A REPORT OF CAPGRAS SYNDROME WITH BELIEF IN REPLACEMENT OF INANIMATE OBJECTS IN A PATIENT WHO SUFFERED FROM GRANDMAL EPILEPSY

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Capgras syndrome is one of the delusional misidentification syndromes, in which the patient believes that familiar persons are replaced by a double. In this case report, a middle-aged woman with a long time history of grandmal epilepsy has been reported. She believed that her sons replaced her possessions and furniture continuously. Replacement of inanimate objects was considered as a rare variant of Capgras syndrome in recent years. The patient's history is discussed from different points of view.

Keywords: Capgras syndrome • grandmal epilepsy • inanimate objects

Case Report

The patient was an illiterate 55-year-old married housewife, who was brought to the Psychiatric Outpatient Clinic of Shaheed Beheshti Psychiatric Hospital, Kerman, Iran for treatment. Since three months prior to her referral, she believed that her household belongings such as refrigerator, oven, etc are being replaced. She also believed that all her private possessions such as her clothings are being replaced. She accused her sons, who lived with her, of replacing these objects. She also believed that if she buys a new thing, they would immediately replace it. She protested that the replaced objects belong to other people and may transmit an illness to her. She has been persecuting her sons of wanting to harm and kill her. No explanations could change her beliefs. She has been suffering from grandmal epilepsy since 25 years ago and had an average of 2 – 4 convulsions per month. She had

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never taken any regular treatment for epilepsy and when referred for psychiatric treatment, she did not take any medication for epilepsy. There was no history of previous psychiatric illness and she had not used any addictive substance.

In the mental state examination, in addition to her delusions and visual hallucination, she had an anxious mood and a restricted affect. Her cognition, including memory orientation, was normal. She showed impairment of judgment and had no insight. Physical and neurological examinations were unremarkable. Her EEG showed a generalized slowing discharge, including theta waves, which were seen interchangeable with alpha rhythm. CT scan and MRI findings were unremarkable. Some improvement occurred with 6 mg risperidone and 600 mg sodium valproate per day; nevertheless, this improvement was not found to be acceptable in order to be recognized as an effective management.

Discussion

Capgras syndrome is a delusional misidentification, a phenomenon where a person believes delusionally that a person (close relatives) has been replaced by another. This substitute may be an imposter of identical appearance. Capgras syndrome is a persecutory phenomenon in its nature. Although in most cases patients believe that people are replaced, but nowadays rare forms of this syndrome in which nonhuman objects are thought to be replaced, have also been reported.

A case in whom an animal, such as a cat, that was the object of misidentification syndrome has been reported. In another usual case, a multifaceted delusion of misidentification including Capgras syndrome, in whom people in the immediate environment as well as the hospital staff, were seen as hired actors in a stage production, has been reported.

A variant of Capgras syndrome in whom the main theme of delusion was replacement of inanimate objects, was first introduced by Abed and Fewtrell in 1990. They reported a 52-year-old woman presented exclusively with delusional misidentification of inanimate objects in the context of a short-lived acute psychotic episodes. They considered this case as a rare form of Capgras syndrome. In 1994, Castillo and Berman reported 3 cases of Capgras syndrome who believed that their new possessions are replaced by inferior copies of the original objects by identified individuals. The patients felt persecuted by these identified persons. Authors suggested these descriptions as an indicator of a new variant of Capgras syndrome and named it delusional gross replacement of inanimate objects.

In this case report, we reported an epileptic woman, who showed the delusion abovementioned. This variant of Capgras syndrome is rarer than the classical form of Capgras syndrome, but similar to it, and rooted in persecutory feelings and ideas of involved patients. Capgras syndrome could be seen as an isolated form, but more often is a part of another existing psychiatric or organic illness. Several organic disorders including dementia, head trauma, cerebrovascular disease, and epilepsy were thought to be associated with Capgras syndrome. As mentioned in the case history, our patient had an epileptic illness for a long period of time. Several types of psychosis have been described in epileptic patients. Symptoms of epilepsy may occur in preictal and postictal periods or may be seen as a form of schizophrenia-like psychosis associated with epilepsy. Several reports, regarding the association between epilepsy and Capgras syndrome exist. A case who experienced symptoms of Capgras syndrome as a preictal state has been described. In another article, a patient with chronic right hemisphere dysfunction and complex partial seizures of right temporal origin who manifested the Capgras syndrome in the postictal state, is reported. Based on our knowledge, only one case of schizophrenia-like psychosis associated with right temporal epilepsy has been reported. We think our reported case is the first report of association of an unusual form of Capgras syndrome with delusion of inanimate objects replacement with grandmal epilepsy. We did not find a similar case in several case reports of Capgras syndrome by searching through the literature since 1966.

Signer reviewed 750 cases with delusional misidentification syndromes, out of whom 200 cases had an organic contributor. Neuroimaging evidence and neurophysiological studies suggest a link between Capgras syndrome and right hemisphere abnormalities, particularly in the frontal and temporal regions. However, delusional misidentification syndromes provide an excellent example in terms of the extent of its importance in considering both organic and psychological factors in psychiatric patients. Because of the small frequency of these
syndromes, especially the rare variants as mentioned in this case report, further studies could help with better clarification of these syndromes.

References

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