CASE REPORT

DELUSIONAL DISORDER IN A 25 YEAR OLD FILIPINO MALE DIAGNOSED WITH RETINITIS PIGMENTOSA: A CASE REPORT

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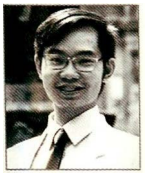

ABSTRACT

Delusional disorder is an illness presenting with ideas of false beliefs based on incorrect inference about external reality that persist despite the evidence to the contrary and these beliefs are not ordinarily accepted by other members of the person's culture or subculture[1,2].

The patient is a 25-year old, male, single, former massage therapist, 1st in a brood of 3 children from a province in Visayas, Philippines, brought to the clinic due to talking incoherently with inconsistent responses. This presented after competing in *Palarong Pambansa* for the disabled. He participated in the blind category since he was diagnosed with Retinitis Pigmentosa.

Retinitis pigmentosa (RP) is a group of genetic disorders that affect the retina's ability to respond to light. This inherited disease causes a slow loss of vision, beginning with decreased night vision and loss of peripheral (side) vision, and eventually blindness[3].

He won many competitions, after which started hearing voices accusing him of cheating. This persisted for months which lead him to develop incoherent responses when talked to, which prompted his relatives to bring him for psychiatric consult.

This is an interesting case of patient with a psychiatric condition who also presented with a degenerative disease.

KEYWORDS: *delusional, disorder, case report, retinitis, pigmentosa*

INTRODUCTION

According to Merriam-Webster, psychosis is part of a serious mental illness characterized by defective or lost contact with reality often with hallucinations or delusions[4]. The term encompasses different disorders, identified individually by the predominating form of psychosis, be it hallucinations or delusions, also by the duration of the symptoms, whether the symptoms are accompanied by disorganized behavior and/or negative symptoms, and whether it is organic, or secondary to substance use. Under the umbrella of psychotic disorders are schizophrenia, schizophreniform, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder, and substance induced psychotic disorder[1,2].

The subject in focus in this case report has been diagnosed with a psychotic disorder, specifically delusional disorder. Delusional disorder is an illness characterized by at least 1 month of delusions with no other psychotic symptoms[1,2]. Delusions are fixed false beliefs, and has to be non- bizarre to be qualified as a delusional disorder. Non- bizarre means that it is possible to occur in real life[1]. What is peculiar in the case of our patient is that he is a diagnosed case of Retinitis pigmentosa.

What is Retinitis pigmentosa? Retinitis Pigmentosa is a disease involving a progressive degeneration of one's retina, causing symptoms like night blindness, loss of visual fields, leading to tunnel vision until eventually becoming legally blind or even totally blind. On a cellular level, what are affected are the rods and cones, the receptors responsible for producing the images that we see, which undergo apoptosis[5].

CASE PRESENTATION

The patient is a 25 year old, Filipino male, former massage therapist, 1st in a brood of 3 children, from a city in Visayas, Philippines, and brought to the clinic due to incoherent and inconsistent responses. According to the patient, "*Naguguluhan ako. Parang hindi ako convinced na ang mga taong kasama ko ay sila.*"

History started on May 2015, when he joined "*Palarong Pambansa*" as part of the athletics team of Manila. In the special division (persons with disabilities), he was supposed to be included in Category B2 (athletes with partial vision). Instead, his coach applied him in Category B1 (near or total loss of vision). A special committee assigned to check for errors in the game gave him the go signal to compete

in the Category B1 games. During the game, all athletes were blindfolded regardless of visual acuity. He competed and won awards in the following games: 100-meter dash (4th place), standing long jump (2nd place), goal ball (2nd place) and shotput (1st place). After every competition, he started to hear comments from other delegates accusing him of cheating because he still has partial vision giving him an advantage over the other competitors in the category.

