COTARD'S SYNDROME – TWO CASE REPORTS

S M Ko

ABSTRACT

Two cases of Cotard's Syndrome are described – one in a 33-year-old housewife suffering from paranoid schizophrenia and another in a 43-year-old housewife with acute psychotic depression. This rare syndrome is characterised by an extreme form of nihilistic delusion in which the patient, more frequently a woman, denies her own existence and that of the external world. Its onset is often sudden with no previous psychiatric history. Treatment of the condition depends on the underlying psychiatric illness. Both cases responded well to treatment.

Key Words: Cotard's syndrome, nihilistic delusion.

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INTRODUCTION

Cotard's syndrome is a rare condition. The central symptom is a nihilistic delusion which, in its complete form, leads the patient to deny his own existence and that of the external world (1). The condition usually presents in late middle life and is more frequent in women. Its onset is often sudden with no previous psychiatric history.

CASE I

Patient A was a 33-year-old Chinese housewife who presented with a three-month history of abnormal behaviour, paranoid ideas and auditory hallucination. She believed that her brother-in-law had put needles into her genitalia and that her guts had been mutilated and stitched back again. There was auditory hallucination with derogatory remarks. The voices alleged that her three children were going to die a terrible death viz struck by lightning, sold away, and killed in an accident. She even ran to their school to ensure that they were alright. Whilst in the ward, she would telephone home at 2 am to make sure that they were alive. She also called the police for assistance. She became more disturbed and believed that her abdomen was opening up and that her head and hands would be chopped off. Once she collected faeces from the toilet and wrapped it in a towel saying it was the penis of her husband. She believed her food had been poisoned by her husband. She was tearful, fearful and depressed. Patient A was diagnosed as suffering paranoid schizophrenia. She was treated with electroconvulsive therapy and trifluoperazine. She responded satisfactorily and was subsequently managed as an outpatient. Complete remission occurred after fifteen months of antipsychotic drug treatment.

Department of Psychological Medicine
National University of Singapore
National University Hospital
5 Lower Kent Ridge Road
Singapore 0511

S M Ko, MBBS, Senior Tutor

CASE II

Patient B was a 43-year-old Chinese housewife who had poor marital relationship for many years. One week before admission she suddenly became very depressed and tearful. Her sleep and appetite were severely affected. She was unable to perform housework. On mental state assessment she appeared miserable and had a stooped posture. There were delusion of negation with ideas of reference and suicidal thoughts. She believed that strangers and staff in the hospital were laughing at her and accusing her of wasting money on medical care. She complained that the newspapers were reporting bad things about her. Other abnormal beliefs included allegations that her family was in severe debt and that the countries around the world were in major wars. She refused food and medication as she believed her gut was rotting away, and her abdomen was dead and contained only water. There was derogatory auditory hallucination as well. The patient was diagnosed as suffering from acute psychotic depression and treated with amitriptyline and chlorpromazine. She responded well after one month of treatment. Her delusions became fragmented, hallucination disappeared and her mood markedly improved. She was maintained on amitriptyline as an outpatient.

DISCUSSION

The French psychiatrist Jules Cotard first described several cases of an unusual syndrome which he referred to as délire de negation in 1880 (1). Ever since then, there has been much discussion as to whether it is a distinct clinical entity or not. This syndrome is now viewed as an extreme form of nihilistic delusion, and most often the delusion is that one has died or does not exist. Ironically, the syndrome may also involve a request to be killed (2). It is believed to occur in confusional states, encephalitis, epilepsy, general paralysis, senility, during the depressive phase of manic depressive psychosis, acute schizophrenia, and organic brain syndrome especially those involving the parietal lobes (1, 3, 4). Anderson (1964) noted that it usually occurred in involutional and senile melancholia (5) while studies in the United States found the condition to be commoner with the paranoid types of involutional psychosis.

The two cases described above had very bizarre delusion of negation. They believed that their bodies were

changing for the worse. Patient B believed that her body was empty inside, that the world was in major wars, and that she was in deep poverty. Patient A reacted against the degoratory remarks of the auditory hallucination — characteristic of schizophrenics, whereas patient B felt that they were justified — typical of depressives. She even refused food and medication, lamenting that it was all of no use and that she was incurable. In both cases there was no experience of depersonalization. In this condition, the patient would complain that she is unable to feel emotion and that she seems strange, detached and unreal — 'as if I am dead'. In Cotard's syndrome, it is a delusion and she would say 'I am dead' (1).

There have not been many reports of Cotard's Syndrome. Saavedra (1968) decribed ten cases, eight females and two males, aged 29-81 years. Susan Cambell (1981) reported the syndrome in a 27-year-old male graduate with typhoid fever (2). S Matsukura et al (1981) found normal B-endorphin levels in the blood and cerebrospinal fluid in a 41-year-old chronic schizophrenic with Cotard's Syndrome who lacked pain and temperature perception in the absence of an organic cause (7)

The treatment of the condition depends on the underlying psychiatric illness. As it occurs more frequently in depression, electroconvulsive therapy and antidepressants can be effective. In patient B who had an acute onset of the illness, the recovery was rapid. Patient A responded only after 15 ECTs and concurrent antipsychotic drug treatment.

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