A CASE OF DE CLERAMBault'S SYNDROME WITH CAPGRAS PHENOMENON

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De Clerambault's and Capgras syndromes are described under uncommon psychiatric syndromes (Enoch et al., 1967) and are occasionally reported in the recent literature. (Choudhury et al., 1979; Halsam, 1973; Hollander and Callahan, 1975; Mathur, 1977; Raskin and Sullivan, 1974).

In De Clerambault's syndrome the patient usually a woman, claims that a man generally of a superior social rank is in love with her. The patient would like to reciprocate this love, but the world does not permit her to do so (Arieti and Bemporad, 1974). This is essentially a delusional idea. Whereas in Capgras syndrome the patient claims on meeting someone whom he knows well that the person is a double or an imposter who has assumed this person's appearance (Arieti and Bemporad, 1974). This phenomenon is a delusional perception. Capgras phenomenon in some cases is associated with organic brain dysfunction (Hayman and Abram, 1977).

As both these syndromes are uncommon their occurrence together in a single patient is much rarer. Such an associated occurrence of both these syndromes in paranoid schizophrenic has been reported (Sims and White, 1973). We report another patient who had a capgras phenomenon understandably resulting from a De Clerambault's syndrome, associated with features of schizophrenia.

Case Report:

Our patient, Miss. N. a 16 year old unmarried Hindu girl came from a nuclear family of middle class socioeconomic status, without any history of mental illness in the family. Patient and her two elder brothers were brought up by her mother, a school teacher, who separated from her husband when the patient was aged 2 years. Patient's birth and early developmental history was unremarkable. She was an average student at school and had failed once in her school leaving examination. She was known to be obedient adjusted to social situations rather well.

In May 1978, patient was brought by her mother with a history of withdrawal, smiling to self and sleeplessness of three days duration. Patient was also demanding that she be married to a local general practitioner.

The latter was a married, middle aged doctor whom the patient was consulting for treatment of acne, for about a month. Patient was also complaining that she was deliberately failed by her school teacher in her school leaving examination.

Mental status examination revealed normal psychomotor activity, formal thought disorder, primary delusional perception and irritability. She claimed that her doctor was in love with her, and had indicated his promise to marry her by touching her hand.
while examining her. She said that her mother and brother were against this. She denied experiences of hallucinations and other first rank symptoms. Her primary mental functions were adequate and she lacked insight. With a provisional diagnosis of acute psychotic episode she was treated with trifluperazine 15-45 mgm. per day.

During the two year follow up she had consistently held the belief that this doctor was in love with her although her other psychotic symptoms had disappeared. During this period she had been repeatedly demanding that she be married to this doctor. When her mother confronted her with the fact that the doctor belonged to a different caste and was a fresh acquaintance, patient insisted that she knew the doctor for a long time and that he belonged to her caste. On her persistence, in June 1980, she was taken to the doctor who told her that he is married and has three children and had never entertained any ideas of love or marriage towards her. On return from the doctor’s clinic, she alleged that her mother had duped her and that the person she met was a look-alike, elder brother of the doctor who loved her. Repeated efforts at convincing her to the contrary have been unsuccessful. Presently, patient continues to adhere to the above beliefs despite continuous medication with fortnightly injections of Fluphenazine decanoate 25 mgm. A physical examination and investigations including an EEG and psychological tests did not reveal any abnormality.

DISCUSSION

The presence of formal thought disorder, primary delusion and a chronic unremitting course make the diagnosis of schizophrenia obvious. However, for the past two years the predominant symptom has been a delusion of being loved. The phenomenology has been in keeping with the description of De Clerambault syndrome (Enoch et al., 1967; Arieti and Bemporad, 1974). The patient’s insistence, at subsequent follow ups, that the person to whom she was taken to was a look-alike of the doctor who loved her, is a co-existant Capgras Phenomenon.

Ours is the second reported case of the coexistence of these two phenomena. Like the previous case (Sims and Astram 1973), our patient was a female with early parental loss. Our case differs from that reported previously in that the symptom started abruptly with the De Clerambault phenomenon. The Capgras phenomenon appears to be secondary to the delusion of De Clerambault. In the earlier reported case the Capgras phenomenon was more generalized and the two phenomena appear unrelated. And Unlike the case reported our patient did not show improvement in the delusion, with treatment.

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