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EKBOM'S SANS INSECTS

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Abstract:
Ekbom's syndrome is infestation of insects but here a delusion is seen where the patient believes that he has sand in his mouth which is not seen, but felt.
Delusional parasitosis is characterised by a belief that the person is infested with insects in his body. Sometimes the patient may believe that his surroundings are infested with insects. Repeated treatments will not satisfy the patient.
A 78 year old male, with no history of any underlying medical or neurological cause presented with complaints of having mud in his mouth which resulted in frequent visits to the orthodontist due to the same complaint and drastic measures to arrest the same. Atypical presentation of the disorder best suiting the diagnostic criteria of delusional disorder. Inter-disciplinary management approach for the same.
Key Word: *Delusional Parasitosis, Delusion of infestation, Ekbom's Syndrome*

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I. INTRODUCTION

Ekbom's syndrome is also known as monosymptomatic hypochondriacal psychosis[10]. The term Delusional Parasitosis or Delusional Infestation or Ekbom's syndrome[2] or dermatozoenwahn[5] all correspond to the same disorder and these terms maybe be used interchangeably.

The condition is characterised by a false, firm fixed belief where the person feels that he or she is infested by insects/mites/lice[3]. They generally report of insects crawling on or under their skin but sometimes may report of their presence inside the body as well.

They present with scratches all over their body due to intense itching. Preoccupation with the belief causes distress and interference in their social personal and occupational life. s

In Europe delusional parasitosis is generally believed to represent primary hallucination with accompanying secondary delusion whereas in the United States, the sensory phenomena associated with delusional parasitosis are viewed as components of a delusion.

Match box sign is pathognomonic of the disorder in which the patient presents with collection of debris, dead skin in a box claiming it to be insects.

Organic or functional causes must be ruled out before making the diagnosis.It is a rare disorder with an incidence of 1.9 cases/100,000 person-years[1,2] with a predominance for middle aged and elderly women.

Ekbom's syndrome should not be confused with Wittmaack-Ekbom syndrome, the medical term for restless les syndrome, nor be confused with entomophobia though the earliest publication 'Les Acarophobes" by Thiebierge spoke about fear of insects [5].A similar condition involves infestation of the skin by fibres and is called Morgellons syndrome [1,5]. As it does not involve insects it cannot be used synonymously with Ekbom's syndrome and is likely a variant of the same complex.

Treatment of patients with delusional parasitosis is very challenging as they strongly believe that they are infested by insects and do not consider having a mental illness hence are disinclined to accept psychiatric referrals.

II. CASE REPORT :

A 78 year old male presented to the outpatient unit of the department of psychiatry at a tertiary care centre. The patient appeared to be distressed and guarded about his symptoms. On establishing a rapport he reported of the multiple visits he had made to the dentist because he could feel something in his mouth which the dentist was unable to identify. Due the patients insistence about the presence of mud in his mouth he was adamant about getting 4 incisors extracted The belief persisted beyond his extractions

The patient was referred to the psychiatry department by the dental practitioner for further management. On questioning the patient he stated that he believes that there were some insects moving around in his mouth under the gums and below the tongue and throughout his oral cavity and how they had gradually evolved into mud. He claims that the mud is being produced in his mouth at three specific locations, under his tongue, between his lower lip and his teeth and behind his molars. The mud gets stuck between his teeth and causes discomfort, due to the grainy nature it is also causing significant abrasions. Due to excessive mud formation he has to engage in repeated spitting and claims to see the mud in his expectoration, He holds his belief with 100% conviction and attributes it to aggressive brushing, the use of camphor and neem leaf to brush his teeth during his childhood. The patient reports of being preoccupied about how his childhood mistake is affecting him now. The attenders also report of biological disturbances due to the same. The patient eats only 50% of what he used to as he feels severe discomfort while eating food, he claims to have eliminated all spices from his food. The patient reports to sleep for 2-3 hours at night as he has to wake up frequently to go and spit the mud. The patient has no accompanying hallucinations/fear/mood symptoms/history of any fall.

