

## Chronic Tactile Hallucinosi (Praesenile Dermatozohenwahn) and "Cenesthopathia".

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### INTRODUCTION

There is a nosologically discordant type of hypochondriacal state, variously called circumscribed hypochondria<sup>1)</sup>, "praesenile Dermatozohenwahn"<sup>2)</sup>, chronic tactile hallucinosi<sup>3)</sup>, or infestation<sup>4)</sup>. Whether it is a definite disease entity or only the syndrome of a major psychosis is not yet established. One author states that it is a branch of "cenesthopathia"<sup>5)</sup>, while others categorize it into depression, late schizophrenia, organic cerebral disease, or neurotic state.

We recently encountered a patient with typical symptoms of "praesenile Dermatozohenwahn". However, she also exhibited symptoms of depression and paranoid delusion. We shall report on this case and consider its nosology.

### CASE REPORT

Case M.E.; female; born Dec. 16, 1912. She was 62 years old when she was first seen by us. In the past, she received two major abdominal operations. One was a diaphragmatic herniation at 30 years of age, and the other myoma of the uterus at 52. Two years before admission to our clinic, she was treated in a general hospital for 3 months because of severe constipation. During her stay in that hospital, she developed insomnia and was referred to a mental hospital. There, she stayed for one year, when she was found to have had syphilis. She married at 18 and subsequently had three children, who are now in good health. After her husband died, she married again and had one daughter, who informed us about the history of the patient. According to the daughter, one of the patient's sisters was psychotic and had been hospitalized in a mental hospital for a long period of time. No other members of the patient's family was reported to have had psychosis or hereditary diseases.

Present Illness: During her first stay in the hospital, she began to

have a very strange distressing sensation which felt like "the creeping of thousands of worms" on her skin all over her body. She developed insomnia due to this sensation and was referred to a mental hospital. Soon after changing hospital, she was relieved from her insomnia and the creeping worm sensation. Treatment included medication with major tranquilizers and electroshock therapy. After discharge from the mental hospital, she continued to be well, living with her daughter and grandson.

One month prior to admission to our clinic, she began to complain of distressing constipation and abdominal pain and stated that her heart was compressed by a distended intestine and urinary bladder, and that her vagina was tracted upward by her inflated intestine which was very painful. She wanted to receive an operation for making an artificial anus to get rid of the distress caused by her severe constipation, so she visited a surgical clinic in July 1975. While awaiting admission to the hospital for exact evaluation of her intestinal function prior to operation, she attempted to commit suicide by ingesting an organic phosphorus-containing insecticide. At that time, her daughter found her in her room in a distressed state, and brought her to a hospital for emergency care including gastric lavage and drip infusion. A few days later, the patient was referred to our clinic for psychiatric treatment and further observation.

**Physical Examination:** Obese patient with moderately developed skeleton. No skin lesions were found. Deep tendon reflexes were all hypoactive. No pathological reflex was elicited. There was tenderness in her lower abdominal region, which was thought to be due to the urinary tract infection. Other physical examination disclosed no marked abnormalities.

**Laboratory Examination:** Slight leucocytosis ( $9200/\text{mm}^3$ ) with neutrophilia and relative lymphopenia. Slight increase in alpha 2 and beta globulins. Serum cholinesterase activity was markedly decreased, which was thought to be the effect of ingestion of an organic-phosphide agent. Within a relatively short period after admission, these abnormal values returned to normal. Urea nitrogen value was normal. The urine was grossly dark-colored and turbid. Pyohematuria was disclosed by microscopic examination of the urine sediment. Urological diagnosis was acute pseudomembranous cystitis. Soon after the prescription of an antiseptic drug for the urinary tract, her urine became clear. Serum syphilis reaction was weakly positive only in treponema hemoagglutination test. Cerebrospinal fluid examination was not indicative of syphilitic

infection of the central nervous system. Except for a flattened posterior cranial fossa, the skull X-ray examination revealed no pathological finding. Chest X-ray showed some blurring of the left lung-diaphragmatic border, possibly due to postoperative adhesion. No signs indicative of hiatus hernia were seen. Upper gastrointestinal series was entirely normal. Fluoroscopic colon examination by retrograde barium enema revealed no abnormal finding in size or shape of the colon. Only the roentgenoscopic study showed a tiny area of questionable swelling of the colon mucosa, which proved to be, pathologically, merely a nonspecific inflammation. Electrocardiogram showed no remarkable finding except for left axis deviation. Electroencephalogram disclosed sporadic low-voltage theta activity on occasion in the parietal areas. No asymmetry or seizure activity was recorded. Pneumoencephalogram was not performed.

#### COMMENT

In 1929, Schwarz<sup>1)</sup> reported 5 cases of female patients with paresthesia in the skin under the title of "zirkumskripte Hypochondrien", as a type or a complication of manic depressive psychosis. Schwarz's patients were in their fifties and sixties, and were of an active character. Special attention was given to the family history, i.e. presence of psychotic relatives or family members who had attempted suicide. Schwarz also considered the differentiation between paresthesia and tabes dorsalis, beginning stages of general paresis, arterial sclerosis, senile atrophic process, presenile psychosis, and intoxication psychosis by cocaine. He concluded that these symptoms were most closely related with manic depressive psychosis. Ekblom<sup>2)</sup> reported 7 cases in 1938. Among these, 3 cases had syphilitic infection, 4 cases had an unsuccessful marital history and all cases showed presenility. Our case had all three of these conditions. These conditions suggest that endocrine disorders and organic cerebral changes play some role in the manifestation of this type of paresthesia. Aging, femininity, a cheerful and active personality, history of abdominal operation, latent syphilitic infection, and unfortunate marital history all seem to be important factors when considering this peculiar skin symptom. Ekblom's cases generally had no relation with major psychosis.

