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Capgras, Fregoli and Cotard's syndromes and Koro in folie à deux

SIR: We wish to report the concurrence of Capgras, Fregoli and Cotard's syndromes and Koro and folie à deux in a man with cognitive impairment and a 15-year history of paranoid psychosis.

Case report. A 58-year-old unemployed man presented to an accident and emergency department with his wife. He believed that: his house had been burgled; his wife had been drugged by neighbours and replaced with a double (Capgras syndrome); his head and penis were shrinking; and that his penis would disappear inside his abdomen at which time he would die (Koro-like symptoms). He misidentified tradesmen as imposters trying to gain entry to kill him and his wife (Fregoli's syndrome). Both he and his wife believed that their neighbours were murderers and were part of a council conspiracy; both saw blood coming through their ceiling and heard noises coming from their neighbour's house which they said were the sounds of bodies being cut up and the screams of innocent victims (folie à deux).

Neither the patient nor his wife had a personal or a family history of psychiatric disorder. Psychometric testing of the patient revealed evidence of cognitive impairment, including impairment of facial recognition. He was treated initially with antipsychotic medication, which led to the disappearance of the misidentification symptoms, but his condition worsened and he became depressed with prominent nihilistic delusions, believing that parts of his body did not work and that he was seriously physically ill (Cotard's syndrome). These latter symptoms improved with ECT and antidepressants. Our patient's wife initially became worse after separation and she only improved with addition of medication and supportive psychotherapy.

We know of no other reports of all these syndromes appearing in the same person (or of folie à deux involving visual hallucinations). There are reports of combinations of two of these syndromes occurring together (Enoch & Trethowan, 1991). Capgras, Fregoli and other misidentification syndromes have been described in a number of psychiatric disorders, especially schizophrenia and in organic conditions including dementia, and they have been linked with an underlying right hemisphere dysfunction (Cutting, 1991). Koro-like symptoms have been described as part of other primary disorders including affective disorders, schizophrenia and organic disorders (Joseph, 1986; Devan & Hong, 1987; Durst & Rosca-Rebaudengo, 1988).

Although it is appealing to try to find a unifying hypothesis in this case – that dementia has led to all the symptoms present – we believe that the patient had a long-standing paranoid psychosis which was shared by his wife in a folie à deux. He may have begun to experience misidentification phenomena and become depressed with growing cognitive impairment. The Koro-like syndrome seemed to be a consequence of his recent depression.

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CORRIGENDUM

The editorial by R. P. Snaith in the November issue (*BJP*, November 1994, **165**, 582–584) quoted a personal communication attributed to Dr Henry Rollin. This should have been a specific reference. The correct reference is:
ROLLIN, H. R. (1990) *Festina Lente: A Psychiatric Odyssey*. Memoir Club Series. London: British Medical Journal.

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