

Case Report

Syphilophobia: a frustrating psychiatric illness presenting to dermatologists

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Abstract Syphilis becomes an obsession with vulnerable person and thus causes him much suffering and keeps him running from doctor to doctor. The symptoms of syphilis are so varied and so typical of other ailments, that there is not a single person living who cannot find symptoms in himself if he searches closely enough. We present a young patient who was obsessed with the idea of having acquired this sexually transmitted disease. It had caused needless stress and made his life miserable for the last couple of years. After thorough investigations, he was labeled as a case of syphilophobia and was managed with consultation and regular follow up by the psychiatrist.

Key words

Syphilophobia, venereophobia, venereoneurosis, syphilitic obsession, hypochondriasis.

Introduction

Syphilophobia (hypochondriasis) results from patients' unrealistic or inaccurate interpretation of physical symptoms or sensations leading to preoccupation and fear that they have serious disease, even though no clinical evidence is found. It is also known as luiphobia, venereophobia, venereoneurosis, fear of lues, or fear of Syphilis.^{1,2} These are old-fashioned terms that encompass genitally focused hypochondriasis, venereal disease obsessions, phobias, and delusions. Although, in recent past, syphilis phobia has largely been replaced by AIDS related psychological symptoms, but still we do come across such cases. Perhaps because of

the emotional issues surrounding sexual behavior, anxiety about a sexual encounter may manifest itself as a fear or conviction that one has been infected with a sexually transmitted infection.¹⁻⁵ The problem often significantly impairs the quality of life. It can cause personal distress and keep people apart from loved ones and business associates. There are descriptions of syphilophobia and delusional syphilis ('noddlepox') in the medical literature of the 17th century.¹ Psychopathologic profile of Hitler, the so called, "destructive prophet" reveals that he suffered from severe syphilophobia. Syphilis, Hitler believed, was a Jewish disease that was transmitted generationally, and destroyed races, nations, and ultimately mankind.⁶ Syphilophobia is created by the unconscious mind as a protective mechanism. At some point in past, there was likely an event linking lues or syphilis and emotional trauma. Whilst the original catalyst may have been a real-life scare of some kind, the condition can also be

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triggered by myriad, benign events like movies, TV, or perhaps seeing someone else experience trauma.

Case history

A 28-year-old, otherwise healthy soldier, reported from border area with complaints of generalized weakness and some lesion over his glans penis and intermittent burning micturation for last about 2 years. He has been visiting various doctors but was never satisfied with the treatment given. He was married and had two kids. He had not gone on leave to his home for last 9 months. He had no history of any extramarital sexual relationship or any significant physical or psychiatric ailment in the past. General physical and systemic examination was unremarkable and on genital examination neither any active lesion, nor any mark of previous healed lesion was found. The patient insisted that he was suffering from the venereal disease (syphilis) and he had a sore over glans penis near urethral meatus. Blood complete picture, urine examination and chest x-ray were all normal. VDRL and TPHA tests were repeatedly found non reactive. On the basis of absence of any suggested physical signs and symptoms, normal laboratory investigations and repeatedly negative serological tests for syphilis, he was considered to be a case of syphilophobia (hypochondriasis) and was referred to psychiatrist. He was managed with regular sessions of insight oriented psychotherapy and combination of antipsychotic DSA (dopamine serotonin antagonist; risperidone) and antidepressant SSRI (selective serotonin reuptake inhibitor; fluoxetine). Response to the treatment was highly satisfactory and he was advised

regular fortnightly follow up in psychiatry out patients.

Discussion

A psychiatric basis for presentation of a dermatological or a venereal disease is probably more common than is recognized. Recent reports suggest that one-third of patients seen in dermatology outdoor practice have conditions caused or exacerbated by psychological problems, and these conditions have given rise to an area of subspecialization called 'psychodermatology'.^{8,9} An estimated 80 % of patients with hypochondriasis may have co-existing depressive disorder or anxiety disorders. The patients who meet criteria for hypochondriasis may be somatizing subtype of those other disorders. Or it can be simply a symptom of another bonafide psychological disorder e.g. delusional disorder, body dysmorphic disorder, obsessive compulsive disorder, panic disorder or other somatoform disorders. However, other medical conditions like AIDS, SLE and occult neoplastic disorders should not be forgotten.

Our patient's presentation was consistent with hypochondriasis, a preoccupation with having a serious disease based on misinterpretation of signs or symptoms, despite medical reassurances to the contrary,¹⁰ without any coexisting psychological or physical disorder.

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