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Re: Morgellons Disease

From: Randy S. Wymore, Ph.D., Department of Pharmacology & Physiology  
Rhonda Casey, D.O., Department of Pediatrics  
Oklahoma State University Center for Health Sciences  
Tulsa, Oklahoma

Dear Practitioner,

This letter concerns a patient population that manifests a particular set of symptoms we have encountered with increasing frequency, and that OSU-CHS is actively researching. The condition has been labeled as Morgellons Disease and it is unclear if this is a single disease or a multi-faceted syndrome. Until recently, most of these patients have been grouped as a subset of the diagnosis of Delusions of Parasites (delusional parasitosis; DOP). After obtaining careful patient histories and thorough physical exam, we have determined that Morgellons patients have several important distinctions ruling out the diagnosis of DOP.

This population of patients frequently exhibit the following symptoms:

- Distinct and poorly healing skin lesions with unusually thick, membranous scarring upon eventual healing.
- Moderate to extreme pruritis at sites of lesions as well as un-erupted skin.
- Microscopic examination of these lesions will most often reveal the presence of unusual fibers, which may be black, blue or red. These fibers, which many healthcare providers initially thought to be textile contaminants, are often present in the deep tissue of biopsies obtained from unbroken skin of individuals with this condition. Careful examination of these fibers further reveals that they are frequently associated with hair follicles, and are definitely not textile in origin.
- Most of these patients suffer from a host of neurological symptoms which can vary in severity from mild to severe. These neurological symptoms include peripheral tingling, paresthasias and varying degrees of motor involvement which appear to progress.
- Intermittent cognitive and behavioral status changes are often observed and also seem to progress with the severity of disease. This is often referred to as "brain fog" by the patient as they experience a waxing and waning of this symptom.
- Laboratory findings in these patients are variable, but often reveal eosinophilia and elevated levels of Immunoglobulin E.
- Other symptoms of varying severity and frequency have been described, and are included in the attached case definition.

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Morgellons patients differ from classical, delusional parasitosis patients in several areas. They do not respond to antipsychotics, and new lesions continue to appear upon complete cessation of manual excoriation.

Due to the sensation of foreign material in their tissue, that has been described as sharp, stinging and/or splinter-like, the patient may have discovered the fibers prior to seeking medical care, and may bring them to your office for examination. *Please do not assume that the patient's problem is purely psychological based on this propensity.*


Many of these patients may appear skeptical of traditional medical care due to frequent dismissal of their symptoms in the past. The combination of suffering from a chronic disease with distressful symptoms and no known cause or cure can cause some patients to appear anxious or agitated.

We encourage you to take the time to carefully interview any patient who may fall into this category, perform any testing you may deem appropriate, and most importantly treat the patient with compassion and dignity.

Sincerely,



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Morgellons Research Foundation  
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