



LETTER TO THE EDITOR

A rare form of delusional disorder-somatic subtype: Delusion of electrification

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Dear Editor,

Delusional disorder is characterized by the presence of either bizarre or non-bizarre delusions persisting for at least one month. People with delusional disorder often continue to socialize and function quite normally, apart from the subject of their delusion, and generally do not behave oddly or bizarrely. There are different types of delusional disorders, and in the somatic type, the main theme of the delusion involves body functions or sensations (1). We present a male patient with an electrification delusion, a rare cause of the somatic subtype of delusional disorder.

A 32-year-old male has a left bundle branch and AV block. He had implantable cardioverter-defibrillator (ICD) implantation and several VT ablations. After the last ablation, he started to think the electricity was circulating inside him. Doctors could not find any reason to cause that. The day he was discharged, he attempted suicide by taking his pills, and the psychiatrist initiated sertraline. He repeatedly applied to the emergency room (ER) with the same complaint, with no pathology found. In his last admission, he mentioned he thought there was an electric leak in ICD cables, and electricity was spreading through his leg from the device to his diaphragm. Also, cables were touching his organs which made him vomit. As the cardiologist found no problem, the patient's discharge was planned. However, the patient felt helpless and stuck the injectors he found

in the ED into his abdomen. He declared that he would rather die than live with this disturbing feeling and was consequently admitted to the psychiatry clinic.

At admission, his psychiatric evaluation revealed poor self-care and eye contact. He was dysphoric, talking in a low voice, and had a slow psychomotor activity. He had suicidal thoughts. He was thinking that the electricity was circulating in his body. A neurologist and a cardiologist evaluated him to rule out organic causes. His clinical examination and laboratory tests were within normal limits, and urine toxicology excluded substance use. We considered his complaints as a somatic delusion according to DSM-5. Olanzapine was started and increased to 20 mg/day with sertraline 100 mg/day. His delusional occupation diminished after four weeks of treatment with olanzapine. His SAPS score declined from 9 to 4 during his hospital stay. His suicidal thoughts vanished, and he was discharged.

The patients having ICD might receive shocks, but in this case, the sensation of electrification was bizarre and did not fit any pathophysiological pathways. Records of ICD did not show any history of shocks. Despite the explanations by the professionals, the patient was not convinced that there was no problem with the device.

Hypochondriasis, somatization disorder, malingering, and factitious disorder was considered for differential diagnosis. In hypochondriasis, the patient's belief about the disease is not delusional, and the patient

How to cite this article: Akbal K, Uneri OS, Colak B. A rare form of delusional disorder-somatic subtype: Delusion of electrification. Dusunen Adam J Psychiatr Neurol Sci 2022;35:69-70.

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Received: December 09, 2021; **Revised:** December 17, 2021; **Accepted:** January 26, 2022

acknowledges the possibility of not having it himself (2). Somatization disorder generally onsets at a younger age. Most likely, patients with somatization disorder are women, and they often have histrionic features. The patient frequently presents multiple physical complaints. Patients with somatization disorder and hypochondriasis do not purposely lie about their symptoms or intentionally cause their illness. They also do not complain of symptoms to receive an external prize (3). However, the patient's functionality and assessment of reality were significantly impaired in our case, and he had no insight into his complaints. Malingerers are generally men, pretending to have a physical or psychiatric illness or produce abnormal physical signs for secondary gains (4). Our patient did not have any secondary gains. In factitious disorder, patients intentionally produce symptoms for a primary gain, such as satisfying a psychological need to maintain the sick role and receive attention or support. Patients may induce a medical condition or one or more laboratory abnormalities by self-administering medications. For differential diagnosis, the clinicians should remember that symptoms are consciously produced in factitious disorder but do not result in external gain (5,6). Our patient deliberately did nothing to cause illness. Thus, we ruled out these four disorders. In the literature, Josef H's case felt electrical currents streaming through him, generating the electric current by himself (7). Josef H. had schizophrenia; however, our patient had monosymptomatic hypochondriacal psychosis and did not have other thought and behavioral abnormalities.

To our knowledge, this is the first case report with a delusion of electrification. The patient's complaints started with real sensations and became delusional. It seems crucial that clinicians should be careful in delusional disorders that may occur based on organic

diseases. This case demonstrates the importance of multidisciplinary evaluation in patients with frequent hospital admissions.

Informed Consent: Informed consent was obtained from the patient.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The authors declare that they have no conflict of interest.

Financial Disclosure: The authors declare that they have no financial support.

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