HIPPOKRATIA 2005, 9, 1: 41-44

CASE REPORT

Cotard's syndrome. A three-case report

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Abstract. One hundred and twenty years after the description of the syndrome by the French doctor Jules Cotard and while the relevant terms can't be found in the modern diagnostic array, the question of whether the clinical state corresponds to a special nosologic being or whether it is an important indicator of seriousness or chronicity seems to remain unanswered.

The syndrome appeared as case report more than 200 times over the last century according to international literature. However, there has been a dramatic decline in the appearance of it recently, probably due to the psychopharmacological treatment approach or/and because of the decrease in the number of institutionalized patients.

In the present study we describe three cases where it seems that the emotional consistence of the syndrome and, on the other hand, its connection with chronicity/ negligence of psychic disorder need to be taken into account. *Hippokratia 2005, 9 (1): 41-44*

Key words: *Cotards' syndrome, chronicity, nihilistic delusions*

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In 1880 J. Cotard[5] presented the case of a 43 year old woman who believed that she didn't have 'neither brain, nor nerves, nor chest, nor intestines (entrails) and that her body consisted of just skin and bones' and that 'neither God nor devil exist', and in addition that she didn't need food and that 'she was eternal and would live for ever'.

Cotard diagnosed that she suffered from "lypemania" (a term partly correspondent with psychotic depression). The presented delirium by Cotard was hypochondriac (dılire hypochondriaque). He believed that he had identified a new kind of depression characterized by anxiety (anxious melancholia), hypochondriac ideas, a belief that various organs of the body were destroyed as well as the soul itself, ideas of eternal condemnation and immortality, anesthesia to the pain and a suicidal and, self-destructive behavior.

Two years later Cotard[6], referring to the same clinical state, characterized it as "delirium of denial" (dılire des negations).

In 1893 Regis[13] presented the view that the syndrome could accompany more psychological disorders other than melancholy and named it "dılire de Cotard" (Cotard's delirium). This term passed on in the Anglo-Saxon world as "Cotard's syndrome".

The establishment of the syndrome was eventually imposed by Seglas[14] who in 1897 published the most complete clinical description in which he wrote that it could be "encountered in various types of psychic alienation". Seglas, believed that this very syndrome was related to melancholy and that the delirium of denial was secondary. On the other hand Capgras and Daumezon described a case of a woman who called herself "Madam Zero"[11] which in reality demonstrated the concept of nothingness.

More recently Enoch D. and Trethowan W.H[7] defined the syndrome as "a rare condition whose nuclear symptom is a nihilistic delirium, that in its complete form, leads the patient to the rejection of his own existence as well as of the outer world. According to others (Majeron and Finavera – 1975)[12], the syndrome can be traced in the sphere of involutional melancholy. Recently, a great deal of interest has emerged regarding the clinical and the neurobiological aspect of the syndrome.

Recently, Berrios and Luque[3] have presented a study with the examination of 200 publication sources concerning the Cotard syndrome. Out of the study of 100 cases that the authors held, by *factorial analysis,* three different groups emerged:

a) Psychotic depression: Included patients where overhang the picture of melancholia in comparison of nihilistic delusions.

b) Cotard type I: Included patients that represent a clear Cotards' syndrome, more specifically, delusion was prominent in comparison to the depressive picture.

c) Cotard type II (Mixed group): Patients presented anxiety, depression and auditory illusions.

The above scientists regarded the delirium of rejection 'delire des negations' more as a syndrome rather than as a disease, and don't seem to support the view that the complete syndrome is related to the presence and/or the level of depression.

Case Report

Patient B A

This is a 46 years old female patient, the youngest of six brothers and sisters in her family. She was born when

her mother was forty years old. From her early childhood years she could recall her parents' quarrels. Her father's alcoholism was a major problem for the whole family. However, the patient reported that she was more emotionally attached to the father, whom she characterizes as "*good and full of understanding*", rather than with the mother whom she considered as cruel and authoritative. During her adolescence her father died, something that she had great difficulty in overcoming, and she herself reported symptoms that could be identified as a depressive disorder.

The patient had been characterized by her brothers and sisters as the favourite child of their mother, perhaps because she had always been somewhat "nervous".

