Delusional Parasitosis and the Urgent Need for a Ventricular Assist Device

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Introduction

Psychosocial evaluation, which may include psychiatric consultation, is recommended in the preoperative work-up for ventricular assist devices (VAD) (Caro, 2016). Consultation-Liaison (CL) psychiatrists may be tasked with providing ongoing care in advance of VAD placement, as this case report exemplifies.

Objectives

The purpose of this case report is to contribute to the discussion regarding placement of ventricular assist devices in patients with a psychotic disorder.

Case Presentation

History of Present Illness:

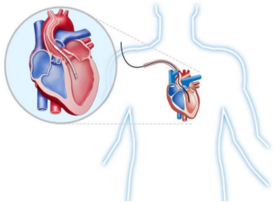
- A 67-year-old male with no past psychiatric history and past medical history of nonischemic cardiomyopathy, heart failure with reduced ejection fraction (15-20%), severe tricuspid regurgitation, chronic kidney disease (stage III), atrial fibrillation, hypertension, hyperlipidemia, and obesity was admitted for heart failure exacerbation, atrial fibrillation, and 60-pound unintentional weight loss.
- The patient required multiple cardioversions and continued to have hemodynamic instability requiring inotropes and vasopressors. Cardiology recommended short-term ventricular assist device (VAD) as the only viable option given the severity of his cardiogenic shock. Psychiatry was consulted to assess decision making capacity for short-term minimally invasive VAD placement and his appropriateness for durable VAD placement.

Case Presentation Continued

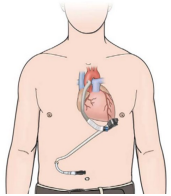
The patient declined VAD initially, stating that small intestinal bacterial overgrowth (SIBO) was the reason for his heart failure and could be treated by various supplements. Additionally, he endorsed parasitic infestation of skin, and shared pictures of bleeding excoriations on face and fingers, though there was no objective evidence of infection. His preliminary diagnosis was Delusional Disorder-somatic type (delusional parasitosis). The patient was unable to give a rational explanation as to why evaluation and treatment for SIBO should occur prior to addressing cardiogenic shock. He was deemed to lack decision making capacity regarding management of his cardiogenic shock.

The patient's wife, serving as his substitute decision maker, met with providers and provided consent for minimally invasive VAD placement due to worsening hemodynamics. Short-term VAD was placed on hospital day three. The patient's wife was informed that the patient would likely need to bridge to long-term VAD. Given the patient's weight loss and concerns about SIBO, gastroenterology was consulted. Colonoscopy revealed two small polyps, esophagogastroduodenoscopy was unremarkable, and evaluation for SIBO was deferred.

Following short-term VAD placement, the patient was started on aripiprazole 5 mg daily, which was chosen due to its relative cardiac safety. With encouragement from family, patient was agreeable to titrating the dose to 20 mg daily with decreased intensity of delusions and restored decision-making capacity. He agreed to and successfully underwent durable VAD placement on hospital day 37. At seven-month follow up of durable VAD placement, he remained free of delusions on a maintenance dose of aripiprazole 5 mg daily. He is currently pursuing heart transplant.



Minimally invasive VAD



Durable VAD

Discussion

Screening for psychotic symptoms is part of the psychosocial evaluation for organ transplantation and VAD placement. A comprehensive review suggests that a diagnosis of a psychotic disorder should not preclude organ transplantation (Price, 2014). Similarly, guidelines for psychiatric evaluation for VAD placement do not include psychotic disorders as a contraindication (Caro, 2016). Collaboration with cardiology, cardiothoracic surgery, gastroenterology, and psychiatry played a crucial role in validating the patient's concerns and providing direct feedback on appropriate testing for his symptoms. Interestingly, gabapentin was started by the primary team for neuropathic foot pain but was discontinued following re-emergence of delusional parasitosis.

Conclusions/Implications

With appropriate psychiatric treatment and multidisciplinary collaboration, the presence of a psychotic disorder need not preclude a patient from undergoing VAD placement

References

Caro MA, Rosenthal JL, Kendall K, et al. What the Psychiatrist Needs to Know About Ventricular Assist Devices: A Comprehensive Review. Psychosomatics. 2016 May-Jun; 57:229-37.

Price A, Whitwell S, Henderson M. Impact of psychotic disorder on transplant eligibility and outcomes. Curr Opin Organ Transplant. 2014 Apr; 19:196-200.

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