Coprophagia in a Nigerian patient with paranoid schizophrenia: a case report and literature review

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Abstract

Coprophagia is the ingestion of one's own faeces. It is associated with severe psychiatric disorders and in certain medical conditions. Both electronic and manual search on this rare disorder yielded no positive findings among Nigerian or African literature. We here report a patient with paranoid schizophrenia who smeared her faeces on the wall and also ate of it. The psychological and clinical management are also discussed.

Key words: Coprophagia; Paranoid Schizophrenia; Lagos; Nigerian

Introduction

The word Coprophagia was derived from the Latin words *copros* ("faeces") and *phagein* ("to eat"); it is the ingestion of one's own faeces and individuals who do this are referred to as "coprophiles."[1] It has also been reported to be a variant of pica.[2] It has been reported to be uncommon in human beings, however, it has been associated with severe psychiatric disorders. Coprophagia is likely to be encountered in psychiatric patients suffering from severe depression, schizophrenia, mental retardation, seizure disorders, cerebral tumors and dementia.[3] The literature also indicated that coprophagia is a form of culture-bound syndrome and referred to as *piblokto* among the Eskimos.[4] Coprophagia has also categorized as a paraphilia.[5] The observed consequences of coprophagia include illnesses such as hepatitis A and E and parasitic infections.[6] The literature also showed that coprophagia may be becoming common in pornography under the term "skatophagos".[7] Previous studies also observed that physicians used to taste their patients' faeces in order to make appropriate diagnoses many centuries ago.[8] The practice, referred to as "faecal bacteriotherapy," also involved giving faeces from a close relative or a spouse to relations suffering from severe diarrhea in order to re-populate the intestine with normal gut flora[8]. In the distant past, the literature also noted that "healthy" stool was sometimes administered through nasogastric tube as an enema[8.] The ingestion of fresh warm camel faecal matter was also used in the treatment of bacterial dysentery because of its efficacy against *Bacillus subtilis*.[9] The literature on coprophagia is rather scanty and it appears largely ignored in the western literature. Previous studies that reviewed the disorder as regards its aetiology and management are even fewer. Various electronic and manual search of literature did not reveal any study from Nigeria or Sub-Saharan countries on coprophagia. We therefore report a patient with paranoid schizophrenia who smeared her faeces on walls and ingested her faeces. The management of coprophagia is also discussed.

Case Report

Miss G. S. was a 28-year-old unemployed young woman brought for urgent psychiatric evaluation and treatment by her mother who observed that she was smearing the house walls with faeces and ingesting her faeces over a period of two weeks. On examination, her mental state revealed paranoid delusions as well as third-person auditory hallucinations that gave her instructions to eat her faeces. She had no insight into her condition. A diagnosis of paranoid schizophrenia was made by the consultant psychiatrist on duty. She was advised to be placed on admission at the psychiatric ward for further observation. While on admission, she was observed to be smearing her faeces on the walls of the toilet; she would also bring some of her faeces to show the ward nurses and was observed to eat some of the faeces in the

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presence of the ward nurses. All laboratory investigations were within normal limits. She was initially placed on 10 mg of olanzapine daily and 100 mg chlorpromazine nocte. After spending three weeks on admission, there were no clinical improvements observed in her schizophrenic symptoms. The olanzapine was increased to 20 mg daily and 400 mg of carbamazepine was introduced in divided doses. After three weeks of the introduction of the new regime of drugs, the symptoms of schizophrenia subsided likewise her coprophagia. She was observed for another two weeks before being discharged to the outpatients clinic. One year after her discharge, she remained symptom-free. At the outpatient clinic, she was maintained on 10mg of olanzapine and 200 mg of carbamazepine daily.

Discussion

Coprophagia is an uncommon reported symptom of psychiatric disorder and may be more common than expected. From the literature, it can be deduced that those reported to have practiced coprophagia were mentally ill. However, Wise and Goldberg[5] reported coprophagia in their patient who did not have a psychotic condition. Chaturvedi[3] in his paper reported that most individuals who practiced coprophagia had evidence of brain damage. Nonetheless, the literature notes the health hazards of faecal ingestion to include parasitic intestinal infections such as giardiasis, amebiasis, cryptosporidiosis, shigellosis, campylobacter enteritis and strongyloidiasis, gingival infection and sialadenitis.[10,11] Karpman[12] observed that young children who practice coprophagia may see their faeces as parts of their bodies and be proud of their productions. This observation probably explains why some children may view their faeces as a form of "copro-sympols" associated with myths and fairly tales in their unconscious thought processes also [13,14,15.] Some workers also argued that individuals who may have been fixated in the oral and anal phases of the psycho-sexual development of personality may also practice coprophagia[13.] The prevalence of coprophagia in patients with schizophrenia is not known in the literature, but it has been suggested to be more common than its representation therein.[3] With regards to management, coprophagia has been reported to be effectively treated with psychotherapy and antipsychotics. Individual and supportive psychotherapy were reported to alleviate coprophagia. Other measures that reported in the management of coprophagia include regular toilet training and electroconvulsive therapy.[16] Patients with severe depression who have symptoms such as coprophagia were reported to get better with a combination of Sertraline (paroxetine) and Seroquel (quetiapine).[17] Coprophagia in patients suffering from schizophrenic are reported get better on perospirene, an atypical serotonin and dopamine antagonist.[17] Bugle and Rubin[18] reported that daily nutritional supplements reduced the frequency of coprophagia in three individuals with profound mental retardation. Nonetheless, another effective psychotherapy reported for coprophagia include exposure and response prevention.[19]

Conclusion

Coprophagia may be more common than reported in the Nigerian literature. Nonetheless, it is recommended that a combination of atypical anti-psychotic and mood stabilizers are also effective in the management of coprophagia that is associated with schizophrenia.

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