A month after the competition (June 2015), The patient claimed that he continued to hear the voices of those delegates accusing him of cheating, whether day or night, in his workplace and even when he was alone inside his shared condominium unit (4th floor). He was still troubled by the accusations and would feel anxious and even guilty about the matter.

From August to October 2015, he still kept on hearing these voices. He tried his best to ignore these voices and was still able to perform his tasks in his workplace as well as converse with his co-workers despite the accusations he would hear from them. He was still able to carry out his activities of daily living and hygienic activities.

Because of this, the relatives decided to bring the patient back to Manila to seek psychiatric consult.

At the clinic, he was initially treated with risperidone 2mg/tab 1tab once a day, and clonazepam 2mg/tab ¼ tab at bedtime, and is currently being monitored for improvement/progression of symptoms.

He was officially diagnosed as having Retinitis Pigmentosa in 2012 but already had symptoms earlier presenting as having poor baseline vision and progressive loss of vision. He also has a brother diagnosed with Retinitis Pigmentos.

Other than his Retinitis Pigmentosa, our patient has no other co-morbidities. He has no family history of psychiatric disorders.

PSYCHODYNAMIC FORMULATION

We are presented with a 25 year old male, diagnosed with Retinitis Pigmentosa, who after competing in *Palarong Pambansa* developed persecutory delusions manifesting as hearing voices accusing him of cheating during the competition. His Retinitis Pigmentosa was officially diagnosed last 2012, but when he was 6 years old, he started to notice blurring of vision as he could not see clearly the notes on the blackboard and had to ask help from his classmates to dictate what was written. He was teased by his classmates because of this.

While growing up, he was taken care of more by his mother. He was fed on an on-demand basis, breastfed exclusively for one month, then bottle fed consequently. His father was mostly at work. Unfortunately, when he was 4 years old, his mother passed away leaving him with little memory of her. His father decided to focus on work and was left mostly to the care of his aunts.

Despite being well taken care of still, his object of trust that the he has associated with from the start is now nowhere to be found.

Our patient's central problem consists of the guilt that he felt when he was assigned in a different category during the competition, despite being screened fairly by the judges. He did well during the competition. But afterwards, his guilt prevailed and started to have persecutory delusions of being accused of cheating. Part of the conflict may have stemmed from the patient unknowingly unable to fully trust.

He consciously noted the symptoms when he started to go to school. But even earlier on, the patient would sometimes bump into objects when moving around. As stated earlier, his mother took care of him well, and was not the controlling type. But in a sense, a force of control may have inhibited him while growing up in the form of his progressive loss of vision. At that point, his family remained unaware of patient's visual deterioration.

Thus, he was brought up like other seeing children. Even with his progressive loss of vision, he attended a regular school with no special considerations given to him by his teachers. He tried to cope with his loss of vision by sitting nearer the blackboard, bringing the book nearer to his eyes, and even asking help from his classmates to dictate notes. He eventually had failing grades. Patient would play with other children but had difficulty following the rules of the game due to his poor vision, and for which he was teased by his classmates.

Using Erik Erikson's Psychosocial Theory, the patient may have not been fulfilling each stage of the life cycle properly. At an early stage, he was not able to identify with a specific object of trust when his mother passed away, and his sense of trust may have been disrupted. Continuing on, he tried to live as normal a life as possible and blend in with others, yet his vision was hindering him from that. As autonomous as he wanted to be, unfortunately, that was not achieved, and even had to experience the turmoil of being teased by his classmates for a condition that he did not want. Unfortunately during the *Palarong Pambansa*, though he was screened and assigned to his category by his judges fairly, his harsh conscience, not yet fully formed, and developed while going through different stages of life, developed severe guilt. Since his sense of trust, autonomy and initiative were not

fully formed, he unfortunately developed a psychopathology during the latest test of his conscience and had persecutory delusions. This was probably due to his inability to cope with his inner unwanted impulses and unfortunately projected them as if they were coming from outside himself and presented as persecutory delusions[1,8].

