DELUSIONAL WORM INFESTATION — A CASE REPORT

Md. Shafiul Hasan¹, Md. Azizul Islam² AA Munib³ MSI Mullick⁴

Summary:

An interesting case of Monosymptomatic Hypochondriacal Phychosis was reported in the department of psychiatry of Institute of Post Graduate Medicine & Research, Dhaka. The patient had the delusion of worm infestation in and around the anus for long twelve years. The patient was treated with haloperidol and showed clinical improvements.

Introduction:

Delusional worm infestation- a monosymptomatic hypochondriacal phychosis is a rare phychiatric entity. It is the psychiatric morbidity with the single delusional system and is categorized as delusional disorder, somatic type in DSM - IV¹ and as persistent delusional disorder in ICD-10². Delusional worm infestation is not uncommon entity in monosymptomatic hypochondriacal psychosis³. Pimozide has been successfully used in its treatment. However haloperidol may be an alternative treatment for this syndrome.

Case Report:

A 32 years old unmarried male muslim literate from rural background attended the phychiatric OPD of Institute of Post Graduate Medicine & Research Dhaka, with the complaints of persistent worm like feeling in and around the anus for last twelve years, This belief developed on a rainy evening when he went to defaecate in an open place. He fell itching in and around the anus, introduced his finger into the anus, found a

helminth on the tip of his finger. For the presumed helminthiasis, he took anthelminthic of different trades and name frequently. In spite of this medication, his worm infestation was not relived.

He moved from physician to physician, starting from quack to very renouned specialists. Lot of investigations including procto-sigmoidoscopy was done and no significant finding was explored. He used to carry stool with him to show it to physician. Failing in cure, he visited the christian missionary hospital with firm conviction and hope about the treatment of foreign doctors, but came out as unsuccessful.

Meanwhile, he started believing that he could not make understand the severity and real feelings about the worm how it was disturbing him. His all activities became centered to his problem of worm sensation around the anus. To make understand he discovered a maneuver made up of magnet and iron granules. The feeling is like peculiar movement of iron granules toward the magnet as he stated. Lastly he attended a highly qualified physician with the maneuver who referred him to a psychiatrist. His early childhood development was normal and attended school for few days. Father was in jail during childhood and had step mother in the family. Positive family history of psychiatric illness in second degree

¹DPM Part II student, ²FCPS Part II student, ³Professor, ⁴Assistant Professor Department of Psychiatry, IPGM&R, Dhaka

relative was noted. Personal history of masturbation, decreased libido, alcohol and gania abuse were also noted. There was no past history of psychiatric illness

On physical examination, findings were within normal limit. On mental state examination, he was found tidy, clean, well dressed and well groomed. Rapport was easily established and sustained. Mood was anxious. Somatic delusion of persistent worm like feeling in and around the anus for long twelve years was noted in spite of contrary investigation reports and adequate, easy scientific explanation Perceptual disorders were absent. His sensorium and cognitive functions were normal. Insight was partially impaired regarding illness

Diagnosing as delusional disorder and he was treated with haloperidol 5mg b.d. because of nonavailability of pimozide, along with supportive psychotherapy. Patient was discharged with advice to continue the drug, to come for follow up at monthly interval following partial improvement of his symptoms

Discussion:

Monosymptomatic hypchondriacal psychosis is characterized by a single delusional system which can occur at any age from late adolesent onwards, affects the both sexes equally, has a poor prognosis without treatment. Within the delusional system, the patient shows marked illogicality, insisting against all evidence on a physical aetilogy. Its presentation is relatively independent of cultural factors. A previous history or a family history of psychiatric illness seems uncommon⁴. The content of the delusion is very variable though there are several common themes including a conviction that the subject is infested with insects, his bowel contain worm or other parasite and that he exits foul smell3. It is uncertain how common the syndrome is, partly because the patient tend to pestes specialist3 like

general practitioner, medical specialist and gastroenterologist for worm infestation and so on without ever seen by psychiatrist Typically patients complaints remain remarkably unchanged over many years to an endless series of doctors seeking confirmation of diagnosis and a cure and atlast initates strange cure of his own4.

Along with paranoid belief, secondary depression, anxiety, shame and avoident behaviour are more frequent with this illness. Substance abuse and or head injury seems to be background factors4.

This case findings is consistent with the other studies of monosymptomatic hypochondriacal psychosis menifesting as delusion of infestation in western setting⁵. This patient had a history of substance abuse which may be a background factor as depicted in other study⁴. It is suggested that pimozide may be an effective treatment for momosymptomatio hypochondriacal psychosis whatever their aetiology⁶. Haloperidol may be an alternative treatment for this syndrome specially those with manifesting a delusional infestation due to its similar chemical to that of pimozide5 The patient's condition was remitted partially with Haloperidol treatment. The finding is similar in the Riding J. Munro A Pimozide in the treatment of monosymptomatic hypochondrical psychosis4, which indicates the effectiveness of haloperidol in this case. There are scattered reports of improvement or even cure with other neuroleptics or tricyolic antidepressant but less effective than pimozide.

Conclusion:

Monosymptomatio hypochondriacal psychosis though traditionally have poor prognosis, but recent studies showed good hope about its treatment. Psychotherapy has an important role in establishing trustful relationship without agreement or challenging the patients delusion, improvement of the patients symptoms and social adjustment.

References:

- American psychiatric Association, Diagnostic and statistical manual of mental disorder 4th ed APA, Washington DC, 1994.
- International classification of mental and behavioural disorders (1992) ICD-10 World Health Organisation, Geneva.
- 3 Kendell RE, Zeally AK. Companion to psychiatric studies, 5th 469, Churchill livingstone, Great Britain, 1994.
- 4. Munro A. Monosymptomatic hypochondriacal psychosis. B J Psychiatry, 1988; 37-40
- Andrews E. Bellard J, Walter-Rayan WG Monosymptomatic hypochondriacal psychosis menifesting as delusion of imfestation. J Clin Psychitry, 1986; 47: 4:188-90
- Riding J, Munro A. Pimozide in the treatment of monosmptomatic hypochondrical psychosis. Acta Psychiatry Scand, 1975; 52: 2 25-30.