

Ekbom syndrome in a bipolar disorder patient: a case report

*Síndrome de Ekbom em uma paciente com transtorno bipolar:
relato de caso*

Síndrome de Ekbom en paciente com trastorno bipolar: relato de caso

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ABSTRACT:

Introduction: Ekbom syndrome is a rare condition in which the patient believes that his or her body is infested by worms or other parasites. This condition is associated to mental illness in 81% of cases. There is not a final statement about the best psychopharmacological treatment of this condition.

Objective: The present study presents a case report on which an elderly woman with bipolar disorder has shown Ekbom syndrome. **Method:** This study lists a case report of a 69 year-old woman with bipolar disorder. This patient had presented the belief that worms were walking under her skin during the past few months. She had a previous diagnosis of bipolar disorder. Depressive symptoms were intense. The patient was followed up in an outpatient psychiatric service for 120 days. Lurasidone was introduced and some drugs were discontinued. **Result:** One month after starting treatment with lurasidone, there was a significant improvement of delusional beliefs of Ekbom syndrome. Such improvement was associated with the improvement of the bipolar depressive condition in this case.

Conclusion: Ekbom syndrome is a rare kind of delusion. Its etiology is not fully understood. We presented a case of an elderly woman with previous diagnosis of bipolar disorder with Ekbom syndrome. To our knowledge, there are no other case reports informing the use of lurasidone in bipolar depression associated with Ekbom syndrome.

Keywords: Delusional parasitosis, bipolar disorders, lurasidone.

RESUMO:

Introdução: Síndrome de Ekbom é uma condição rara na qual o paciente acredita ter seu corpo infestado por vermes ou outros parasitas. Essa condição está associada a doenças mentais em 81% dos casos. Não existe um consenso sobre qual o tratamento farmacológico mais adequado para tratar essa condição. **Objetivo:** O presente estudo apresenta um relato de caso no qual uma mulher idosa com transtorno bipolar apresentou a síndrome de Ekbom. **Método:** Esse estudo lista um relato de caso de uma mulher de 69 anos com transtorno bipolar. Essa paciente havia apresentado a crença de que vermes andavam sob sua pele nos últimos meses. Havia diagnóstico prévio de transtorno bipolar. Os sintomas depressivos eram intensos. A paciente foi acompanhada em ambulatório de psiquiatria por 120 dias. A lurasidona foi introduzida e alguns medicamentos foram descontinuados. **Resultado:** Um mês após o início do tratamento com lurasidona, houve uma melhora significativa das crenças delirantes da síndrome de Ekbom. Essa melhora foi associada à melhora do quadro depressivo bipolar neste caso. **Conclusão:** A síndrome de Ekbom é um tipo raro de delírio. Sua etiologia não é totalmente compreendida. Apresentamos o caso de uma idosa com diagnóstico prévio de transtorno bipolar com síndrome de Ekbom. Até onde sabemos, não há relatos de outros casos informando o uso de lurasidona na depressão bipolar associada à síndrome de Ekbom.

Palavras chave: delírio de parasitose, transtornos bipolares, lurasidona.

RESUMEN:

Introducción: El síndrome de Ekbom es una condición poco común en la que el paciente cree que su cuerpo está infestado de gusanos u otros parásitos. Esta condición se asocia con enfermedad mental en el 81% de los casos. No existe consenso sobre el tratamiento farmacológico más adecuado para tratar esta patología. **Objetivo:** O presente estudio presenta un caso clínico en el que una anciana con trastorno bipolar presentó síndrome de Ekbom tratada con lurasidona. **Método:** Este estudio relata un caso clínico de una mujer de 69 años con diagnóstico previo de trastorno bipolar. Esta paciente había mostrado la creencia de que los