DISCUSSION

The patient in focus was diagnosed with delusional disorder. Delusions can be characterized as erotomanic (delusions that another person, usually of higher status, is in love with the individual), grandiose (delusion of inflated worth, power, knowledge, identity or special relationship to a deity or famous person), jealous (delusions that the individual's sexual partner is unfaithful), persecutory (delusions that the person (or someone to whom the person is close is being malevolently treated in some way), somatic (delusions that the person has some physical defect or general medical condition), mixed and unspecified[1,2]. Specifically for our patient, he was suffering from persecutory delusional disorder, first episode, currently in acute episode.

A list of conditions, medical, neurologic and also psychiatric, may present with the same symptoms as that of delusional disorder. Behavioral changes and psychosis induced by substance use had to be ruled out after a drug and substance use work up. Metabolic derangements and encephalopathies when not detected early may present with behavioral changes as well. Cerebral mass lesions and cerebrovascular accidents, especially those in the frontal and limbic regions of the brain, as well as seizure disorders i.e. temporal lobe seizures, may also have alterations in behavior and must also be ruled out. A precise neurologic examination and necessary work up should have been done in this case. Differential diagnoses of Schizophreniform Disorder and Schizophrenia were ruled out since patient's delusions were not bizarre.

A mood disorder was also ruled out since patient did not have any depressed nor manic episodes. A good psychiatric history and a complete anamnesis therefore were essential skills of a psychiatrist to arrive at the right diagnosis[1,2]. The DSM-5 Diagnostic Criteria for Delusional Disorder was used in diagnosing our patient[1,2]. Patient was within the age range of most cases of Delusional disorder i.e. 18- 90 years old. Delusional disorder is more common among males and remain functional. Some cases though may have recurrent episodes and may later develop worsening of symptoms as well as persistent hallucinations that a diagnosis of schizophrenia may be later warranted[1,6].

It has been mentioned in some literature articles that delusional disorder may be a partial psychosis, which means that the patient presents with true symptoms of delusions, but the rest of the cognitive function remains intact; in which patients defended their delusions or beliefs with intelligence and sharp argument[6].

As what was mentioned, what was interesting with this patient was that he was also diagnosed with an ophthalmic condition. According to literature, Retinitis pigmentosa occurs as an isolated condition. But there have been reports wherein it occurs as a part of Usher Syndrome and Bardet-Biedl Syndrome[4]. Some reports mentioned that in Usher Syndrome, Retinitis Pigmentosa is accompanied by psychotic symptoms.

Another syndrome called Charles Bonnet Syndrome is characterized by visual impairment along with hallucinations[7].

Usher Syndrome is a syndrome comprising of retinitis pigmentosa, sensorineural hearing loss and sometimes vestibular dysfunction. There are three types of Usher Syndrome. Type I is characterized by profound congenital deafness, prepubertal-onset of retinitis pigmentosa and vestibular dysfunction. Usher Syndrome Type II is characterized by congenital mild to severe hearing loss, adolescent onset retinitis pigmentosa with no vestibular dysfunction. Usher Syndrome Type III is characterized by rapidly progressive hearing loss. Age of onset of retinitis pigmentosa and the degree of vestibular dysfunction are variable. There have been reports, though still few, that Usher Syndrome may be accompanied by mental and behavioral disorders. Findings in cranial CT Scan and/or MRI are cerebellar and cerebral atrophy, focal lesions, hypoplasia of corpus callosum and dilatation of fourth ventricle, decrease in intracranial volume with an increase in the size of the subarachnoid spaces, and arachnoid cyst together with cavum septi pellucidi et vergae. PET Scans may also show decreased cerebral blood perfusion. As for the psychiatric manifestations, the most common psychosis involved in Usher Syndrome is persecutory delusion. The exact etiology of psychotic symptoms in Usher Syndrome is still unknown. Proposed theories comprise of genetics, family history, and brain damage. And it has also been suggested that chromosomes 1, 8 and 14 are the genes affected. Two genetic loci associated with Usher Syndrome are 11q in Type I and 5q in Type II, which, have been reported in schizophrenia. Other reports stated that the CNS findings may be due to the pleiotrophic effects of the Usher genes. Stress has also been considered to contribute to the development of the psychotic symptoms, from the fact that patients suffer from visual and auditory impairment chronically predisposing them to develop psychological stress, depression, and psychotic behaviors[9].

