

# Walking Corpse Syndrome

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## ABSTRACT

Patients with this uncommon mental illness believe they are decaying, dead, or nonexistent. Almost 90% of them affected among female gender. Malfunction of the amygdala, an almond-shaped cluster of neurons responsible for six different emotional processing steps, as well as the fusiform gyrus, which detects faces. Antidepressants, antipsychotics, and electroconvulsive therapy are common therapeutic regimens.

**Keywords:** Treatment regimens, Walking corpse syndrome.

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## INTRODUCTION

Patients with the walking corpse syndrome, a rare neuropsychiatric illness, may have delusions or mistaken beliefs that their bodies are deceased, do not live, are rotting away, or have lost all of their important organs. They sometimes even have the ability to smell the decomposing flesh. The illness is best characterized as “existence denial”. Guilt, worry, and negative sensations can occasionally accompany it. Contrarily, some patients could believe they are immortal.<sup>1,2</sup>

Jules Cotard initially referred to walking corpse syndrome or Cotard’s syndrome as “*délire des négations*” or negative deliriums in 1880. Cotard’s syndrome or Cotard delusion are other names for the condition.<sup>3</sup>

## Epidemiology

This condition mainly affects middle-aged or older individuals and is thought to be associated with depression. The chance of getting the condition has been reported to rise with increasing age. However, a small number of occurrences involving young individuals have been documented in the literature, with women accounting for about 90% of the cases. According to statistical research of a cohort of 100 patients, denial of one’s own presence is a feature present in 69% of instances of Cotard’s syndrome; ironically, however, 55% of the patients exhibit illusions of immortality.<sup>4-6</sup>

## Causes

The underlying etiology is not known. However, research points to the frontal and temporal areas of the right part of the brain as the primary culprits.

- Damage to the brain
  - Stroke
  - Blood clot
  - Accident
  - Tumor
- Psychiatric disorder
  - Depression
  - Anxiety
  - Substance misuse
  - Schizophrenia
- Dementia

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- Epilepsy
- Migraine
- Multiple sclerosis
- Parkinson’s disease
- Hemorrhage outside the brain after serious brain damage
- Encephalopathy.<sup>7-9</sup>

The undesirable physiological reactions of a patient to a medicine (such as aciclovir) and to its prodrug precursor (such as valaciclovir) have also contributed to the illness.<sup>10</sup>

## Classification

The Cotard comes under code F22 in the tenth edition of the International Classification of Diseases (ICD-10), published by the World Health Organization.<sup>11</sup>

## Stages

Three stages of the walking corpse syndrome exist:

1. The symptoms of hypochondria and psychotic depression arise in the “germination stage”.
2. The entire development of the condition and the denial delusions are known as the blooming stage.
3. The chronic stage is marked by persistent, severe delusions, and long-term mental depression.

## Signs and Symptoms

The main sign of walking corpse syndrome is the delusion of negation.

- Delusions of impending death or disappearance.
- Extreme melancholy or grief.

- Insensitivity to distress.
- Avoidance of social interactions.
- Patients quit conversation.
- Refusal to eat, which might lead to nutritional deficiencies (patients may feel there is no need to do so because they are certain they are dead or dying).
- Attempts at self-harm.
- Ideas of condemnation or rejection.
- Voices telling the patient they are dead or dying.
- Delusions of immortal.<sup>12-14</sup>

### Diagnostic Evaluation

The history and symptoms of the patient are used to make the diagnosis. Tests are performed to diagnose related disorders in order to rule out other problems. These tests consist of the following:

- Blood test.
- Computed tomography (CT) scan.
- Magnetic resonance imaging (MRI).
- Single-photon emission computed tomography (SPECT).
- Electroencephalogram (EEG).<sup>15,16</sup>

### Treatment

Currently, efforts to find a solution for the syndrome are concentrated more on treating its symptoms than its underlying causes. Antidepressants, anxiety medications, antipsychotics, and electroconvulsive therapy are frequently used as therapies. In this condition, ECT has been proven to be helpful.<sup>17</sup>

### CONCLUSION

People who have walking corpse syndrome have the hallucination of negation – that they are dead or have disappeared – as a result of their mental illness. The condition has been around since 1700, although it is still mainly unknown. Depending on the patient's age, the underlying reason has been connected to bipolar disorder, depression, and/or schizophrenia. The primary aspect of management is the treatment of symptoms.

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