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## Case Report

# Emergency department presentation of 'delusional parasitosis by proxy'. Delusional parent, injured child

Jay D. Fisher, MD\*

UNLV School of Medicine, Department of Emergency Medicine, United States of America



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### ABSTRACT

We report a case of 'delusional parasitosis by proxy'. A sixyear old child was brought to the emergency department by a mother with concerns that her son had a skin and scalp infestation. Despite the absence of any clinical findings being found on exam, the mother remained disproportionately concerned. Follow up care was recommended with the child's primary care. The mother returned to the ED with her child three weeks later with concerns that her son had an inflamed scalp and eyes. The mother remained insistent that the child was infested with bugs and she had sought care at two other locations where the child was prescribed permethrin on both visits. She had been applying the medication repeatedly. On exam the boy's scalp had been shaved and was erythematous and irritated; his eyebrows and eyelashes had also been shaved off and likely contributed to an irritant conjunctivitis from repeated applications of topical permethrin lotion. No evidence of infestation was identified. We recruited the assistance of the maternal grandparents, child protective services and primary care pediatrics and the child was removed from the mother's custody and placed into the custody of the grandparents. Six weeks later with basic skin care and erythromycin ophthalmic ointment for the eyes, the child's hair, eyebrows and eyelashes grew had grown in, and the scalp irritation had resolved. The mother had sought and received psychiatric care and was improving.

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Emergency physicians recognize that when caring for a pediatric patient, a parent's insight into their child's health is integral to their outcome. Alternatively, when a parent's mental health and judgment suffer, it can result in delayed diagnosis, misdiagnosis, or even injury to the child.

A previously healthy 6 year old male was brought to the ED by the his mother who was concerned about infestation on her son's skin and scalp. The mother had been washing these areas but using no medications. On physical exam the child appeared well nourished and well cared for with normal vital signs and no significant findings. His scalp and skin were well cared for, his hair was cut very short. Examination of his scalp revealed no redness, excoriation, papules or other clinical evidence of infection, infestation, dermatitis, hair loss or chronic disease. His nails and skin were also well cared for and normal in appearance. The mother was articulate and engaging and repeatedly expressed profound concern regarding her child's condition. The mother appeared surprised and somewhat irritated when we relayed that child's exam was normal. She eventually acquiesced and agreed that there was currently no evidence of infestation of infection. She did remain convinced

that she had seen tiny bugs or lice on the child's scalp over the last few days. We utilized the principle of shared decision making, and prescribed diphenhydramine elixir for itch and recommended that if she saw lice to use over-the-counter permethrin shampoo. The patient was discharged with instructions to follow up with primary in the next week.

Three weeks later the child returned with a chief complaint of red eyes and scalp. On physical exam his vital signs were normal. He appeared exhausted and fearful. His scalp had been shaved and was erythematous and inflamed. On closer inspection it was clear that his eyelashes and eyebrows had been shaved off as well, resulting in significant irritation and inflammation of the palpebral and bulbar conjunctiva. The remainder of the exam was within normal limits and there was again, no clinical signs suggesting infestation. The mother stated that 'she could not get rid of the bugs', and that she had seen them in the boy's eyelashes and eyebrows as well, prompting her to shave them. She had been seen at an urgent care and her primary care in the interval between ED visits and had been prescribed permethrin lotion, which she had been applying repeatedly. We consulted with the patient's primary care pediatrician by phone who agreed with our assessment that the child had never had pediculosis, and that the mother was suffering from delusions and that she was no longer capable of providing care for her child.

\* Children's Hospital of NV at UMC, 800 Hope Place, Las Vegas, NV 89102, United States of America.

E-mail address: [jay.fisher@unlv.edu](mailto:jay.fisher@unlv.edu).

We informed the mother that her over-zealous attempts to treat her child for an infestation that did not exist had resulted in harm to her child, and that while the inflicted injury was unintentional, we would be required to report it to child protective services. Initially the mother was angered, but with a detailed and empathic description of the disorder described as 'delusional parasitosis' [1], the patient's mother came to trust our assessment and comply with our process. She came to understand that her delusive thoughts and obsessive treatment had injured her child. We contacted the child's maternal grandparents who came to the ED and provided emotional support for the mother while Child Protective services carried out their investigation. It was determined that the child would be discharged to the care of the grandparents. Close follow-up with the primary care physician was arranged. Skin care instructions and erythromycin ophthalmic ointment were prescribed. The patient's maternal grandparents were contacted two months later. The child's hair, eyebrows and eyelashes had grown back and he had returned to school. The mother had initiated psychiatric treatment and had shown some signs of improvement.

Delusional parasitosis is a relatively infrequent disorder with an incidence of 2.6 per 100,000 [2]. Delusional parasitosis by proxy has

been described but a case involving a young child has not been previously reported in the emergency medicine literature [3]. The condition exists on the spectrum of Munchausen's syndrome by proxy but is complicated by the fact that the parent is overtly delusional. ED treatment requires a coordinated approach involving Child Protective Services, Social Services, Pediatrics and psychiatric care for the parent.

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