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# EKBOM´S SYNDROME

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According to the literature, this syndrome is based on a delusive idea from a tactile (hallucinations haptic) and visual (dermatozoopsias) alucinatorio mechanism, from a primary delirious occurrence, or from a delusive secondary idea to poisoning, dementia or depression. Two big groups exist: one ectoparasitario (skin) and another endoparasitario (orifices or internal organs).
Physically numerous injuries are observed in some accessible regions of the skin open to the plastered and the patients come to the doctor with imaginary pathogenic. Alternative treatment does not exist for this entity even though pimozine and risperidona take the best effect.
Our patient shows an upset case- history, that progressing for twenty years, by depending on opiates and cocaine and he carries out a treatment with agonist opioids (methadone). After years of abstinence, he shows an active cocaine taking developing afterward a extensible parasitoids for four mouths long causing an strong pruritus which he intends to relieve taking the parasites out with the help of skin auto injuries. He brings a flask with skin remains, with the parasites recognized, and a magnifying glass in such a way that the doctor can examine them clearly. Several times he comes to the Medical Service. He upbraids the doctors, who don´t pay attention to him, because he doesn´t agree to be admitted in Infectious Service or Internal Medicine. Finally he is admitted involuntarily in Psychiatric Hospitalization Unit. Once a treatment with pimozide is established and the abstinence from poisons is assured, the delirious disorder, that he suffered, disappears.

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