She started working at the age of fifteen, and at the age of twenty two she got engaged and lived for a year with her fiancι in her mother's house. Her fiancι, after misappropriating some of her money, abandoned her, a fact which as she claimed she never overcame, because she believed it to be a great injustice. The reported symptoms of the patients argue that a major depressive episode followed after the breakup. Fifteen years later she became involved in a love relationship with someone of the same age, who, after promising her that they would get married, misappropriated from her substantial amount of money and abandoned her.

The patient reported that after this event she felt betrayed, desperate and without willingness to live anymore. Neither was this depressive episode given medical care.

One year later, she stopped working alleging "cervical syndrome". During this period, as she reported, she visited a number of doctors of various specialties for her "cervical syndrome". In her health booklet during this period there are recorded diagnosis such as "anxiety disorder" or "neurovegetative disorders", and anti-inflammation medication, analgesics (especially paracetamol) and anxiolytics were prescribed.

She arrived in the Emergency Department Unit of the "Psychiatric Hospital of Thessaloniki" in 1999, escorted by 2 of her brothers, who reported having found her naked on the balcony of her house ready to jump off, and that the lately she was melancholic and very afraid. The patient during her treatment complained that nobody could help her because as she claimed was a "*dead – plant*", thus neither alive nor dead and that she would remain in this condition eternally.

Characteristically, during her interviews the patient reported: "*I have not eaten for months / or gone to the toilet/ all the organs within me have rotten/ the food can't pass through, everything has been coagulated /the Lonarid (paracetamol) that I took, have stuffed my bowel, this is unfortunately my punishment / I am tired, I haven't slept for years/ I have no blood/ I have no heart, it doesn't beat anymore. I was deceived at the ECG department while they knew that my heart doesn't beat anymore/ you are deceiving me when you take my blood pressure, because I'm not alive anymore, I'm a dead-plant*".

The patient was treated for 42 days and came out with the following diagnosis: "Major depression with psychotic traits", (DSM-IV). Two months later she was treated for 23 days with the same symptomatology that was partially a little less serious after her first treatment. Her medical drug treatment remained the same (combination of anti-psychotic and anti-depressive drugs). Fourteen months later she was treated for a third time with the same symptomatology. Her relatives reported that she had shown significant improvement but the patient herself stopped taking her medication because she maintained that she didn't need medicine anymore, and this resulted in her deterioration within a very short period of time. Her third hospital treatment lasted for 46 days.

Over the next 10 months she was monitored at the follow-up clinic, once a month. She was on a combination of anti-psychotic and anti-depressive medication (Risperidone 6 mg and Mirtazapine 45 mg), and showed great improvement regarding the reduction of her symptomatology and progress in her functionality.

Patient X I

The second patient is a 35 year-old man, the oldest son of a farmer's family with three children. His father had been treated in the "Psychiatric Hospital of Thessaloniki" many times in the past as "psychotic". The patient started working in the meadows of the family from a very young age, and often didn't attend school in order to work in the agricultural works, replacing in this way his father who was from time to time admitted to the Psychiatric Hospital. He managed to fulfill his obligatory military service towards the army normally and returned home to his village.

The patient himself reports that his problems started then (relationships with the other gender and friends). He reported that he devoted himself to the agricultural works and that he had a poor social life. Ten years ago at the age of 25 he attempted to commit suicide by taking pesticide because as he claimed it wasn't worth living because he didn't have a brain. From then on he had been accusing his mother, because he maintained that she shouldn't have had married his father who was psychiatrically sick and shouldn't have had children.

The patient unfortunately wasn't systematically medically treated after this event but managed to return back to his agricultural works. Two years ago, at his own will, he arrived in the "Psychiatric Hospital" escorted by his brothers, because, as his relatives reported, he had been beating his parents during that period of time in order to punish them for the calamity that they had done to him, which is to have been born of a psychotically ill father.

