

Case Report

Ekboms disease (delusional disorder, somatic type): a case report

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Abstract Monosymptomatic hypochondriacal psychosis (Ekboms disease) is a rare disorder. A 45-year-old lady presented to skin OPD and later on referred for psychiatric evaluation with 4 years history of itching over her face and arms, not responding to oral or topical applications. Her present state examination showed her suffering from delusions of parasitosis. She showed an excellent response to neuroleptics medication and electroconvulsive therapy.

Key words

Ekboms disease, parasitosis, delusions, antipsychotics, ECT.

Introduction

The patient with Ekboms disease,¹ also known as monosymptomatic hypochondriacal psychosis or delusional disorder, somatic type, has a firm and unshakable conviction that his or her skin is infested by parasites.^{2,3} This delusional disorder is a rare illness with prevalence rate of 0.025 to 0.03 percent among which somatic delusions are much rarer.¹ There is equal incidence in males and females under 50 yrs and more in female above 50 yrs. This phenomenon has to be differentiated from parasitophobia.² It is also seen in patients of substance abuse (amphetamine, cocaine), CVA of the non-dominant side, vitamin deficiencies, renal impairment, and depression and also in cases of real infestation. Use of Neuroleptics Drugs⁷ and especially Electro Convulsive Therapy gives

good response. Proper follow up and insight oriented, cognitive and behavioral therapies are often helpful. One such case is presented here.

Case Report

A 45-year-old-lady presented to skin OPD of a tertiary care hospital in central Punjab and was admitted with complaints of facial disfigurement, itching over the face and feeling of insects crawling under her skin for the past 4 years. There was no associated past or family history of any neuropsychiatric illness. She was a mother of four. She denied any precipitating stress, however, her facial disfigurement was a perpetuating factor. On general physical examination, she had lacerations over her face due to excessive grazing, excoriations, dark brown discoloration of the skin and pruritus. Detailed neurological examination was inconclusive. On Present State Examination⁵ she was co-operative, talked

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less and appeared low. She had delusions that insects were crawling under her skin, which she tried to catch causing lacerations. She had limited insight. Thorough investigations were within normal limits. On psychometry her 21-Item Hamilton Depression Rating Scale (21-HAM-D)⁴ score was 8 (cut-of score 7) and her Quick Inventory of Depressive Symptomatology (QIDS-SR) was 9 (cut-off score 9). After ruling out organic pathology and the possibility of real infestation she was started on antidepressant⁸ (cap fluoxetine 20mg once daily) and low dosage of antipsychotic⁷ (tab risperidone 2mg daily). In spite of increasing the dosage she showed a minimal improvement and consent for Electro Convulsive Therapy (ECT) was taken. Just after two treatments of ECT the patient showed improvement and after five treatments was almost asymptomatic. She was followed up for 6 months in Psychiatry OPD and had insight oriented and behavioral psychotherapy and is almost asymptomatic.

Discussion

Ekboms disease is a rare illness. Conjoint effort is required in the early diagnosis and prompt management of the patients. Our case had a problem for almost four years and had used various treatment modalities ranging from alternative to allopathic medications to dam, *darud* and amulets but she never improved. On her first referral her face was highly disfigured and dark brown in color with lacerations and excoriations. On hospitalization her mental state examination revealed low mood and delusions of parasitosis with absent insight.

Depression is one of the most common underlying causes in these patients. However, in this case the depression rating scales (21-HAM-D) and (QIDS-SR) revealed mild depression whereas Present State Examination revealed delusions, that there are tiny, almost invisible insects that crawl under her skin, hence she used to graze her skin causing lacerations. As she was doing it for the past many years the skin had turned dark brown (the patient refused to give consent for taking her photographs). She had absent insight. The treatment depends upon the underlying pathology. Neuroleptic medications like typical and atypical antipsychotics⁷ are quite effective. Antidepressants like tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs)⁷ are useful in depression. Where response is not adequate, as in this case, electroconvulsive therapy (ECT) is the treatment of choice. Family therapy where family members are present is also part of the treatment plan. Prognosis in these cases depends on premorbid personality, good social and occupational adjustment, female sex, sudden onset of symptoms, onset before the age of 30 yrs, and short duration of illness and presence of an identifiable stressor.

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