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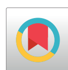
Letter to the Editor: Brief Case Report

Folie à Famille: An Atypical Presentation of Eczema in a Family



Background

Folie à famille entails a rare form of psychiatric disorder in which an overvalued or delusional idea is shared by different members within a family.[1] This condition was first described by the French neurologist and psychiatrist Jules Baillarger in 1860, who called it *folie communiqué*, or communicated psychosis.[2] In Diagnostic and Statistical Manual of Mental Disorders, Fifth Text Revision Edition, this condition is no longer a separate entity and is included under the section of other unspecified schizophrenia spectrum and psychotic disorders.[3] The literature on this condition is scarce and largely limited to case reports. Despite these limitations, 1 characteristic is clear: One individual holds the overvalued idea and suggests it to the rest of the family.[1,4] Within the domain of dermatology, the most common shared delusion consists of the belief of being infested by bugs or parasites.[5] Here, we present the case of a patient admitted to our inpatient psychiatry unit with hopelessness and suicidal ideation due to her severe skin lesions, ultimately diagnosed with *folie à famille*.

Case Report

This patient is a 46-year-old Vietnamese woman with no prior psychiatric history and a 10-year history of asteatotic eczema. She had numerous visits to the emergency department and multiple consultations to various dermatologists. During 1 visit, she expressed suicidal intent, feeling that her skin condition was not improving, necessitating admission to our inpatient psychiatric unit. On evaluation, the patient reported severe depressive symptoms due to her skin lesions. She owned a beauty salon and felt ashamed and unfit to keep working due to her appearance. She had undergone several courses of steroids and was due to start outpatient treatment with tacrolimus ointment. She had severe eczema over her entire body and could not stop scratching herself constantly due to itching. The patient reported that in the months prior to admission, her days were preoccupied with the feeling of "burning, pins-and-needles" underneath the skin. She endorsed spending most hours of the day scratching and picking at her skin until it bled. Moreover, her husband and son, who also spent time in the salon, had similar eczematous lesions, although less severe. The patient was initially hesitant to accept psychiatric treatment and requested a transfer to internal medicine. Given the patient's occupation and involvement of family members, environmental exposure was thought to be most likely driving her skin lesions. This was ruled out after thorough toxicology testing, including a heavy metal panel, and negative histories from other beauty salon employees. A genetic disorder was ruled out after an unremarkable skin biopsy and confirmation that her marriage was non-consanguineous. The team noted that her lesions were more severe in reachable areas and that her scratching diminished with distraction. The team suspected that her lesions were related to excoriation disorder and motivated the patient into treatment with duloxetine, N-acetylcysteine, and lotion, as well as psychological support. Steroids or tacrolimus were never initiated. Her lesions improved significantly with treatment, and she became appreciative of her care. At follow-up, not only had her lesions improved but her husband's and son's lesions had resolved.

Discussion

Our patient had a 10-year history of neurotic excoriation. Likely due to stigma, she was hesitant to receive psychological care, even after admission to a psychiatric unit for suicidal thoughts. Instead, she tried other treatments with significant physical and mental side effects like steroids. Her family had acquired the symptoms of itching and scratching by imitation. A recent systematic review published at the *Journal of the American Academy of Dermatology* identified 19 cases of shared delusional parasitosis in families. In these cases, the mother was more frequently the person who initially showed the first symptoms, followed by the husband or a child.[4] These findings are congruent with our case. Our patient, however, did not have a

psychotic or obsessive compulsive disorder but an excoriation disorder. She did not have intrusive thoughts or fixed beliefs about infection or contamination. She felt severe itching but was open to new perspectives and ideas about her treatment. She experienced relief when her condition was medically treated. Due to the classic association and terminology between *folie à famille* and parasitosis with psychosis, it is possible that a number of these cases classified as psychotic disorder actually result from excoriation disorder or overvalued ideas in obsessive compulsive disorder.[3,5] It is important to recognize the etiology of eczema in time to avoid long delays in diagnosis and treatment. After 10 years of multiple visits to different physicians and several courses of steroids, our patient was successfully treated with a more tolerable and benign treatment.

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Informed Consent: Informed consent was obtained from the participant included in the study.

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