He claimed that he was born "*without a mind*", meaning that his head is empty without a brain and for this reason he is retarded. He expressed fierce anger for the way in which destiny had treated him. He was furious at his bad fortune and believed that nobody could help

him but God. The patient was treated for 23 days and was released without having completed the diagnostic examination or the treatment, after strong pressure by him and with the consent of his relatives. He received temporary diagnosis of "Psychotic disorder", and medical treatment of Zuclopenthixol decanoate 200 mgr/15 days. He was discharged without improvement of his clinical state.

After 14 months the patient was again re-admitted with the same symptomatology. The relatives reported that quite soon after his release from the hospital he stopped taking his medication with the justification that "*because I don't have a brain, medication could not react*". He was detached and remained for a lot of hours lying in bed and often became aggressive and beat his parents holding them responsible for his condition. He was hospitalized again and his treatment this time lasted for 36 days. His clinical state was similar with that of his first treatment. In this second treatment protocol, the emotional dimension of his problems was evaluated and more carefully examined and anti-depressive drugs (Venlafaxine 75 mg.) were added to the anti-psychotic treatment (Zuclopenthixol).

The patient was discharged after a month as he presented partial reduction of his symptoms and with some improvement to his clinical state.

Two months later in a scheduled interview the patient arrived at the follow-up unit showing a clear and impressive amelioration of his symptomatology and his functionality, which went on for five months.

Patient G E

The third case refers to a woman 72 years of age, a widow for a decade, who was admitted in-voluntarily to the emergency unit of the "Psychiatric Hospital" by her son, who reported that his mother had "lost her reasoning".

The patient was sad for over six months, didn't sleep during the night, didn't go out of the house and ate a little, only after the pressure of her relatives. The patient considered that we couldn't help her because as she claimed "*all of her organs had melted; only skin had remained and that she was practically dead*". Her history record revealed "major depression" for which she was treated with psychopharmacological drugs since three years ago. The patient had stopped taking her medication on her own with the improvement of the depressive symptomatology. From the emergency unit she was admitted to the hospital with a diagnosis of "Bipolar II disorder (manic-depressive) with psychotic traits".

Discussion

Clinical states of the Cotard's syndrome, are rarely encountered today. Most probably the syndrome isn't encountered anymore because of the swift treatment of the psychotic disorder with the present medical treatment (Lıger et al, 1969)[10] or/and because of the decrease in the number of institutionalized patients.

The present article describes three patients, who had a relatively good standard of living conditions and had recently sought psychiatric help for a mental disorder that had concerned them for decades. We will bring forth again the view of Seglas (1897) [14], that the syndrome 'show the transition to chronicity'- opinion with which Bourgeois et al.[4] don't agree, who on the other hand considered it as an indicator of *seriousness / gravity*.

The first case that we presented clearly suffered from "major depressive disorder", for many years, which first began 20-30 years ago. The patient for cultural-social reasons wasn't psychiatrically treated, resulting in the chronicity and the gravity of the disorder.

According to the Berrios & Luque[1] index, her case belongs to the category of "psychotic depression". The whole state was impressive. We should highlight the total disappearance of her delirium ideas (contrary to the depressive symptoms) with the prescription of psychophacological drugs, as well as the swift reappearance of the syndrome after their interruption.

The second patient, who according to the Berrios & Luque[2] index had 'Cotard type II', resembles Cotard's patient (1880): "*I have no brain, I have no nerves...* ".

The reports for "lack of brain" are very rare, and the Cotard's syndrome usually leads to a denial of intestines. For us, the clarification of his phrase "*I have no brain*" -which we initially regarded as an indication of partial insight- triggered a more thorough investigation/ re-examination of the patient's medical history as well as the emergence of the emotional consistence of the disorder and therefore the addition of anti-depressive treatment. The results were shocking, as the dose of the anti-depressive medication was relatively small. Of course, the therapeutic results should be presented with caution as they last just for a few months.

As far as the third case, we could support that it belongs, like the first one, to the "psychotic depression", category.

To sum up, we could say that all the above three cases emphasized the emotional consistence of the syndrome and on the other hand confirmed its connection with chronicity/ negligence of a psychic disorder.

It is believed that a follow up and a thorough laboratory examination in over the course of time for these patients suffering from Cotard's Syndrome is needed as it might reveal an organic[8,9] mental coexistence/or reasoning.

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