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## Case Report

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# DELUSION OF ORAL PARASITOSIS IN A PATIENT WITH MAJOR DEPRESSIVE DISORDER

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**Delusion of parasitosis is a rare condition in which the patient has a strong conviction that he or she is infested by small organisms. The condition may exist as an isolated phenomenon, or may occur in association with other psychiatric syndromes. We report a single case of a rare form of this phenomenon.**

**A middle-aged woman who met forth edition of diagnostic and statistical manual of mental disorders criteria for major depressive disorder with psychotic features is described. She had delusions of oral parasitosis. She felt lizards and small organisms in her mouth.**

**To the best of our knowledge, there has been only one previous report of delusions of oral parasitosis to date. We discuss the interesting aspects of this case.**

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### Introduction

**A** delusion of parasitosis is a false belief in which the sufferer has a strong conviction that he or she is infested by small organisms, like insects, lice, worms, etc. The patient believes that these organisms are living or otherwise thriving in the skin and sometimes other parts of his or her body. It has been also known as Ekbom's syndrome.<sup>1</sup>

Delusion of parasitosis is one type of somatic delusion. It may occur in the pure form or may exist as one symptom in various psychiatric syndromes. The mask of hypochondria has been defined as a tendency to hypochondria and somatic complaints, and is found in more than one-half of all depressed elderly subjects. The mask of hypochondria must be considered with special care because it is a major risk factor for attempted and successful suicide.<sup>2</sup>

In this case report, we present a patient with

major depressive disorder who had delusions of parasitosis of the oral cavity.

### Case Report

A 31-year-old married woman was referred to our outpatient clinic for the first time. She was educated up to the 10<sup>th</sup> grade, worked as a housewife, and was from Kerman (a city in the South of Iran). The patient was restless, deeply depressed, and hopeless. Her symptoms had started four months prior to her referral. She said that she hated the world, that there was no future for her, and that everything was meaningless. She stated that she was only a "moving dead" and it was better to be killed by somebody. Since the beginning of her illness, she had heard voices telling her that, someday, she would become alive on the day of the resurrection, and at that time, she would be hungry, and would have to eat lizards, beetles, and crickets. After hearing these voices, she felt these organisms in her mouth. To remove them, she chewed and swallowed them repeatedly. She felt the taste of chewed materials in her mouth. She thought she had been sinful and that this was a punishment from God. She had insomnia, anorexia, and lacked enough energy to perform her

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daily duties. Family and previous histories were unremarkable.

Examination of her mental status revealed an anxious and depressed person. She had gustatory, tactile, and auditory hallucinations. Further evaluation of her thought process demonstrated somatic delusions with a delusional conviction of being infested by organisms in the mouth. Her orientation and memory were intact. She had no insight. Physical, neurological, and paraclinical examinations were normal. The patient was treated with 150 mg imipramine and 8 mg pimozide per day. She became better 2 months later. She did not accept our recommendation for hospital admission for better management.

### Discussion

The reported patient suffered from major depressive disorder based on DSM-IV criteria. She had delusions of being infested by several living organisms. According to our knowledge of all previous case reports, previously described patients had complained of infestation by only one organism. Our patient also stated that she actually felt lizards in her mouth. We knew that patients with delusions of parasitosis had complained of being infested by small organisms; however, infestation by a large organism had not been reported before. The main target of delusion of parasitosis is the skin and sufferers typically give a detailed account of parasite behavior under their skin.<sup>3</sup> One report of four patients with ocular parasitosis associated with self-inflicted trauma exists.<sup>4</sup> There is only one previous report of delusion of oral parasitosis. Maeda et al reported a 76-year-old man with a previous left-sided cerebral infarct who had a delusional conviction that something like a thread was coming out from between his teeth.<sup>5</sup>

We are aware that many patients with delusion of parasitosis had had other related symptoms including tactile and visual hallucinations, and that their delusions were secondary to these perceptual problems.<sup>6</sup> In our patient, first, tactile and auditory

hallucinations appeared and then, afterwards, the delusion of parasitosis developed. Another interesting aspect in this case was the patient's auditory hallucinations, which were not directly related to her somatic delusion. To remove the disturbing organisms, she repeatedly chewed and swallowed them and, after this action, she experienced the gustatory hallucination of chewed materials. This phenomenon has not been reported before and can only be explained in this case as delusion of oral parasitosis.

Many depressed patients have irrational guilty feelings. Our patient had also such guilty feelings. She thought that when she rose from the dead she would be punished with tormenting organisms filling her mouth. This belief, which rooted in her religious beliefs, could have a special role in forming her delusion.

Our patient improved with combination drug therapy including pimozide. Since its introduction, pimozide has been regarded as the specific treatment for delusion of parasitosis.<sup>7</sup>

Delusion of parasitosis, especially when it appears as delusion of oral parasitosis, is a rare condition and many aspects of it remain to be clarified.

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