gusanos habían estado caminando bajo su piel durante los últimos meses. Los síntomas depresivos fueron intensos. El paciente fue seguido en un ambulatorio psiquiátrico durante 120 días. Se introdujo la lurasidona y se suspendieron algunos medicamentos. **Resultado:** Un mes después de comenzar el tratamiento con lurasidona, hubo una mejora significativa en las creencias delirantes del síndrome de Ekbom. Esta mejora se asoció con una mejora en la condición depresiva bipolar en este caso. **Conclusión:** el síndrome de Ekbom es un tipo de delirio poco común. Su etiología no se comprende completamente. Presentamos el caso de una anciana con diagnóstico previo de trastorno bipolar con síndrome de Ekbom. Hasta donde sabemos, no hay otros informes de casos que informen el uso de lurasidona en la depresión bipolar asociada con el síndrome de Ekbom.

Palabras clave: delirio parasitário, trastornos bipolares, lurasidona

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Dear Editor,

Regarding the case report published in *Debates em Psiquiatria*, [volume 8, número 3, de Maio/Junho de 2018](#), entitled "Ekbom's Syndrome in the Elderly", we would like to make some additional considerations.

Ekbom's syndrome is a condition associated with mental disorders most of the time, reaching an association in about 81% of cases [1]. As its association with clinical diseases is also known, it may prove difficult to know which medical and/or psychiatric conditions may be related to its onset. Elderly patients, who are usually the population most affected by Ekbom's syndrome, sometimes suffer from diverse and overlapping psychiatric and clinical morbidities. Apparently, however, according to the clinical cases analyzed, it seems unlikely that Ekbom's syndrome manifests itself in patients whose clinical and/or psychiatric morbidities are well controlled. As the condition may be related to several psychiatric and/or clinical conditions, with different pathophysiologies, it is possible to speculate the presence of a common organic substrate in all cases.

However, due to the rarity of Ekbom's syndrome, it has not been possible to go beyond speculation. Antipsychotics are the treatment of choice, but even with advances in research, it has not been possible to define the best antipsychotic to treat this condition. There are several case reports reporting various antipsychotic molecules used to treat the symptoms of the syndrome. At the same time, most published studies on the syndrome are case reports. This kind of study is not considered appropriate to reach a consensus on the most adequate pharmacological treatment to treat a given condition. Therefore, one cannot speak of off-label prescription for this syndrome [2].

We will illustrate it with a case from our clinic. A 69-year-old female patient was seen at the psychiatric outpatient clinic, with complaints of worms that were emerging from her skin. The complaint had lasted for 2 months when the treatment started. In an attempt to remove the worms from her skin, patient had caused superficial wounds to the skin. The diagnosis of bipolar affective disorder type I had already been made in another service.

Depressive symptoms were reported to have worsened over the past 6 months. Patient also with systemic arterial hypertension and congestive heart failure, both under control. In addition to the delirium of the infestation, there was a profound lowering of mood, anhedonia and notorious functional impairment. The only change on physical examination was the ubiquitously distributed excoriation across the chest, cervical and dorsal regions, and upper limbs.

The patient was using 150 mg/day of controlled-release venlafaxine 150mg/day, 50mg/day of trazodone, 2mg/day of clonazepam, 75mg/day of quetiapine, 10mg/day of amlodipine and 50mg/day of atenolol. Venlafaxine, quetiapine and trazodone were tapered off and stopped within 15 days. At the same time, lurasidone was introduced with dose titration to 40mg/day. One month after starting treatment, the patient had only a superficial wound on her skin. On that occasion, the patient's score on the Hamilton Depression Scale (HAM-D) was 19 points. Euthymia had been achieved after 120 days of treatment.

In the case presented, lurasidone was used, an antipsychotic belonging to the group of benzothiazoles [3]. Its efficacy and safety are well established for bipolar I depression [4, 5].

However, as far as we know, there are no reports of its use in cases of bipolar depression associated with Ekblom's syndrome. It is clear that more studies are needed to elucidate outstanding issues about this condition.

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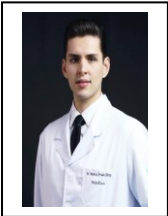


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