

## Fregoli syndrome associated with violent behavior

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### Dear editor,

Fregoli syndrome is one of the misidentification delusional syndromes which occur in the setting of schizophrenic, affective or organic disorders<sup>1</sup>. In Fregoli syndrome the patient believes that one or more familiar persons, considered as persecutors, repeatedly change their appearance, becoming a double or a look-alike<sup>2</sup>. Diagnosing this phenotypic syndrome may be important for personalizing treatment and research.

The aim of this letter was to describe a case of Fregoli syndrome and violent behavior in woman presenting paranoid schizophrenia. A 30 year old unemployed single woman was admitted to the Psychiatric Emergency Department by official request because she presented with incoherent speech during a police investigation. The patient reported that during psychiatric anamnesis she was convinced that one of her boy friends often changed his appearance into other people (a look-alike) in order to follow her. According to her, she was investigated because she had broken her General Practitioner's Office Windows 3 months before and because she had the conviction that he was a look-alike. After that episode she then took a plane to go abroad on vacation in order to escape from him. In her medical history a previous diagnosis of paranoid schizophrenia was found 2 years earlier and the patient reported interruption of psychiatric medication 6 months prior to consultation. During the physical examination she appeared anxious and presented a normal speech pattern with delusional persecutory content. Hallucinatory perceptions referred to the existence of look-alikes. She also presented marked affective flattening and avolition. Facial recognition tests<sup>3</sup> and CT brain scan did not show any abnormalities. Her delusional symptoms resumed with antipsychotic medication (aripiprazol<sup>®</sup>) after 10 days of treatment.

To our knowledge reports of Fregoli syndrome are rare and little is known about the physiopathology and treatment of this misidentification delusional syndrome<sup>2</sup>. They occur in the setting of psychiatric disorders and neurologic diseases, such as dementia, partial epilepsy and cerebral vascular accidents<sup>1,4</sup>. The right cerebral lobe is involved in most cases. At a cognitive level, dysfunctions of identity attribution have been reported rather than dysfunction of facial recognition<sup>5</sup>. As this syndrome is seldom associated with violent behavior<sup>6</sup> a better understanding of its psychopathology may increase its screening in emergency practice and subsequently avoid violent behavior.

The authors are most grateful to Richard Medeiros, Rouen University Hospital Medical Editor, for editing the manuscript. We declare no competing interests, financial or otherwise.

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