

## REPORT OF TWO PSYCHODERMATOLOGICAL CASES: NEUROTIC EXCORIATION AND DERMATITIS ARTEFACTA

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### INTRODUCTION

Psychodermatology is an important part of medicine that connects the inner hidden with the outer visible, it is the interaction between mind and skin (Jafferany 2007). In more than one third of dermatology patients, effective management of the skin condition involves consideration of associated psychological factors. Psychiatric disease can mimic skin disorders, and dermatologic disorders can mimic psychiatric conditions (Šimić et al. 2017, Savin & Cotterill 1992). The psychosocial impact depends upon a number of factors including the history of the disease, personality traits, life situation and the meaning of the disease in the patient's family (Ginsburg 1996). Patients with psychocutaneous disorders frequently resist psychiatric referral, so the relation among primary care physicians, psychiatrists and dermatologists can prove very useful in the management of these conditions (Misery et al. 1996, Humphreys 1998). It has been reported that female dermatology patients exhibit a higher prevalence of associated psychiatric comorbidity (Picardietal 2000). Neurotic excoriations are psychocutaneous disorder that is characterized by an uncontrollable urge to pick at normal skin, self-inflicted lesions that typically present as weeping, crusted, or lichenified lesions with postinflammatory hypopigmentation or hyperpigmentation (Koblenzer & Gupta 2013, Vahia 2013). The preferred term for this disorder is pathologic skin scratching (Ko 1999). Rubbing or scratching can be observed not only as a response to a stimulus (pruritus) but also without any trigger (Tittelbach et al. 2018). The extent and degree of self-excoriation has been reported to be a reflection of the underlying personality. Family and workrelated stress has also been implicated (Calicusu et al. 2002). Dermatitis artefacta is a relevant and frequently unrecognized clinical

condition associated with self-harming behavior, in which unconscious manipulation causes skin lesions (Lochner et al. 2002). While atypical lesions and unusual disease course may give rise to clinical suspicion of a self-induced disorder, questioning and examining these patients usually fails to confirm or clarify this suspicion artefacts most commonly involve the skin due to its easy accessibility and the demonstrative character of skin lesions (Tittelbach et al. 2018). The condition is more common in women than in men (3:1 to 20:1) (Koblenzer 2000, Harth et al. 2010). The lesions are usually symmetrical, within easy reach of the dominant hand, and may have bizarre shapes with geometrical or angular borders, or they may be in the form of burn scars, purpura, blisters, and ulcers. Patients may induce lesions by rubbing, scratching, picking, cutting, punching, sucking, or biting or by applying dyes, heat, or caustics. Reported associated conditions include obsessive compulsive disorder, borderline personality disorder, depression, psychosis, and mental retardation (Alam et al. 2001). Both neurotic excoriations and dermatitis artefacta cause significant disfigurement and anxiety for the patient (Stengler-Wenzke et al. 2004). Since patients often present to dermatologists first, it is important for dermatologists to be aware of the nature of each condition and the available treatment options (Koblenzer et al. 2013, Rodriguez Pichardo et al. 2013). Patients should be seen on an ongoing basis for supervision and support, whether or not lesions remain present (Koblenzer 2000).

### CASE REPORT

We are presenting two cases, the first case is of a female patient with neurotic excoriation, and the second one of a patient with dermatitis artefacta.

### Case 1.

Scratching of upper back and arms, with a history of past few months, were observed on a 43 year old female patient. She was a cleaner by occupation and was joined by a nurse at her first examination because of the bloodstains on her uniform. According to the statement of the nurse, the patient was seen, by her colleagues, scratching her skin. The patient was of the opinion that the scratch marks on her skin appeared as result of a consequent contact with dust and detergents. Excoriations, hyperpigmentations and scarring were present over more accessible areas, upper back and arms (Figure 1). The patient indicated the existence of depression from earlier. Prick allergy tests and patch test were negative. Laboratory findings were within the reference values. Gram stain were found to be negative from the excoriations. Her histopathological findings were nonspecific. We found that the patient was a psychiatric patient and did not take the recommended psychiatric therapy at the time of the skin changes. A diagnosis of neurotic excoriation was made. Treatment with topical therapy combined with psychiatric therapy healed the lesions.