Informed Consent

Given that the patient was being treated psychiatrically, the relative who accompanied the patient during follow ups, with clear thinking and judgment was provided with an informed consent form. The relative who accompanied the patient understood and preferred the English language in completing the informed consent form. It mentioned the authors' intention in making a report on the patient's case, possible publication of the case report, whether in print or via internet dissemination, and also possible presentation to conventions or conferences when the opportunity arises. It also included the use of patient's private information and data including reviewing hospital records, disclosing diagnostic and ancillary results. Patient's privacy and confidentiality was emphasized in the informed consent form, that personal details such as name, date of birth, location, contact number, or other information that may reveal the patient's identity, would not be disclosed and will be kept in full anonymity.

Disclaimer

The authors produced this case report as a venue of learning for other medical professionals be in the form of publications, poster and/or oral presentations and the like.

The authors are not in any way affiliated with any sponsorship from companies in doing this case report.

Institutional Review Board

The institution, with which both authors are affiliated required IRB approval prior to presentation and publication of this case report.

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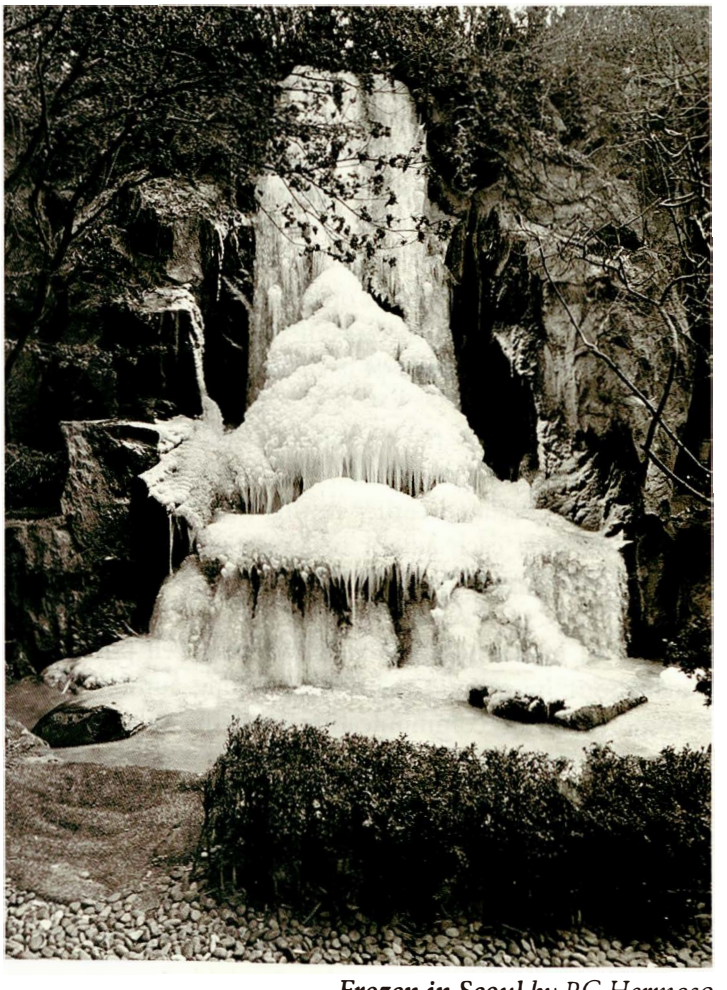

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