: 25.05.2024

***Corresponding author:** M. Fatheddine

Ibn Nafis Psychiatric Hospital, Marrakech, Morocco - Faculty of Medicine Marrakech, Morocco

Abstract

Case Report

This case study examines the diagnosis, treatment, and management of a 42-year-old female patient presenting with delusional parasitosis, also known as Ekbom syndrome. The patient experienced severe itching, crawling sensations, and self-inflicted skin lesions due to her persistent belief in parasitic infestation despite negative medical test results. The patient was referred to a psychiatrist after a dermatology consultation and was diagnosed with Ekbom syndrome. Treatment involved antipsychotic medication (aripiprazole) and cognitive-behavioral therapy (CBT), which led to a decrease in symptom intensity and improved patient insight. The study highlights the importance of a multidisciplinary approach to diagnosing and treating delusional parasitosis, emphasizing the need for early referral to a psychiatrist and the effectiveness of combined therapy in managing symptoms.

Keywords: Aripiprazole, ekbom syndrome, delusional parasitosis, CBT, delusion.

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

I. INTRODUCTION

Delusional parasitosis (another name for Ekbom syndrome) is a rare psychiatric condition marked by a persistent and delusional belief that one is infected with insects or parasites or other organisms [1]. Even in the absence of medical proof patients with Ekbom syndrome can have severe itching and crawling sensations as well as self-inflicted skin lesions from trying to get rid of the imaginary parasites [1]. It can be difficult to treat Ekbom syndrome because patients rarely acknowledge that their beliefs are illogical and sometimes refuse to be referred to a psychiatrist. By providing an account of a patient's experience, diagnosis, treatment options and case management; this case study seeks to add to the body of knowledge on Ekbom syndrome.

II. CASE PRESENTATION

The dermatology department in our university hospital received a 42-year-old female patient who had been experiencing severe itching for 6 months and thought she might have parasites. In addition to describing small red lesions that she believed were caused by the parasites burrowing beneath her skin the patient also reported feeling like they were crawling across her arms and legs. She had picked and scratched at her skin causing multiple scabs and excoriations in an attempt to get rid of the imaginary parasites.

The patient had sought medical attention from her primary care physician and an entomologist prior to her dermatology appointment. Despite extensive testing which included biopsies and skin scrapings no signs of a parasite infestation were discovered. The patient's personal items had also been inspected by the entomologist for indications of insect infestations but none were found. The patient grew distressed and socially withdrawn despite the negative test results continuing to believe that she was infested.

During her dermatology consultation, the patient had multiple linear excoriations and scabs on her arms and legs. She carried with her several tiny plastic bags what she thought were the parasites she had removed from her skin. These specimens were examined and revealed to be made of dried skin scabs and clothing fibers. The patient's vital signs were within normal ranges and nothing noteworthy was discovered during a thorough physical examination. A brain MRI and blood work were ordered, and the results were normal. The dermatologist suspected a psychiatric disorder based on the patient's history, clinical presentation and absence of objective evidence of infestation. So she decided to refer the patient to the psychiatry department.

The patient arrived for her initial psychiatric consultation with the persistent and false belief that she was parasite-ridden even though there was no proof to back it up. The main causes of her distress according to

her description were the severe itching and crawling sensations. She denied both substance abuse and claimed no to have any history of mental illness. She reported that her grandfather had a history of depression. She stated that the symptoms started about half a year ago after she lost her job. They underwent a thorough mental health assessment which included a mental state evaluation.

Throughout the interview the patient was cooperative, focused and vigilant. She was nervous and dysphoric but her speech was normal in volume and rate. With a strong belief in the existence of the parasitic infestation she showed totally negative insight.

The psychiatrist with Ekbom syndrome as a diagnostic and the patient was put on an antipsychotic medication: aripiprazole 10 mg/day, in addition to cognitive-behavioral therapy (CBT): she used cognitive behavioral therapy to manage her anxiety confront her delusional beliefs and create more adaptive responses to her experiences.

