Dear Editor,

Intermetamorphosis syndrome is classified as a delusional misidentification syndrome (DMS). DMSs also include Capgras’ syndrome, Fregoli syndrome, and the syndrome of subjective doubles (Christodoulou and Malliara-Loulakaki 1981). Intermetamorphosis syndrome is the least common DMS and was first described by Courbon and Tusques in 1932 (Courbon and Tusques 1932). It is characterized by the delusion that familiar persons can transform into other persons at will, assuming their physical appearance and identity. As the literature on intermetamorphosis syndrome almost entirely consists of case reports, its incidence and prevalence is not known.

A 48-year-old male was hospitalized upon the forensic authority’s request for observation and investigation. He was single, unemployed, and living with his parents. Twenty years earlier he first had the notion that he was heir to the throne and would rescue the country. Consequently, he thought he was being followed and would be harmed. He also thought that his thoughts were read and stolen by others, and that his actions were under the influence of others. He sometimes heard the voices of people whom he suspected of following him. Numerous times he asked the public prosecutor for help because he was being followed.

One year ago, he met a woman by chance and thought that she was a male professor he knew. He thought that this woman sometimes transformed into a man whose purpose was to harm him, and sometimes into “Hızır” (a religious character who is believed to help people in trouble). He attempted to talk to the woman about things he thought the professor and Hızır knew, but he failed to do that. When he insisted on talking, the woman called upon the public prosecutor and he was referred to the hospital.

He was hospitalized and diagnosed as paranoid schizophrenia, as well as intermetamorphosis syndrome. It was learned that this hospitalization was his first contact with psychiatric services. Routine laboratory tests, magnetic resonance imaging, and electroencephalography were normal. He did not have any physical illness. Risperidone 6 mg d\(^{-1}\) was administered and he was discharged from the hospital at the time his legal observation period finished.

The frontal, temporal, and parietal lobes, and the limbic system altogether play role in the pathophysiology of DMSs. Unilateral right hemisphere lesions are more frequently associated with DMSs than left hemisphere lesions (Forebode 2008). Some neurological conditions, such as cerebrovascular diseases, traumatic brain injury, brain tumours, multiple myeloma, and multiple sclerosis, may be associated with DMSs. Nevertheless, 25%-40% of DMS cases occur in the context of an organic etiology (Edelstyn and Oyebode 1999).

Despite the well-known clear association with organic etiological factors, DMSs emerge more frequently in the context of psychiatric disorders (Christodoulou et al. 2009). The most common psychiatric disorder associated with DMSs is paranoid schizophrenia (Joseph 1994). It has been hypothesized that neuropsychological impairment of the belief evaluation system presumably a function of the right frontal lobe is common to both paranoid schizophrenia and DMSs (Papageorgiou et al. 2003). On the other hand, Lykouras et al. (2008) compared paranoid schizophrenia patients with and without a DMS, but did not observe any differences between
the 2 groups based on neuropsychological tests that evaluate bilateral frontal and right hemisphere functions.

The patient described herein presented as a classical, but rare case of a DMS and paranoid schizophrenia, without any underlying organic etiology; however, non-specific organic etiological factors should always be considered in cases of intermetamorphosis syndrome and other DMSs (Christodoulou et al. 2009). Various theories, including psychodynamic formulations, face recognition and memory theories, brain dichotomy theories, and regression theories, have been proposed to explain the pathogenesis of DMSs (Christodoulou et al. 2009). Although each theory has advanced our understanding of the phenomena, clinical investigations are still needed to fully test these theories and clarify the etiopathogenesis of DMSs. Unfortunately, DMSs are rare, which is the most important obstacle to their thorough investigation.

REFERENCES


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