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EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Capgras syndrome developing within the context of early-onset schizophrenia

Erken başlangıçlı şizofreni zemininde gelişen Capgras sendromu

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To the Editor,

Capgras Syndrome (CS) is a type of delusional misidentification syndrome characterized by the belief that close relatives of patients are replaced with impostors. Cases of CS are usually associated with primary psychiatric diseases such as schizophrenia and mood disorders, or neurodegenerative diseases that cause brain damage[1]. In this paper, we aimed to present a male patient with Capgras Syndrome developing on the basis of early-onset schizophrenia.

A 14-year-old male patient was a 7th-grade student living with his parents and elder brother. The patient was brought to our outpatient clinic by his family for his belief that his parents had been changed by other people and that he cried for no reason. According to the story taken by the family, in recent days the child was saying such things as 'you are not my family' and 'I am afraid of you'. It was learned that when his father came home in the evening, he was afraid and hiding, he started to cry and could not be calmed, he attacked his parents with the idea that the family members were changed during the day and talked to himself from time to time. The patient's complaints have got worsened in recent days. Although the patient believed that his parents had been changed by others, he did not want to get away from his mother.

In the mental examination of the patient, it was observed that his orientation was impaired, cooperation was inadequate, mood and affect were anxious, abstract thought was inadequate, associations were disorganized and speech content consisted of repetitions. In early-onset schizophrenia, many developmental problems and psychiatric disorders are encountered in the prodromal period. The most common symptoms seen in the prodromal period of schizophrenia are social isolation, problems in academic achievement, symptoms of depression and anxiety, and strange behavior[2]. The patient's medical history revealed that he had been under follow-up by the child and adolescent psychiatry service for a period of time due to mental retardation, articulation disorder, and behavioral problems.

It was learned that there he attempted to jump from the balcony and cut his throat with a knife in the past year. The risk of suicide is more common in psychotic disorders such as CS than in the general population[3]. In our case, it was thought that the attempts to cut throat with a knife and jump from the balcony the past year might have been due to psychotic symptoms that were not noticed by the family.

There was no psychiatric disorder in his family history. The patient was followed up in the inpatient clinic with the preliminary diagnosis of Capgras syndrome developing on the basis of psychotic disorder. Biochemical blood tests, thyroid function tests, vitamin levels, and magnetic resonance imaging did not reveal any pathological findings. EEG examination revealed electrical activity disturbances without seizures. Primary psychiatric disorders, as well as organic neurological pathologies play an

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important role in the etiopathogenesis of the syndrome[4]. While showing classical CS symptoms, our patient differs from other CS cases for having brain imaging results within normal range, absence of additional neurological pathology (except the deviant electrical activity in the EEG without seizure), and for being a male at an early age.

Antipsychotics are commonly used for both psychotic disorders and CS symptoms in children and adolescents. Some studies have reported positive results with antidepressant treatment[5]. In this case, risperidone and lorazepam were started. During this period, the patient had recurrent depressive symptoms and suicidal ideas, and sertraline was added to the treatment. In accordance with the previous literature, the risperidone dose given to our patient was gradually increased and positive symptoms regressed. In some studies, serotonin reuptake inhibitors (SSRIs) have been used in combination with antipsychotic treatment for depressive symptoms. Although there is insufficient evidence, positive results have been reported[1]. In this case, an SSRI treatment was commenced for depressive symptoms which further worsened following hospitalization and positive results were obtained. After 4 weeks of hospitalization, the patient was discharged with risperidone, biperiden and sertraline treatment upon subsiding of his thoughts about his family, alleviation of behavioral problems, disappearing of suicidal ideas and regression of depressive symptoms. Psychotic and depressive symptoms of the patient are under control and outpatient follow-up controls are continuing.

Capgras syndrome is a rare syndrome in children and adolescents. Here in this report is described the diagnosis and treatment process of a male adolescent with psychotic symptoms, identified as Capgras syndrome. Our case supports the argument that combined treatment with antipsychotics and antidepressants has positive effects on the regression of psychotic symptoms.

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