On general physical examination patients vitals were stable. BP-130/80mmhg, PR-75/min, Spo2 – 97%. The patient was conscious, oriented to time, place and person, and cooperative for the interview. He was moderately kempt and appropriately dressed. Eye contact was made and sustained through the interview and rapport was established. PMA – with in normal limits, speech was relevant and coherent, however the patient appeared to have a distressed affect with minimal Primary mental functions and Mini mental status examination were Normal.

Blood investigations did not show any significant abnormality and other organic causes were ruled out.

III. DISCUSSION

Delusional parasitosis can be primary or secondary [1]. In primary Delusional Parasitosis, the delusion arises spontaneously and should fulfil the diagnostic criteria of the International Classification of Diseases, 10th revision (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, (DSM-5, Fifth edition) for delusional disorder. In secondary delusional parasitosis there maybe an organic cause which lead to the development of the delusion and therefore it is important to rule out underlying medical or neurological causes. The delusional belief can be shared by more than one person (*folie à deux* or *folie à trois*), usually in the same household. It has been reported that stressful life events such as death of close family member or spouse,

deteriorating personal health, children leaving home, long hospital stays and travel to developing countries in addition to pruritis may serve as initiating factors of the disease. Patients being diagnosed with delusional parasitosis may also have co-morbid or underlying depressive disorder, anxiety disorder or obsessive compulsive disorder. Against this background, our case yielded a slightly contrasting picture to the typical presentation of Ekbom's syndrome. Generally patients claim to be infested by insects on and under the skin, our patient reported of insects starting to infest his oral cavity and eventually the insects got converted to mud. However the distress caused was significant as he felt something stuck in his teeth through the day had to spit frequently and also visited multiple oral surgeons and got his teeth extracted.

In the past a few case reports have been published claiming the occurrence of DP in the oral cavity and hence the closest diagnosis we could reach keeping the current presentations of the patient and the literature in mind was of Ekbom's syndrome, sans insects.

Management is a challenge most of the people fail to accept that they have an underlying psychiatric problem as it is contrary to their belief of being infested by insects. These patients often refuse to accept treatment. They may also blame the treating doctor to be incompetent for not being able to address their disease.

The most important point that the psychiatrist should focus on before initiating treatment is establishing a rapport with the patient. The treating doctor should avoid confronting the patient as it may inhibit the patient from seeking help and they should not encourage the belief of the patient as it may build up on their delusion. The best way to respond is by stating "I believe that you believe that insects are infesting you".

In the past, Pimozide[10] was considered the treatment of choice for delusional parasitosis. However, this is no longer the case due to a higher risk of adverse drug reactions and lower adherence. Second-generation antipsychotics such as Amisulpride, Risperidone, Olanzapine, are considered as the drug of choice. These drugs must be started at minimum effective dosage and gradually titrated. once the symptoms have stabilised the treatment should be continued for at least 6 months to prevent relapse of symptoms and the drugs should be tapered and stop and patient should be assessed in every visit to check for relapse of symptoms. Co-morbid disorders should be assessed and treated adequately to ensure adequate functioning of the patient.

The treatment should be initiated after assessing the risk: benefit ratio of the drug.

For our patient we chose 2mg of T. Risperidone and bed time. The patient showed significant improvement with this dose. The intensity of the belief reduced, his preoccupation with his symptoms and frequent demands to see dentist reduced, his sleep and appetite improved as well.

Psycho-education of the patient and the family regarding the nature of the disease and the underlying pathophysiology may prove to be helpful. Insight-oriented therapy and supportive therapy have proven to be beneficial for the patients.

IV. CONCLUSION:

Though the case is not a classical presentation of Ekbom's syndrome the patient's symptoms fit best under this diagnostic category. The management plain remains consistent to other delusional disorders i.e. the use of antipsychotic medications after risk benefit ratio assessment. A close collaboration with dermatologists, psychiatrists and in our case dentists is essential. The success in cases of Ekbom's lies in establishing a meaningful therapeutic alliance and enlightening the patient about the other causes of the symptoms they are experiencing and how the drug may benefit them. As in our case we saw the minimal dosage gave dramatic results. We should always start with minimal dosage to prevent any adverse reactions which maybe potentially life-threatening.

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