DELUSION OF PARASITOSIS (DOP) IN A BOY: A CASE REPORT

*M. Srivastava and K. Mondal
Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University
*Author for Correspondence

ABSTRACT
Delusional infestation is a psychiatric disorder characterized by tactile hallucinations and the delusion of infestation. Being unshakably convinced of the infestation, patients usually seek help from dermatologists instead of psychiatrists, although psychopharmacotherapy is effective for most patients. This report describes a nine year young boy presenting with delusional infestation. He is the youngest patient to be reported.

Keywords: Delusion of Parasitosis (DOP), Pimozide

INTRODUCTION
Delusions of Parasitosis (DOP), also known as "delusional infestations," "acarophobia," "Ekborn syndrome" and "Morgellons," is considered a primary psychiatric disorder (Scott, 1978). DOP patients have a fixed, false belief that they are infested with parasites or other organisms (Trabert, 1991). The etiology is psychological and the disorders may range from psychosis, obsessions, paresthesias, drug abuse to organic causes like seizures, atrophic brain diseases and traumatic brain lesions (Trabert, 1991). A review of the medical literature shows that the prototypical patient with DOP is an older woman, with the average age of onset being 55.6 years (Situm et al., 2011). The lowest known age at onset described in the literature is 17 years, and highest is 92 years. One report describes a 15 year Chinese adolescent presenting with the disorder (Leung et al., 2004). We describe a young boy of nine years having a typical presentation of DOP. The literature search shows this child to be the youngest subject described with this disorder.

CASES
Master ‘A’ is a young boy of nine years was brought by his mother with complaints of claiming that an insect was ‘living’ in his brain. The child was convinced about the insect and gave a detailed description of the insect; he also drew the insect on paper (Figure A). At times the child would bang his head on the wall so that the insect could crawl out from the ‘opening ‘or the wound on the head. The child had multiple superficial cut marks and two deep marks on the fore head as a result of the banging. The child was academically bright and there were no other complaints. The peer interaction was also good. Due to the rarity of presentation at a young age we examined the child in detail to rule out any other disorder. The child’s IQ (intelligence quotient) was examined using the Wechsler’s (WISC) scale along with a computed tomography (Figure B) and electro encephalography. The investigations came out as normal. The child was examined by the children’s version of obsessive compulsive scale (YBOCS-C) and the brief psychiatric rating scale (BPRS). Except the single delusion of insect infestation he did not have any abnormality. Examinations of his school note books did not reveal any learning or writing disability. The children’s apperception test also did not reveal any psychological disturbances. A final diagnosis of DOP was made and the child was started on 1 mg of pimozide in two divide doses. A follow up after two weeks revealed that the intensity of the belief was lesser but persisted.

DISCUSSION
DOP is a disorder prototypically present in older females, there is no noted presentation in children (Situm et al., 2011). Our case is a rare case in terms of age of onset, classical presentation and no other comorbidity. The cases are vividly descriptive in terms of the insects and they usually report skin lesions, like the one our case described (Scott, 1978; Trabert, 1991). Patients with a learning disability are...
Case Report

significantly younger than the average patient (Situm et al., 2011; Leung et al., 2004). Our patient had good IQ and had no learning disability. This case is important due to atypical age presentation, absence of co morbidity, typical presentation and morbidity of the symptoms and acting out behavior.

Figures A). Drawing of the Insect, B). Computed Tomography Showing a Normal Scan

REFERENCES