

GOTARD'S SYNDROME IN SCHIZOPHRENIA : A CASE REPORT

G. D. SHUKLA¹

ASHA SHUKLA²

D. N. MISHRA³

Cotard's syndrome, first described as *Delire de Negation* in 1891, is a rare condition of which 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 (Arieti and Meth, 1959; Enoch and Trethowan, 1979). Such delusions occur most commonly in patients of endogenous depression; they may also occur in organic mental disorders such as senile psychosis and lesions of the parietal lobes (Lehmann, 1980). Only rarely are they seen in a setting of schizophrenia (Enoch and Trethowan, 1979). This prompted us to report the present case.

CASE REPORT

S. D., 17 years, single, Hindu, male, student of Intermediate was brought with a history of abnormal behaviour of 2 weeks duration. The patient had suddenly become withdrawn-talking, eating and sleeping very little. He would not respond to requests to take bath, change clothes or to take meals. When pestered he would become angry and violent. When left unattended, he would wander aimlessly and collect rubbish. At time he was seen laughing, crying and muttering to himself. He reported that he was dead and that his body was rotting and emitting foul smell. He repeatedly asked his father to arrange his funeral to avoid the maddening stink. He had a similar episode one year back but it was

mild and subsided within few days with pharmacotherapy. There was no family history of mental illness. He was the eldest of three siblings, having a brother and a sister besides himself. He had been a well natured boy though a little shy and aloof in disposition. Personal history till the onset of illness had been smooth and unremarkable.

On examination, he was a youth with muscular physique. He looked preoccupied with his own thoughts and did not respond to questions-making it difficult to establish a rapport. He frequently smiled inappropriately. He repeatedly said, "I am already dead"; "This is my corpse sitting before you"; "It is stinking and it must be cremated at once otherwise it will start rotting". He would not listen to arguments that he was alive. On being asked as to how he, a dead corpse, could speak, he reported "This is my ghost speaking-not I". Then he abruptly left the room. There was no evidence of depression or organicity. However, it was not possible to ascertain his inner feelings.

As the patient refused medicines and meals, he was put on E. C. T. on alternate days. After two E. C. T's. he started taking drugs (Chlorpromazine, Haloperidol-Benzhexol and Nitrazepam), but persisted with his belief that he was dead. After six treatments he became perfectly normal and was greatly amused to hear what he had talked earlier. He was given two more E. C. T's. and was put on maintenance neuroleptics.

1. Lecturer in Psychiatry,
2. Medical Officer,
3. Reader in Medicine.

} M. L. B. Medical College, Jhansi.

COMMENTS

The present case deserved documentation because of several atypical features. A perusal of literature suggests that Cotard's syndrome occurs mostly in endogenous depression although it can also occur in organic brain syndromes. Its occurrence in schizophrenia is exceedingly rare. Further, most of the patients are in the middle or old age; the syndrome involves younger patients only exceptionally. Lastly, the syndrome is more frequent in women than in men (Enoch and Trethowan, 1979). Our patient was undoubtedly suffering from schizophrenia and was young.

Ever since Cotard's original description, there has been a controversy as to whether the syndrome is or is not a distinct clinical entity. Some regard it merely as a symptom which might occur in a variety of mental illnesses referred to above (Freedman and Kaplan, 1967). However, it appears justifiable to regard cotard's syndrome as a specific clinical entity in view of the fact that it may exist in pure form and that even when

symptomatic of another mental illness it clearly stands out and dominates the clinical picture. In addition, the syndrome has a complex psychopathology of its own which brings us face to face with the very meaning of existence itself (Enoch and Trethowan, 1979).

REFERENCES

- ARIE I, S. AND METH, J. M. (1959). Rare, unclassified, collective and exotic psychotic syndromes. In : *American Handbook of Psychiatry*, (Ed.) S. Arieti, Basic Books, New York.
- COTARD, J. (1891). *Maladies Cerebrales et Mentales*. Bailliere, Paris.
- ENOCH, M. D. AND TRETOWAN, W. H. (1979). *Uncommon Psychiatric Syndromes*. Second Edition, Wright, Bristol.
- FREEDMAN, A. M. AND KAPLAN, H. I. (1967). *Comprehensive Textbook of Psychiatry*. Williams and Wilkins, Baltimore.
- LEHMANN, H. E. (1980). Unusual psychiatric disorders, atypical psychoses and brief reactive psychoses. In : *Comprehensive Textbook of Psychiatry*, (Eds.) H. I. Kaplan, A. M. Freedman and B. J. Sadock, Vol. 2, Third Edition, Williams and Wilkins, Baltimore.