**Figure 1.** Excoriations, scarring and hyperpigmented changes on the upper third of the back due to prolonged itching

### Case 2.

A painful fresh erosion and ulceration on the zygomatic area of the face and multiple scarring on the face were observed on a 24 year old female patient (Figure 2). There was no evidence of insect bites, or drug or other allergy. The patient denied any self-inflictive nature of her injury such as scratching or rubbing with any object. The lesion was found to be round with perilesional erythema, and was not compatible with any known dermatological disorders. Gram stain was negative from the ulceration. Histopathological findings were nonspecific, laboratory exams and the patch test of the chemicals which the patient worked with were negative. Psychiatric evaluation of the patient



**Figure 2.** Ulceration on the left zygomatic area and scars after multiple self-injury that prompted the patient to visit dermatologist

revealed that she was a war refugee and came from a dysfunctional family. Her parents had divorced. Change of environment and dissatisfaction at work triggered psychiatric issues. The patient was employed in agriculture, flower nursery and alleged to be poisoned by her colleagues due to jealousy. According to the statement of the patient, the poison which they used had caused face ulceration and scars. The patient did not have similar changes on other exposed skin. A diagnosis of dermatitis artefacta was made. Treatment with occlusive therapy completely healed the lesions within 3 weeks (Figure 3). The patient did not turn up for further follow-ups.

### DISCUSSION

Psychiatric comorbidity in patients with neurotic excoriations and dermatitis artefacta, especially mood and depression disorders, is common, more often in female patients like in our two cases (Picardietal 2000). Skin changes resulting from primary psychiatric illnesses, primarily neurotic excoriation and dermatitis artefacta, are still not well defined according to the Diagnostic and Statistical Manual of Mental Disorders (DSM)5, it is mentioned in the chapter on obsessive-compulsive and related disorders (Diagnostic and statistical manual of mental disorders 5<sup>th</sup>, 2013). Comorbidity of dermatologic with a psychiatric patients, whether it is a primary dermatological disease with a psychiatric disorder or a psychiatric disease with secondary skin changes, as it is the case in our patients, in dermatological practice is not uncommon. Patients with neurotic excoriations often have disorders that have been diagnosed as depression, compulsive or obsessive-compulsive disorders and with borderline personality disorder. In the first presented case, a psychiatric disorder had been primary, previously treated, but the patient had discontinued therapy on her own initiative. After a short period of time, the patient developed symptoms of itchy skin, started rubbing and scratching. The observed excoriations with



**Figure 3.** Comparison of patients face after the self-injury and before

evident defects were differently diagnosed, without a detailed history could easily be replaced with nodular prurigo (Arnold et al. 2001). The female patient described in second case, self-injured her face with final permanent scars. She believed she was poisoned via skin. The patient selfinflicted injuries on the most exposed part of her body namely her face, and was firstly examined by a dermatologist instead of a psychiatrist. The patient found psychiatric treatment very difficult to accept, and never shown up for further dermato-

logical follow ups. Dermatitis artefacta is a relevant and frequently unrecognized clinical condition associated with self-harming behavior and the majority of patients are female, the most frequent sites for skin lesions are the face (Tittelbach et al. 2018). Initial strong therapeutic alliance with the patient, in terms of mutual trust and rapport, is very crucial for a better outcome as prognosis of the disease (Ständer et al. 2007). Antidepressants in the form of selective serotonin reuptake inhibitors are the main way of treatment. Dermatological care with bland emollient, topical antibiotics, and occlusive dressing should not be underestimated as the patients tend to be emotionally attached to their skin. There are no controlled trials of behavioural or psychotherapeutic treatment for neurotic excoriation. Treatments found to be effective in case reports include a behavioural technique called 'habit reversal' a multicomponent programme consisting of self-monitoring, recording of episodes of scratching, and procedures that produce alternative responses to scratching, and an 'eclectic' psychotherapy programme with insight-oriented and behavioural components (Le Breton 2009).

## CONCLUSION

In spite of the fact that skin changes, which are correlated to psychogenic disorders, were underestimated in recent years and as such were not recognised as disorders, nowadays, with the development of psychodermatology as a particular speciality, the number of patients in need of such treatment is in constant rise. Unfortunately, dermatological problems are often perceived as cosmetic. Their lasting effect to the psyche of the patient is underestimated. Likewise, skin changes with psychiatric patients are not associated with primary disease. Therefore, cooperation between psychiatrists and dermatologists is crucial and serves the purpose not only of a timely therapy but improves the quality of life for such patients.

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Jelena Brkić: writing manuscript, concept and design of the article, literature searches.

Anita Gunarić: concept and design of the article, writing manuscript.

Ivan Tomić: comments on the concept and design of article, literature searches.

Ivona Musa Leko: comments on design of the article.

Filip Gunarić: comments on the concept and design of article, literature searches.

Marta Mandić: literature searches, comments on the concept and design.

Dubravka Šimić: idea, concept and design of the article, writing manuscript.

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