Coexistence of the Delusions of Infestation and Body Smell in Schizophrenia: A Case Report

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Abstract

The coexistence of the delusions of infestation and of body smell is reported. In the analysis of a schizophrenic patient, the authors suppose a connection between object loss and the formation of secondary symptoms. Delusions of infestation and/or body smell can be an indication for a careful psychological analysis in schizophrenia.

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Delusional infestation or the delusion of body smell can appear as a part of a mono-symptomatic hypochondriacal psychosis [1,2] or as a symptom of an affective, organic or schizophrenic psychosis [2-5]. It is known that hypochondriacal symptoms in mono-symptomatic hypochondriacal psychosis (which is a somatic subtype of paranoid disorders according to DSM-III-R) are specific and stable and do not turn into each other [1]. It is also known that if delusional infestation ever occurs as a symptom of schizophrenia it is very rare [5, 6]. We present in our case report the coexistence of delusions of infestation and body smell in a schizophrenic patient.

Case Report

The patient is a woman, born in 1945. There was no family history of psychiatric disorders. Her premorbid personality was introverted, she had only a few friends, and serious problems establishing contacts

with people. Before the onset of the illness, she worked in a health center as an assistant. In 1972, during her first admission she was diagnosed as a schizophrenic paranoid type, her main symptoms being autism, incoherence and delusions of persecution. The patient was found in a park naked, and she believed that policemen had tried to kill her, because of her masturbatory activity. Her persecutory delusions were paralogical, nonsystematized and polarized. The duration of the episode was 2 months. She was treated with haloperidol (10 mg/day) and ECT. After the first episode, she had problems continuing work, and a few months later she lost her job. Residual symptoms (autism, social withdrawal) remained after the first psychotic episode. After the first episode, during an 18-month interval, the patient received haloperidol (5 mg/day). Her second admission – after the loss of her fiancé – was due to anxiety, incoherence and delusions of parasitosis. Two months before her second decompensation she had begun a love relationship. Before her admission the man left her for another woman. She believed that she was infected by tropical insects. The delusion was paralogical, nonsystematized and polarized, and only delusional mood could be detected as a constituting element. She was treated with haloperidol (15 mg/day) and ECT for 2 months. After the second episode, resid-

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ual symptoms (odd behavior, autism, social withdrawal) remained, and the episode was followed by a 2-year long interval. During the interval the patient received haloperidol (5 mg/day). During her third admission, anxiety, looseness of associations and the coexistence of the delusions of infestation and body smell were diagnosed. Three weeks after the loss of a sweetheart, she believed that her gynecologist had placed a snake in her vagina, resulting in a serious infection. She also believed that an ugly smell emanated from her skin. The delusions of parasitosis and body smell occurred simultaneously, the duration of both being 3 weeks. Both delusions were paralogical, nonsystematized and polarized. Delusional mood could be found as a constituting element, while tactile or olfactory hallucinations, illusions, real experiences, memories, and false memories, were not present. She was afraid of women, because she felt females had a bad influence on her. During her treatment, she was given supportive psychotherapy and haloperidol (15 mg/day) for 2 months. Again, after this episode residual symptoms – especially odd behavior and social withdrawal – remained. During the psychotherapeutic contact, the loss of her sweetheart was recognized as a psychotraumatic event. After this she was admitted twice to our department. During these exacerbations, delusions of infestation or body smell could not be detected. The symptoms in both episodes were autism, incoherence and odd behavior; delusions in these decompensations were not present. The episodes lasted 3 and 4 months; between the third and the fourth episode the interval was 3 years, between the fourth and the fifth, 4 years. The patient was on haloperidol medication (15 mg/day) and supportive psychotherapy during both episodes. In the intervals she was on haloperidol (5 mg/day). During remissions, social withdrawal, odd behavior and autism were recognized as residual symptoms. In 1993, the residual symptoms became so serious that she was not able to live alone, and was transferred to a mental hospital for the treatment of chronic patients.

Discussion

Our patient was diagnosed with schizophrenia, paranoid type. Psychiatric examination demonstrated that beside looseness of associations and autism, delusions of infestation and body smell could be detected. The observed delusions were paralogical, nonsystematized and polarized. Before the second and third exacerbations, psychotraumatic events (object losses) occurred, which – as is known from long term patient and family studies [7] – could influence the formation of secondary symptoms. In schizophrenia, secondary symptoms are caused by a combination of the action of the primary symptoms and the action of psychogenic factors. From a psychodynamic point of view, delusional infestation was understood as a paranoid restitution after the trauma of object loss [4]. The analysis of the psychodynamics of the case gave rise to the concept that the patient in a psychotic form tried to restitute the trauma of object loss in the formation of delusions of infestation and body smell. Psychological examination of the delusions could not interpret the observation that the loss of a closely associated person could lead at one time to a delusional parasitosis but at another time to a delusion of infestation and body smell. The analysis of our case supports the idea that the appearance of the delusions of infestation and/or body smell in schizophrenia can be an indication for careful psychological analysis and psychotherapy.

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