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Poster presentation

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Neuropsychological profile of a patient with Fregoli syndrome Christina Andreou*1, Petros Petrikis¹, Vasilis Bozikas², Maria Giannakou³, Mary Kosmidis³ and Athanasios Karavatos¹

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Case Report

The Fregoli syndrome consists in the delusional conviction that an individual (usually a persecutor, but not always) assumes the guise of persons that the patient meets; it falls into the general category of delusional misidentification syndromes. These syndromes have been repeatedly associated with structural or functional cerebral abnormalities, and an association with impaired facial recognition has been observed in some cases. In the present study we present the neuropsychological profile of a female patient with schizophrenia, paranoid type, who manifested Fregoli syndrome.

A.B. is a 33-year old woman with schizophrenia, paranoid type, who manifested Fregoli syndrome in association with erotomania. Physical, neurological and laboratory investigations were normal, as was EEG. A brain MRI scan showed a small arachnoidal sac in the left temporal lobe. A comprehensive neuropsychological evaluation was also performed to assess various domains of cognitive functioning, including facial recognition and facial emotion recognition.

Neuropsychological testing revealed extensive impairments in working memory, learning and delayed recall, concerning both verbal and visual material. Executive functions were also impaired, although to a lesser extent. The patient's ability for facial recognition was intact, however she had difficulty in tasks that assessed recognition of emotions.

In our patient, the Fregoli syndrome could not be attributed to facial recognition impairment; it is more plausible that the memory and executive dysfunctions contributed to the emergence of the syndrome. The discrepancy

between intact facial recognition and impaired recognition of emotions might also be implicated in the pathogenesis of the patient's symptomatology. However, the pattern of the patient's performance is not different from that of patients with schizophrenia in general; it might be that psychological factors interact with organic or functional deficits to produce specific delusions.

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