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Cotard's syndrome definition

Cotard's syndrome symptoms.

Illusion whether one is a dead or non-existent doctor’s syndrome of the configuration of the Namescotard, the Namescotard syndrome, the foot corpse syndrome Jules Cotard (1840 á – ’89) described “the delirium of denial” as a mental illness of varying gravity.Specialtypsychiatry of cotardry delusion, also known as walking Corpse syndrome or cotard syndrome is a rare mental disorder in which the affected person holds the delusion belief that they are dead, do not exist, are rotten, or have lost their blood or internal organs. [1] Statistical analysis of a cohort of 100 patients indicated that self-existence denial is present in 45% of cases of cotard syndrome; The other 55% of patients presented with immortality delusions. [2] In 1880, neurologist Jules Cotard described the condition as Le DÁ© Lire Des NÁ© Gations (“The Delirium of Denial”), a psychiatric syndrome of varying severity. A mild case is characterized by despair and disgust, while a severe case is characterized by intense denial disappointments and chronic psychiatric depression. [3] [4] The case of “Mademoiselle x” describes a woman who denied the existence of parts of her body and her need to eat. She said she was doomed to eternal damnation and therefore could not die a natural death. During the suffering “the delirium of denial”, Mademoiselle X died of starvation. Cotard disappointment is not mentioned in the Diagnostic and Statistical Manual of Mental Disorders (DSM) [5] or the tenth edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems (ICD-10) [6] Signs and symptoms Denial disappointments are the central symptom of Cotard syndrome. The patient usually denies their own existence, the existence of a certain part of their body, or the existence of a portion of their body. The cotard syndrome exists in three stages: germination stage: symptoms of psychotic depression and hypochondria appear; Flowering phase: full development of the syndrome and negation disappointments; and; Chronic phase: Continuing severe disappointments along with chronic psychiatric depression. [7] Cotard syndrome removes the afflicted person from other people because of neglect of their personal hygiene and physical health. Disappointments of self-denial prevent the patient from making sense of the external reality, which then produces a distorted view of the external world. Such disappointments of denial are usually found in schizophrenia. Although a diagnosis of cotard syndrome does not require the patient having had hallucinations, the strong disappointments of denial are comparable to those found in schizoprenic patients. [8] Distorted Reality The article Between Life and Death: Case Study of Cotard Illusion (1996) describes a case Cotard’s illusion that occurred in a Scottish whose brain was damaged in a motorcycle accident; [the patient’s symptons] occurred in the context of more general feelings of Di and to be dead. In January 1990, after his discharge from Edinburgh hospital, his mother took him to South Africa. He was convinced that he had been taken to Hell (which had been confirmed by the heat) and that he had died of sepsis (which had been a risk early in his recovery), or perhaps AIDS (he had read a story in The Scottish about someone with AIDS who died of sepsis,) or an overdose of an injection of yellow fever. He thought he had “abandoned his mother’s spirit to show Hell” and was sleeping in Scotland. [9] Recurrent Postictal Depression with Cotard Delusion (2005) describes the case of a 14-year-old epileptic boy who experienced Cotard syndrome after seizures. His history of mental health has shown themes of death, chronic sadness, decreased physical activity during playtime, social withdrawal and disturbed biological functions. About twice a year, the boy suffered episodes lasting between three weeks and three months. During each episode, he said that everyone and everything was dead (including trees), described himself as a dead body, and warned that the world would be destroyed within hours. During the episode the boy did not show any response to pleasant stimuli and did not have an interest in social activities. [10] Neural pathophysiology that is infused in the area of the face, in the fusiform circle (orange,) could be a cause of Cotard’s syndrome. In the cerebrum, organic lesions in the parietal lobe could cause Cotard syndrome. The underlying neurophysiology and psychopathology of Cotard syndrome may be related to delusional misidentification problems. Neurologically, the Cotard illusion (self-denial) is thought to be linked to the Capgras illusion (people replaced by impostors); any kind of illusion is thought to be derived from wrong neural in the fusiform face area of the brain, which recognizes faces, and in the amygdalae which associate emotions with a recognised face. [11] Neural disconnection creates in the patient a sense that the face they are looking at is not the face of the person to whom it belongs; thus, that the face lacks the familiarity (recognition) normally associated with it. This involves