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## NOTES & COMMENTS

### Morgellons disease: A rapport-enhancing term for delusions of parasitosis

*To the Editor:* A 45-year-old female presented to our clinic in March of 2005 armed with several small plastic bags filled with “fibers,” her magnifying glass in hand. She had been to seven physicians the past four months, three of whom were dermatologists.

“Doctor, have you heard of Morgellons disease?”

I explained that I had, and to my surprise, she burst into tears. She spent the first few minutes of our conversation sobbing, relieved to have found a physician who had heard of Morgellons disease.

Morgellons disease is not located in modern medical texts or online journals. But a Google search will produce approximately 15,400 hits. Our patient had made this self-diagnosis by performing an internet search on “bugs in the skin.” Patients regularly request information on Morgellons disease from academic centers.

The Morgellons Research Foundation Web site can be found at [www.morgellons.org](http://www.morgellons.org). This site describes the foundation’s mission: “dedicated to finding the cause of an emerging infectious disease, which mimics scabies and lice.” On this Web page, you will find pictures of the “mysterious fibers,” a patient registration page, a distinguished medical advisory board including six doctorates, a description of the current research efforts of scientists in Oklahoma, and a request for donations to fund this research. The website claims over 3300 registrants. They also have proposed an association with Lyme disease and encourage patients to have Lyme titers drawn. The site further explains the history behind the term Morgellons, coined in 1674 by Sir Thomas Browne in his monograph entitled “De vermiculis

capillaribus infantium.”<sup>1</sup> To the layperson, the information on this Web site is deceptive, particularly to someone who suffers from delusions of parasitosis.<sup>2,3</sup>

However, because the term “Morgellons disease” does not have the word “delusions” embedded in the term, it is a useful way to communicate with patients regarding their disease. As a case in point, I have established a close relationship with the patient described above by referring to her delusions of parasitosis as Morgellons disease. After taking cultures and a biopsy, I reassured her that there were no bacterial, fungal, or parasitic infections. I emphasized that I did not doubt the authenticity of the sensations she was experiencing, and I empathized with how disconcerting it must be to feel bugs crawling and stinging her skin. I explained that sometimes medications that psychiatrists use to calm nerve signals help patients with Morgellons disease. She is currently on the anti-psychotic risperidone, followed by both dermatology and psychiatry.<sup>4</sup> As is the case with the majority of patients with delusions of parasitosis, she will likely need anti-psychotic medications long-term to keep her disease under control.

We caution that the use of the term “Morgellons disease” should not validate an association with an infectious disease process. Further, in order to practice ethical patient care and to serve our patients honestly and as best we can, we stress the importance of clarifying to all delusions of parasitosis patients that their condition is not a result of an infectious agent. However, we found the term to be of paramount importance in establishing patient confidence and in developing patient–physician rapport throughout this patient’s care.

Morgellons disease leaves us to gently question Shakespeare's age-old adage: does that which we call a rose truly smell as sweet by any other name?

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#### Morgellons disease?

*To the Editor:* The internet is a very valuable tool in gathering and disseminating information from a wide variety of sources from around the world; however, physicians are becoming more and more challenged by the many persons who attempt self-diagnosis on-line. In many cases, these attempts are well-intentioned, yet wrong, and a patient's belief in some of these oftentimes unscientific sites online may preclude their trust in the evidence-based approaches and treatment recommendations of their physician.

For example, we recently saw three individuals in our clinic who felt that they had "Morgellons disease." Patient 1 was a 57-year-old white male who was accompanied by his sister (patient 2). Patient 3 was a 44-year-old white female who was acquainted with the other two. All three arrived together, and they began "picking" at their own (as well as each other's) skin using tweezers in the waiting room. This caused much discomfiture amongst other waiting patients as they discussed their "contagious" Morgellons disease.

Patient 1 had a pruritic syndrome that he felt was caused by "bugs crawling under his skin." He diligently picked his lesions with tweezers and placed the "bugs" on a tissue. We examined these samples microscopically and found skin fragments but nothing resembling an arthropod or parasite. Examination revealed multiple superficial ulcerations, excoriations (many linear), excoriated papulonodules, and scars on his extremities and trunk, but no primary lesions or evidence of infestation.

