

Case Report

A rare presentation of delusional disorder in Sudan

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Abstract:

Delusional Disorder is one of the psychotic disorders characterized by systematized, non-bizarre delusions. There are several types of delusional disorders including; grandiose, erotomania, persecutory, somatic, jealous, and mixed type. Delusional disorder should be differentiated from schizophrenia. Atypical antipsychotic has a major role in the treatment of delusional disorder.

In the current case report, Mr. M. presented in the causality of Eltiganti Elmahi Mental Hospital with an unusual type of delusional disorder.

Keywords: Delusional disorder, grandiose, Sudan

Introduction:

Delusional disorder is one of the psychotic disorders. There are about seven types of delusional disorders including grandiose, paranoid, persecutory, somatic, erotomaniac, jealous, mixed, and non-specified type.

Delusional disorder persecutory type considered as the most common type. In grandiose type of delusional disorder, the main presentation of the patient would be the belief of a patient that he is a great person, or he has some special powers or valuable that others have not. The beliefs are fixed and unshakable whatever other people inquired.

The most common types of delusional disorders is the paranoid or persecutory type. The presentation with grandiose or religious delusion usually considered as an unusual one.

Delusion is a false-fixed unshakable belief that has no relations with patient's background and education.^{1,2,3}

Since delusional disorders considered as psychotic disorders, atypical antipsychotics should have a curable role to subside the delusions.^{4,5}

Case report:

Mr. M. was a Sudanese, single, of 28 years old, and unemployed. He presented at the ER in Eltigani Elmahi mental hospital accompanied with his older brother. When he asked about his complaint, Mr. M. replied, "I am a prophet, I have a mission to all people on the ground, my mission is to believe on me". This complaint was with Mr. M for the whole year 2006. There were no other complaints rather than his believing that he is a prophet.

When Mr. M asked about other psychotic symptomatology such as auditory or visual hallucination, odd behavior, or negative symptoms of schizophrenia, he replied, "nothing rather than I have a mission, and you should believe on me"

Mr. M. was asked about his emotion, he said, "my mood, interest, and effort are OK". Regarding family

of mental illnesses, his brother replied, "no family history of mental disorders in our family"

On Mental status examination, Mr. M. was hygienic, cooperative, no abnormal movements or posture, and maintained eye-to-eye contact. His speech was coherent, and his mood was reactive. He believed on being a prophet. He was alert, attentive, his short and long memory were intact, and his thinking was abstract. He in sighted and his judgement was appropriate.

Discussion:

Delusion is a false fixed, unshakable belief, which does not relate to individual's culture, religion, and education. There are two types of delusions: one is primary delusion, which occurred in schizophrenic patients such as delusional perception, and the other is the secondary delusion such as grandiose or religious delusions that Mr. M. complained of it.

In delusional disorder, the delusion should be non-bizarre, as Mr. M believed that he was a prophet and it is grandiose or religious typed.

Besides that, the delusion in delusional disorder should be systematized as Mr. M. considered that he had a mission, and this mission was for all people.^{1,2,3}

There are several types of delusional disorders including grandiose, erotomania, persecutory, somatic, jealous, mixed, and non-specified type. Delusional disorder should be differentiated from schizophrenia. The current case report was grandiose type and different from Hiaso study who found that persecutory type of delusional disorders

was the most common one (70% of the sample), followed by the mixed type (14%), and jealous type (8%).^{6,7}

There were many studies illustrated that delusional disorders were common among unmarried patients. One of these studies was that held by Maina that revealed (53.5%) of the sample were unmarried, (47.8%) were married, (6.5) were separated, and (2.2) were widowers. Delusional disorder is most common among single patients who have not married yet, and Mr. M. corresponded to this category.⁷

Delusional disorder unlikely affect patient's personality, this is in contrast to schizophrenia, which in chronic cases the personality affected commonly. In Mr. M., the personality and affect were intact.⁸

Olanzapine (one of the a typical antipsychotics) prescribed for Mr. M., with 5 mg/ day as an initial dose then increased to 10 mg/ day as a maintenance. Mr. M. showed a dramatic response to this medication. Within the first two months with Olanzapine, the delusion became shakable. Two months later the grandiose delusion disappeared completely. This ensured that antipsychotics are beneficial to manage cases of delusional disorders.^{4,5}

Conclusion:

Delusional disorder, grandiose type is one of the psychotic disorders, characterized by systematized non-bizarre delusions. Delusional disorder should be differentiated from schizophrenia. In addition, there a major role for antipsychotics in the management of delusional disorders.

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