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CASE REPORT

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Pseudohalitosis – More than a Complicated Multidisciplinary Case

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ABSTRACT

Introduction: Halitophobia is also known as false halitosis or psychosomatic halitosis. This pseudo-pathology originates from the somatization of the compulsive idea that the patient has bad breath in the absence of oral pathology. **Case Presentation:** A patient addressed dental surgery complaining of a self-diagnosed halitosis. The dental consultation did not find any dental problem that could cause bad breath. She was referred to a general practitioner for further investigations to rule out a general condition. The investigations revealed a perfectly healthy person, without any chronic ailment that could cause bad breath. The patient refused to consult a psychologist or psychiatrist, considering that she does not have a mental health problem. **Conclusions:** Patients with a suspicion of psychogenic halitosis require psychiatric counseling, and dentists have to be prepared with an efficient strategy for the correct management of these patients.

Keywords: halitosis, oral pathology, psychiatric counseling

INTRODUCTION

Halitophobia is a type of pseudohalitosis or psychological halitosis in which the patient develops an obsession and continuous stress generated by the belief that they have bad breath. The fear that others might perceive their bad breath creates social anxiety. However, in these cases, bad breath cannot be subjectively or objectively confirmed by doctors.[1] Dentists often ignore the patients' persistent complaints of unpleasant odor, which is why many patients with psychosomatic halitosis fail to get adequate treatment for their condition. Proper management of the situation is essential, as some studies have highlighted a suicidal tendency in these patients.

CASE PRESENTATION

A patient presented to the dental office with a specific symptom, namely a presumed bad breath that has occurred as a result of SARS-CoV-2 infection. The patient had experienced a loss of smell and taste, which gradually reappeared about a month after the infection. Also, the patient was pre-menopausal, and the changes

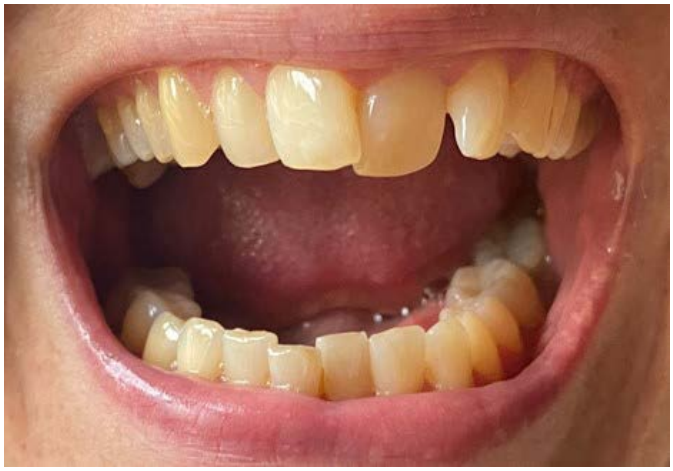

FIGURE 1. The patient's perfect oral hygiene

in taste and smell were also attributed to this. She underwent a specialist dental consultation, which did not reveal any dental disease. The patient had no carious processes or periodontal problems and did not wear a prosthesis. Oral hygiene indices revealed the presence of extraordinary oral hygiene, also confirmed by the anamnesis. The patient has developed an obsessive-compulsive tendency regarding oral hygiene; therefore, she brushed her teeth after every meal and constantly used mouthwash and oral sprays. She even reported using strong essential oils based on eucalyptol and peppermint. The patient was not a smoker.

To rule out any general condition that may cause bad breath, the patient was referred to a general practitioner for further investigations, none of which could confirm the presence of such a condition. She was then referred to a psychiatrist, which she categorically refused, considering that the doctors are not competent for her condition and stating that she is "not insane".

Her bad-smelling breath caused the patient social discomfort, avoiding speaking in public and deeply regretting the removal of the compulsory protective mask. The patient also avoided direct contact with people around her, and when talking to someone, she avoided eye contact and put her hand before her mouth in embarrassment. Her relationship with family members was also affected and tense.

The patient gave informed consent allowing the publication of her data, and the institution where the patient had been admitted, approved the publication of the case.

DISCUSSION

A correct diagnosis is very important for the proper management of halitosis. In a cross-sectional study on 407 patients with complaints of bad breath, halitosis could not be detected in 28% of cases, and more than 75% of the patients had their diagnosis established and received treatment from other medical specialties (gastroenterology in 33% and ENT in 14% of cases).[2]

In one study, 1,360 female students answered a questionnaire on psychological halitosis, olfactory reference syndrome, social anxiety, and preoccupation with odors caused by different body parts such as the mouth, armpits, and legs. The authors found that social anxiety may be a causal factor of subjective pathological halitosis and olfactory reference syndrome.[3] From a psychiatric perspective, halitophobia is considered a part of olfactory reference disorder, halitosis being one of its main symptoms.[4]

The classification of olfactory reference disorder as a mental disorder has been long debated. It Olfactory reference syndrome is a newly introduced condition in ICD-11 and is classified as an 'obsessive-compulsive or related disorder', the main symptom being the belief that the person emits a foul body odor.[5] DSM-IV and ICD-10 include concerns about emitting body odors in the description of somatic delusional disorder. However, these manifestations do not always become delusional. DSM-IV also mentions the fear of body odors as part of social phobia, as a symptom of the Asian cultural syndrome taijin kyofusho (fear of personal interaction).[6] Its variants are: shubo-kyofu, the phobia of a deformed body, and jikoshu-kyofu, the phobia of body odors, classified as specific obsessive-compulsive disorder. In DSM-5, it is classified as a disorder related to obsessive-compulsive disorder, and it is mentioned in connection with taijin kyofusho.[7]

CONCLUSIONS

As the perception of smells is subjective and is based on many etiological factors, the qualitative assessment of smells depends largely on our olfactory memory and individual personality traits. Therefore, identifying the real cause of halitosis sometimes remains difficult if the assessment is based on self-perception. The difficulty in finding a favorable treatment for halitophobia depends on whether the patient can be convinced to consult a psychologist or psychiatrist. A paraclinical examination using a portable device (halitosis detector), which objectively determines the number of volatile sulfur compounds, could be a decisive element in convincing the patient.

CONFLICT OF INTEREST

Nothing to declare.

REFERENCES

1. Sonal B, Vikrant M, Aswini YB, et al. Self-Perceived Halitosis and Related Factors Among the Mask-Wearing Population During the COVID-19 Pandemic in Delhi, India: A Cross-Sectional Study. *Cureus*. 2022;14:e32507.
2. Catarina I, Joao B, Vanessa M, et al. Revisiting Standard and Novel Therapeutic Approaches in Halitosis: A Review. *Int J Environ Res Public Health*. 2022;19:11303.
3. Tsuruta M, Takahashi T, Tokunaga M, et al. Relationships between pathologic subjective halitosis, olfactory reference syndrome, and social anxiety in young Japanese women. *BMC Psychol*. 2017;5:7.
4. Damla AB. A Current Approach to Halitosis and Oral Malodor – A Mini Review. *Open Dent J*. 2018;12:322–330.
5. Takenoshita M, Motomura H, Toyofuku A. Olfactory Reference Syndrome (Halitophobia) With Oral Cenesthopathy Treated With Low-Dose Aripiprazole: A Case Report. *Clin Neuropharmacol*. 2021;44:235–237.
6. Sharpless BA (ed.). Unusual and Rare Psychological Disorders: A Handbook for Clinical Practice and Research. New York/2016. online edn, Oxford Academic, 1 Mar. 2017
7. Asakura S. [Diagnosis and Treatment of Social Anxiety Disorder]. *Seishin Shinkeigaku Zasshi*. 2015;117:413–430.