However, our case showed two more kinds of psychotic symptoms. One was a bizarre hypochondriacal delusion that her previous operation had been done without cutting the skin, and that the suture ligature in her intestine had been cut off by injections. She also believed that her uterus was painful because of the traction by her inflated intestine, and that the inflation was caused by infestation of innumerable invisible tiny

worms. These abnormal complaints could be interpreted as a hypochondriacal delusion. The other psychic symptom was a hallucination, which she had had all night long in the hospital, when she had seen a transparent man wearing white clothes. The hallucinated man immigrated into her body and made her uneasy and uncomfortable. This could be considered as an optical hallucination with some nuance of influenced experience or consciousness disturbance. Hitherto described cases usually did not show such multidisciplinary symptoms, and were mostly monomaniac or monosymptomatic. Some patients complained only of the skin paresthesia. There were of course some patients having symptoms of worm infestation and other delusional ideas. However, such cases usually seemed to be typical schizophrenic psychosis and the dermal sensation of worm infestation was not typical as in Schwarz<sup>1)</sup> and Ekbohm's<sup>2)</sup> cases. Obviously the most marked cardinal symptom in our case was typical "Dermatozohenwahn". The other symptoms of our case were similar to the symptoms of so-called "cenesthetic psychosis". However, in everyday life, our patient was quite understanding and sympathetic. Moreover, she attempted to commit suicide by ingesting insecticide. At that time, she expressed a depressive mood, inhibition, inertia, and hopelessness, which resemble the symptoms of depression.

We don't know exactly how to categorize or diagnostically label this case, although the skin symptom is very similar to that of cases reported by Schwarz<sup>1)</sup>, Ekbohm<sup>2)</sup> and Bers and Conrad<sup>3)</sup>.

Gamper<sup>6)</sup> noted that all patients with worm infestation had thalamic atrophy. Of course there is a possibility that a sensory tract disorder including the thalamus could cause such paresthetic symptoms. Pneumoencephalogram was once useful for this study. Recently introduced computerized tomography may answer this question to some extent. However, precise regionality in the central nervous system must be determined using more accurate and sophisticated techniques in the future.

Treatment of our case was extremely difficult. Persuasion based on the actual results of the clinical examination was not quite beneficial. She continued to have the same complaints every day in spite of the explanation by her doctors that her abdomen was entirely healthy and normal by any examining method. Major tranquillizers in combination with anti-depressant drugs showed only a limited effect. Some author stated that the most effective form of treatment was electroshock therapy, however, in our clinic ECT was not done because of her weak condition after her suicidal attempt. In the course of time, her depressive state was alleviated to some extent, but her complaint concerning the skin

remained unchanged in severity. No one, including the patient herself, saw the worms. She stated that one doctor said to her previously that her constipation was possibly due to some parasites. Therefore, she said, she had begun to believe the abnormal skin sensation was possibly due to the creeping of invisible worms. From the result of a Rorschach psychological evaluation, she was suspected to be of a relatively severe neurotic state with well-preserved character and intelligence. The bizarre hypochondriacal abdominal complaint with preservation of personal communication is thought to be similar to "cenesthopathia" as stated by Dupre et Camus<sup>5)</sup>, Hosaki et al.<sup>7) 8)</sup> and Yoshimatsu<sup>9)</sup>. In this sense, our case is a combination of chronic tactile hallucinosis and "cenesthopathia". Such a case seems to be reported very rarely.

We have the impression that this case was an example of presenile organic psychotic state. In reality, abdominal operations were performed twice, and severe constipation had once existed. Syphilitic infection may have impaired the function of the central nervous system and intensified the aging process. With these physical complications, the secondary delusional idea might have occurred. Moreover, because of the distressing sensation, the idea became delusional and unpredictable. As morphological studies of the sensory tract of such patients progress, the borderline between functional psychosis and endogenous psychosis may be clarified. These skin phenomena seem to have a closer relation to hypochondriacal delusions than hitherto suspected.

### SUMMARY

A 62-year-old female patient developed a hypochondriacal state, which seemed to be in close correlation with "zirkumskripte Hypochondrien" (Schwarz) or "praesenile Dermatozohenwahn" (Ekbom). The patient had previously received two major abdominal surgical operations, and had an unfortunate marital history. She developed symptoms of a distressing "infestation by numerous tiny worms", creeping on the skin everywhere in the body. Creeping worms were also felt in the abdomen and she stated that her abdominal distension was due to an infestation of worms. She felt itching on the skin by worm-bite. She became irritable, sleepless, and at last she attempted suicide from her depressive mood.

Beside the chief complaint concerning her skin, she also had a bizarre cenesthetic hypochondriacal symptoms in her abdomen. She stated that the suture ligature of the intestine from her previous operation had been cut off by the injection of sedatives to subside her irritability, and

therefore ingested foods were accumulating in her abdomen, causing distressing abdominal distension. These symptoms persisted and resisted pharmacotherapy.

This case is thought to be a chronic tactile hallucinosis, combined with "cenesthopathia". The problem of nosology was discussed, including latent syphilis infection, late schizophrenia, presenile depression, chronic organic cerebral disease, and neurotic state.

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