Patient 2 was in the examination room with patient 1. She believed they had "Morgellons disease" and gave us information from Web sites that supported this diagnosis. This phenomenon of acquainted patients that share the same delusional disorder is called *folie a deux* and occurs in 12% of patients with delusions of parasitosis.<sup>1</sup>

Patient 3 reported recent fire ant bites, but most of these were healing. There were multiple excoriations on her extremities but no primary lesions. She was concerned that she had acquired Morgellons disease because of "exposure" to the others.

After thorough evaluation and examination, all three individuals were diagnosed with delusions of parasitosis. They were appropriately counseled.

The information that our patients had about Morgellons disease was taken from the Web site [www.morgellons.org](http://www.morgellons.org). This is sponsored by the Morgellons Research Foundation, which is dedicated to uncovering the cause of this "emerging infectious disease."<sup>2</sup> Most persons with this disorder report biting and crawling sensations with nonhealing skin lesions. They find "unusual structures" which can be fiber-like. Associated illnesses include chronic fatigue syndrome, fibromyalgia, mood disorders, chronic Lyme disease, obsessive-compulsive disorder, and others.<sup>2</sup>

The majority of patients concerned about having Morgellons disease are diagnosed with delusions of parasitosis.<sup>2</sup> Dermatologists have discussed with the lay press their impression that the disease actually represents delusions of parasitosis.<sup>3,4</sup> The Medical Advisory Board of the Morgellons Research Foundation has submitted a case definition of the illness to the Centers for Disease Control and Prevention in hopes that this will give patients a unified voice when dealing with physicians, politicians, and health departments.<sup>2</sup> The precise pathophysiology(ies) that give rise to abnormal cutaneous sensations, to delusions of parasitosis, and to the clinical manifestations described as Morgellons disease remain to be determined. The latter term may prove useful in discussing and investigating it. On the other hand, unsubstantiated claims about what causes it may be incorrect and misleading.

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#### Use of antibiotic-containing ointment versus plain petrolatum during and after clean cutaneous surgery

To the Editor: A recently published Surgical Pearl,<sup>1</sup> followed by an exchange of letters,<sup>2,3</sup> regarding the risks and benefits of the use of antibiotic-containing ointment versus plain petrolatum during and after clean cutaneous surgery prompted me to support Dr Aberer's thoughtful concerns. In the late 1980s neomycin had become a top-rated allergen. Although there were reports of bacitracin-induced allergic contact dermatitis (ACD), they were few and it was suggested that possibly one needed to be allergic to neomycin to develop such an uncommon response. Bacitracin-containing ointments began to be recommended as a postsurgical wound dressing in an effort to curb neomycin-induced ACD. Throughout the 1990s an explosion of ACD to bacitracin occurred; it became the seventh most common allergen during the years 2000-2002. Such allergic reactions may appear to the patient and the physician to not be markedly different from the erythema and slight itch



**Fig 1.** Allergic contact dermatitis to bacitracin in a post-surgical wound.

they expect of a healing wound (Fig 1). It was upon this background that I observed contact anaphylaxis to bacitracin develop in two patients within a brief period. One was a patient who had this ointment applied to a punch biopsy site; this induced quite a turmoil in our dermatology clinic one afternoon at 5 PM.

Dr David Smack spearheaded a marvelous effort by our team to investigate the need for routine use of topical antibiotics after clean surgical procedures as no evidence to support this practice could be gleaned from the existing literature. The resulting study of more than 1200 surgical wounds spanning a variety of types of common dermatologic procedures, including Mohs surgery, did not support the need for antibiotic ointment to be part of postsurgical wound care.<sup>4</sup> This study did document 4 patients (1%) of those exposed to bacitracin in the postsurgical setting who did express ACD, whereas none of the petrolatum group did. To date I believe no other evidence, either supportive or contradictory, has been published.

Wound infection rates by dermatologists are known to be quite low. This is likely due to clean surgical technique and not postwound application of antibiotic ointment. I am aware of many practices that now use petrolatum as their standard postsurgical wound dressing and have not seen a rise in infections after the switch.

Although Dr Walling and coauthors have not had a patient in whom they recognized the development of ACD as being caused by bacitracin, and have not observed an immediate anaphylactic episode to it, the question still remains: why spend more money on a product with known risks to the patient which has no proven infection-preventing benefit, when a cheaper, safer alternative exists?

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