With continued use of a combined therapy approach the patient showed a positive insight into her condition and a decrease in the intensity of her symptoms. The patient reported feeling less distressed and more in control of her thoughts and behaviors as well as a decrease in the intensity of the itching and crawling sensations.

III. DISCUSSION

Delusional parasitosis, also known as Ekbom syndrome, is a challenging condition to diagnose and treat due to the patient's persistent belief in the existence of parasites despite the lack of medical evidence [1]. In this case study, the patient's symptoms began after she lost her job, which may suggest a connection between the onset of the condition and a stressful life event [2]. The patient's family history of depression may also indicate a genetic predisposition to mental health issues.

The approach of antipsychotic medication (aripiprazole) and cognitive-behavioral therapy (CBT) proved effective in managing the patient's symptoms. Antipsychotic medications can help reduce the intensity of delusional beliefs, while CBT can assist patients in challenging their irrational thoughts and developing more adaptive coping strategies [3, 4]

One of the main challenges in treating delusional parasitosis is the patient's lack of insight into their condition [5]. In this case, the patient was initially referred to a dermatologist, who then recognized the need for psychiatric evaluation and treatment.

Implications for Practice

This case study highlights the importance of a multidisciplinary approach to the diagnosis and treatment of delusional parasitosis. Dermatologists and

primary care physicians should be aware of the potential for underlying psychiatric conditions in patients presenting with unexplained skin lesions and persistent beliefs of parasitic infestation [1]. Early referral to a psychiatrist can facilitate appropriate treatment and improve patient outcomes.

Limitations and Future Research

While this case study provides valuable insights into the management of delusional parasitosis, it is limited by its focus on a single patient. Further research is needed to explore the effectiveness of various treatment approaches, including the use CBT, in larger patient populations specifically suffering from Ekbom syndrome and not just delusional disorders in general. Additionally, studies investigating the long-term outcomes and relapse rates in patients with Ekbom syndrome would contribute to a better understanding of the condition and its management.

IV. CONCLUSION

Delusional parasitosis is a rare psychiatric condition that can be challenging to diagnose and treat due to the patient's persistent belief in the existence of parasites. This case study demonstrates the effectiveness of a combined approach of antipsychotic medication and cognitive-behavioral therapy in managing the symptoms of Ekbom syndrome. A multidisciplinary approach involving dermatologists, primary care physicians, and psychiatrists is crucial for the early recognition and appropriate treatment of this condition.

REFERENCES

1. Al-Imam, A., & Al-Shalchi, A. (2019). Ekbom's Delusional Parasitosis: A Systematic Review. *Egyptian Journal of Dermatology and Venerology*, 39, 5-13.
2. Konstantopoulou, G., Ioakeimidi, M., Assimakopoulos, K., & Tsermpini, E. E. (2021). The Beginning of Psychosis: Psychological and Environmental Factors That Lead To Psychosis and Their Relationship to Biological Factors. *International Journal of Medical Science and Clinical Research Studies*, 1(9), 273-288.
3. O'Connor, K., Stip, E., Pélissier, M. C., Aardema, F., Guay, S., Gaudette, G., Van Haaster, I., Robillard, S., Grenier, S., Careau, Y., Doucet, P., & Leblanc, V. (2007). Treating delusional disorder: a comparison of cognitive-behavioural therapy and attention placebo control. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 52(3), 182-190.
4. Mercan, S., Altunay, I. K., Taskintuna, N., Ogutcen, O., & Kayaoğlu, S. (2007). Atypical antipsychotic drugs in the treatment of delusional parasitosis. *International journal of psychiatry in medicine*, 37(1), 29-37.
5. Orsolini, L., Corona, D., Salvi, V., & Volpe, U. (2022). Long-acting paliperidone in Ekbom's syndrome in Lewy body dementia: A case report. *Translational neuroscience*, 13(1), 201-210. <https://doi.org/10.1515/tnci-2022-0230>