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A rare case of capgras syndrome: The impersonation delusion

Mohammad Ali[1]*; Ashir Farooq[2]; Zahra Imran[3]; Muhammad Hamza Mustafa[4]; Rafey Mehmood Malik[5]; Muhammad Shaahiq[6]; Muhammad Mehdi[7]

[1]House Officer, Dr. Akbar Niazi Teaching Hospital, Islamabad, Pakistan.

[2]House Officer, Dr. Akbar Niazi Teaching Hospital, Islamabad, Pakistan.

[3]Final Year MBBS Student, Islamabad Medical and Dental College, Pakistan.

[4]Fourth Year MBBS Student, Islamabad Medical and Dental College, Pakistan.

[5]House Officer, Dr. Akbar Niazi Teaching Hospital, Islamabad, Pakistan.

[6]House Officer, Dr. Akbar Niazi Teaching Hospital, Islamabad, Pakistan.

[7]Consultant Psychiatrist at Jamal Clinic, Rawalpindi, Pakistan.

***Corresponding Author: Mohammad Ali**

House Officer, Dr. Akbar Niazi Teaching Hospital, Islamabad, Pakistan.

Email: m.ali797@yahoo.com

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Abstract

Capgras syndrome is a rare psychiatric disorder characterized by the delusional belief that a person or people close to the affected individual have been replaced by identical impostors. This case report presents the unique clinical presentation and management of a 52-year-old male patient who exhibited classic symptoms of capgras syndrome. The patient's delusion emerged following a traumatic brain injury, leading to significant distress and impaired social functioning. The assessment, diagnosis, and treatment approach are discussed, highlighting the interdisciplinary collaboration between psychiatry, neurology, and neuropsychology. This case report sheds light on the challenges associated with the management of capgras syndrome and emphasizes the importance of a comprehensive and individualized treatment plan.

Keywords: Capgras syndrome; Delusion; Traumatic brain injury.

Introduction

Capgras syndrome, first described by Joseph capgras and Jean Reboul-Lachaux in 1923, is a rare delusional disorder that falls under the umbrella of "delusional misidentification syndromes." It is characterized by the delusion that familiar individuals, usually close family members or friends, have been replaced by identical impostors [1]. The etiology of capgras syndrome remains unclear, but it has been associated with various psychiatric, neurological, and neurodegenerative conditions, including schizophrenia, traumatic brain injury, alzheimer's disease, and epilepsy [2]. This case report aims to provide a detailed account of a rare case of capgras syndrome following a traumatic brain injury, highlighting the clinical presentation, diagnostic challenges, and multidisciplinary treatment approach.

Case presentation

A 52-year-old male presented to the OPD with a six-month history of a disturbing belief that his wife had been replaced by an imposter who looked identical but lacked emotional connection (consent granted). The delusion emerged following a traumatic brain injury sustained in a motor vehicle accident. The patient exhibited persistent distress, irritability, and social withdrawal, as he refused to interact with his wife due to the strong conviction of her impersonation. Neurological examination revealed no focal deficits, and neuropsychological testing demonstrated mild cognitive impairment in executive functions. A comprehensive assessment, including psychiatric evaluation, brain imaging, and laboratory investigations, ruled out other organic causes and supported a diagnosis of capgras syndrome [1,2].

Discussion

The case highlights the complex interplay between traumatic brain injury and the emergence of capgras syndrome, suggesting a possible disruption in neural circuits involved in face recognition and emotional processing. The diagnostic challenge lies in differentiating capgras syndrome from other delusional disorders and accurately identifying underlying organic factors. Treatment strategies encompassed a multidisciplinary approach, including antipsychotic medication, cognitive-behavioral therapy, and neuropsychological rehabilitation. Long-term management involved regular follow-ups to monitor symptom progression and functional outcomes [2].

Conclusion

Capgras syndrome remains a perplexing and rare psychiatric disorder with potentially devastating consequences for affected individuals and their families. This case report highlights the importance of considering organic causes, such as traumatic brain injury, in the development of delusional disorders. The interdisciplinary collaboration among psychiatrists, neurologists, and neuropsychologists is crucial for accurate diagnosis, treatment planning, and long-term management. Further research is needed to elucidate the underlying neurobiology of capgras syndrome and develop targeted interventions for improved patient outcomes.

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