Case Report

A postmenopausal woman presenting with Ekbom syndrome associated with recurrent depressive disorder: a case report

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Abstract

Background: Ekbom syndrome is a rare psychiatric disorder that can manifest as a delusion, overvalued idea or hallucination of parasitic infestations. It is more prevalent in postmenopausal women and patients are usually seeking dermatology rather than psychiatry consultation for their symptoms.

Case presentation: We present a case of Ekbom syndrome associated with recurrent depressive disorder in an elderly patient. The patient presented with tactile hallucinations of insects crawling just under her skin. These hallucinations resolved with Mirtazepine and electroconvulsive therapy treatment in the absence of an antipsychotic pharmacological agent.

Conclusion: This case report highlights the presence of a rare psychiatric presentation of Ekbom syndrome within the context of depression. The majority of such cases will not be seen by psychiatrists but by dermatologists. Therefore collaborative consultations between dermatologists and psychiatrists of patients presenting with symptoms of Ekbom are essential for the identification and management of such cases. The case also takes a look at possible aetiologies and the importance of descriptive psychopathology in distinguishing psychotic symptoms in depressive disorder.

Background

Ekbom syndrome is a rare psychiatric disorder that usually presents to dermatology clinics. The literature is scant in systematic research into this interesting syndrome. It was first methodically described in a case series by Karl-Axel Ekbom in 1938 where a delusion of parasitic infestations associated with tactile hallucinations as well as skin manifestations were present in postmenopausal women[1]. The American Psychiatric Association described the condition in DSM IV as a delusional disorder.

Ekbom syndrome is often described as a delusion of infestation, however, it can also take the form of a tactile hallucination or overvalued idea[2]. The patient feels, believes or considers that they are infested by parasites or insects[2,3]. When this syndrome is present, the patient may reject the idea that the condition is psychiatric and refuse treatment, causing the initial presentation to be at a dermatology clinic[4]. However, this condition is often present as a symptom in mood disorders or other psychiatric illnesses such as in schizophrenia[2]. Ekbom may also occur in concordance with general medical condi-
tions such as cerebrovascular disease and senile demen-
tia[5,6]. Patients presenting with this illness are often
elderly females over the age of 50[7,8]. Skin lesions are
usually absent and pruritus is often a presenting com-
plaint[9].

We present a case of Ekbom syndrome in an elderly
depressed patient.

Case presentation
We report a case of a 77-year old woman who presented
with recurrent depressive disorder. The onset of depres-
sion was in early middle age and the course of illness has
been recurrent with more severe episodes in later years.
The current episode of depression started three years prior
to this admission. In addition to depressive symptoms,
the patient described developing a sensation of vermin
moving under her skin all over her body. This tactile hal-
lucination presented intermittently for past 2 years, but
became more persistent as the severity of depression
increased. She also complained of pruritus but had not
sought medical advice for this. Her medical history was
notable for benign essential tremor, hypertension, hyper-
cholesterolemia and carotid endarterctomy.

The current episode of depression had failed to respond to
several antidepressants. The patient had extreme sensitiv-
ity to medications' side effects and a conservative
approach was adopted with her. On this admission the
rationale for an antipsychotic medication was reviewed
with her but she was reluctant to believe that she had a
psychotic disorder. She was treated with Mirtazepine 30
mg daily as well as 12 sessions of bilateral electroconvul-
sive therapy (ECT) without an antipsychotic agent and her
depressive episode as well as tactile hallucinations resolved completely.

Discussion
Since its description in 1938[1], little has been written
about the psychopathology, nosology and organic bases
of Ekbom syndrome. Ekbom can present as a delusion, halluci-
cination or overvalued idea[2]. Our case demonstrated
the controversial nomenclature of the disorder as a
delusion where the primary presentation was a halluci-
nation that was possibly followed by a secondary delu-
sion. The overall female to male ratio is 2:1, however
before the age of 50 it is 1:1 and after it is 3:1[7]. This may
suggest a hormonal predisposition to the condition.
Ekbom syndrome has been reported to co-occur with
bipolar and psychotic disorders in addition to presenting
as a primary disorder with the recommended treatment of
antipsychotics [10]. Due to the rarity of this condition
producing small sample sizes, potential causes or predis-
positions have been difficult to study. The majority of
cases present to dermatology clinics and patients are often
reluctant to see psychiatrists for their skin manifestations.

Tactile hallucinations have been reported in other psychi-
atric disorders such as dementia[5], it is may be possible
therefore to infer that, like dementia, Ekbom syndrome
may have a biological predisposition. Given the various
presentation of the syndrome, the treatment should be
tailored based on the presenting psychopathology. Our
case responded well to antidepressant and ECT treatment
in the absence of antipsychotics.

Conclusion
In this case of Ekbom syndrome and depression, tactile
hallucinations responded to a combination of Mir-
tazepine and ECT in the absence of antipsychotic medica-
tion adding to the debate of whether this is an isolated
psychotic disorder or a unique psychosomatic pathology
of postmenopausal women triggered by the changes in
hormonal milieu. Since Ekbom syndrome associations
with hormonal changes as well as organic brain disease
such as dementia, it is logical to assume an organic aeti-
ology. Systematic identification of this condition by derma-
tologists in consultation with psychiatrists would be
helpful for estimating the frequency of this condition. It is
also important to clarify whether Ekbom syndrome is
restricted to certain patient profiles and whether it is
responsive to particular treatment approaches.

Consent
Written informed consent was obtained from the patient
for publication of this case report. A copy of the written
consent is available for review by the Editor-in-Chief of
this journal.

Competing interests
The authors declare that they have no competing interests.

Authors’ contributions
CM interviewed the patient and wrote 1st draft. GM
reviewed the clinical data, and contributed to the writing
of the manuscript. ZS conceived the idea for the case
report, obtained the clinical data, and wrote the final
draft. All authors read and approved the final manuscript.

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