derealization or disconnection from the environment. If the face observed is that of a person known to the patient, they experience it to act like the face of an impostor (the Capgras illusion). If the patient sees their face, they may not perceive any association between the face and their sense of self, which translates into the patient believing they do not exist (Cotard syndrome). Cotard syndrome is usually found in people suffering from psychosis, such as schizophrenia. [12] It is also found in clinical depression, deralization, brain cancer,[13][14] and migraine headaches. [11] The medical literature indicates that the occurrence of the illusion Cotard is associated with lesions in the parietal lobe. As such, the patient of the Cotard illusion presents a greater brain atrophy, especially the median frontal lobe, which makes people in control groups. [15] Cotard’s illusion also caused a patient’s negative physiological response to a drug (e.g., aciclovir) and its prodrug precursor (e.g., valaciclovir). The occurrence of symptoms of Cotard’s illusion was associated with a high concentration of 9-carbossimethylguanine serum (CMMG), the main metabolite of aciclovir. As such, the patient with weak kidneys (compromised kidney function) continued to risk the occurrence of delusional symptoms despite the reduction of aciclovir dose. Hemodialysis solved the patient’s disappointment (to deny the self) within hours of treatment, which suggests that the occurrence of symptoms of Cotard’s illusion may not always be a cause of psychiatric recurrence of the patient. [16] Pharmacological treatments, both monotherapeutic and multitherapeutic, using antidepressants, antipsychotics and mood stabilizers have been successful. [17] Similarly, with the depressed patient, electroconvulsive therapy (ECT) is more effective than pharmacotherapy. [17] Cotard syndrome resulting from a negative drug reaction to valacyclovir is attributed to a high serum concentration of one of the metabolites of valacyclovir, 9-carboxymethoxymethylguanine (CMMG.) Successful treatment guarantees the cessation of valacyclovir. Hemodialysis was associated with early authorization of CMMG and the resolution of symptoms. Case Studies A patient, called WI for privacy reasons, was diagnosed with Cotard’s illusion after experiencing significant traumatic brain damage. Damage to the brain hemisphere, frontal lobe and ventricular system was evident to WI doctors after examining the imaging magnetic resonance (MRI) and computer tomography (CT). In January 1990, WI was discharged to outpatient care. Although his family had made arrangements to travel abroad, he continued to experience remarkable persistent visual difficulties, which caused a postponement for ophthalmological evaluation. The formal visual test then led to the discovery of further damage. For several months after the initial trauma, WI continued to experience difficulty recognizing faces, places and family objects. He was also convinced that he was dead and experienced feelings of derealization. Later, in 1990, after being discharged from the hospital, WI was convinced that he went to Hell after the death of AIDS or sepsis. When WI tried to test neurological in May 1990, he was no longer fully convinced that he was dead, even if he still suspected it. Further tests revealed that WI was able to distinguish between dead and living individuals with the exception of itself. When WI was treated for depression, his delusions of his death decreased in a month. [18] In November 2016,Daily Mirror newspaper carried a report by Warren McKinlay of Braintree in Essex, who developed the Cotard illusion after a Motorcycle accident. [19] Society and Culture The protagonist of Charlie Kaufman’s 2008 film Synecdoche, New York, is Caden Cotard. As the movie progresses, Cotard thinks he’s dying, and we see more examples of Cotard’s illusion with scenes like when his daughter, Olive, starts screaming that she has blood in her body and, as the movie continues, Cotard disappears from the game he’s writing about her life and is played by other actors as she takes on the role of a cleaning lady. [20] It has been speculated that Per “Dead” Ohlin, singer for the black metal bands Mayhem and Morbid, suffered from Cotard’s illusion[21] due to a bullying incident in his youth that left him clinically dead for a short time. He developed an obsession with death shortly after (hence his name and use of corpse painting),[22] often self-armed on stage and among friends, and became increasingly depressed and introverted, exacerbated by his poor relationship with guitarist Euronymous, [23] eventually led to his suicide in 1991. His suicide note contained the lines “I belong in the woods and I always have. No one will understand the reason anyway. To give some semblance to an explanation that I am not human, this is just a dream and I will wake up soon.” See also Depersonalization Disorder Mortality salience Prospagnosia Solipsism Mirror-self misidentification Capgras dellusion Fregoli dellusion Dead (musician) References ^ Berrios G.E.; Luque R. 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