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# A Terrible Prank Gone Horribly Wrong the Development of Delusional Infestation as an Adjustment Reaction to a Traumatic Hoax


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# A Terrible Prank Gone Horribly Wrong – the Development of Delusional Infestation as an Adjustment Reaction to a Traumatic Hoax

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## SIGNIFICANCE

Delusional infestation (DI) is a somatic-type delusional disorder, characterized by a fixed belief that one is infested by living or nonliving pathogens<sup>1-3</sup>. DI is a relatively rare disorder<sup>4,5</sup>, with an estimated 20-80 cases per million people annually<sup>6</sup>. Effective management of patients suffering from SI is crucial, as patients may cause significant harm to themselves in their attempts to remove the pathogens<sup>7,8</sup>. Regarding treatment options, antipsychotic medications such as pimozide and risperidone have been promising<sup>8-10</sup>. However, there remains many barriers to care<sup>11</sup>, and patients are hardly ever seen in psychiatry as they preferably seek other specialists such as dermatologists<sup>7,11</sup>. It is important for psychiatrists to understand this devastating disorder and properly manage and treat patients with DI when the opportunity arises.

## CASE PRESENTATION

Patient is a 45-year-old female with a past reported psychiatric history of bipolar disorder, who initially brought herself to the emergency department with the chief complaints of abdominal pain and parasitic infection. Patient stated that bugs and parasites are crawling on her skin and out of her body orifices. Medical staff noted the absence of evidence from the physical exam that would suggest parasitic infestation; psychiatry was thus consulted for an evaluation.

Patient stated to the psychiatry team that her ordeal began 4 months ago, when she was the victim of a cruel prank. A teenage son of her friend has put three mice in her bed when she was sleeping, though the patient did not wake up and was initially unaware of the prank. Patient was told about the incident and was later even given a description of the event by her sister who saw a video of the prank on a media website. Since then, patient began experiencing crawling sensations all over her body, and started noticing “bugs” coming out of her body orifices including vagina. Patient believed her symptoms are caused either by the mice, which were never recovered or seen again, or parasites that the mice may be carrying. Patient cut off her hair at one point in fear that the parasites may be harboring inside. Patient has also lost significant weight due to decreased food intake.



Figure 1 – Timeline of patient's hospitalization

Patient attempted to collect these parasites in “glass jars” and brought them to her family physician and emergency rooms, though she has repeatedly been told that no parasite has been found.

During this hospitalization, patient was informed that her lab tests, including ova and parasite test and pinworm test, have been negative. After repeated encouragement, patient was agreeable to starting risperidone at 0.5mg BID, with further titration up to 1mg BID. Patient tolerated the medication well without side effect. After two days, she reported a “30% improvement” in the crawling sensation on her body. She had previously agreed to inpatient psychiatric treatment due to the severity of her initial symptoms, but with her progress in this hospitalization, the patient and psychiatry team agreed that patient should continue her treatment with an outpatient psychiatrist. Patient was shortly after discharged home, with notable improvement in her symptoms and a renewed sense of hope for her personal life and the future.

## DISCUSSION

We reported here on a patient with delusional infestation, and her struggles with her symptoms and her attempts to rid herself of these pathogens have caused her significant suffering and damage to her personal life. This case illustrates the importance in establishing a trusting patient-provider relationship in the management of patients with DI<sup>9</sup>. A deep understanding of the patient and continual reassurance of her symptoms allowed the psychiatry team and patient to agree on a treatment plan. Regarding the choice of medications, risperidone has shown efficacy in limited studies, with a median onset of clinical response at 1.5 weeks<sup>9</sup> and a positive impact rate of 69%<sup>8</sup>. Our patient showed early promise with remarkable improvement in her tactile hallucinations. With the establishment of outpatient psychiatric follow-up, as well as improving insight into the nature of her condition, we are optimistic that our patient is on the road to recovery.

## CONCLUSION

Delusional infestation is a rare and potentially devastating disorder. It is important for psychiatrists to understand the barriers to treatment that are inherent with this disorder, and to properly manage patients suffering from delusional infestation.

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