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Case Report

# Dermatitis Artefacta : A Rare Case of Psychodermatological Disorder

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## Abstract

***Background:*** *Dermatitis Artefacta (DA) or Factitious Dermatitis (FD) is a self-inflicted dermatological condition. It is more common in female. It has an underlying motive to assume a sick role for a secondary benefit. This act of deliberate self harm is to reduce the hidden sufferings of emotional distress. Due to polymorphism of the lesions and strong denial of the self-infliction of the injury there is always a diagnostic dilemma. Here we report an interesting case of DA with a confusing presentations where diverse and innovative means for self-inflicting injuries were produced. But initially it is difficult to diagnose the skin lesions, if proper history is not taken providing enough time and lack of proper examination of the lesion further add the difficulties.*

***Case Presentation:*** *Miss Y, 15 years old female, hailing from a nearby Upzilla of Chattogram, got herself admitted 10th July 2023 at Chattagram Maa-O-Shishu Hospital with the complaints of multiple skin eruption with bleeding from the lesions in both arms and lower limbs for three months. The lesions were bizarre, with a tapering end at various stages of healing, and were not compatible with any known dermatological disorder. Her mini mental state examination was normal and she had no delusions or hallucinations.*

***Conclusion:*** *Lack of proper identification of the underlying psychiatric disturbances may be the major cause of treatment failure and loss of follow up.*

**Key words:** Dermatitis artefacta; Dermatologist; Factitious dermatitis; Polymorphism; Psychiatry.

## INTRODUCTION

Dermatitis Artefacta (DA) is a factitious or deliberately produce self-inflicted skin disorder in which the patient inflicts harm on himself/herself and produces polymorphic skin lesions. It is produced by the patient to satisfy psychological or emotional needs or to get a secondary gain. This deliberate self harm usually happens at subconscious level where the patient is not consciously aware of it.[1] It is common in females with a ratio of 4-8:1. The age of onset is late adolescence or early adulthood.[2] Patients with DA may present with lesions in virtually all areas of the body that can mimic most dermatosis. But most common locations are at any exposed body area, especially the face, upper extremities and lower extremities. Diagnosis can be challenging. Mechanical and chemical devices or own long nails are most commonly used to produce such injuries. Laboratory investigations, including histopathological examination, are usually nonspecific and do not give a correct clue to diagnosis It should be considered whenever the patient shows indifference or gives an unclear or contradictory history. Patients deny having a role in creating the lesions. Establishing a good patient-doctor relationship is an important part of the management of DA.[3]

## CASE PRESENTATION

15 years old female, hailing from a nearby Upzila of Chattogram, got herself admitted 10th July 2023 at Chattagram Maa-O-Shishu Hospital with the complaints of multiple skin eruption with bleeding from the lesions in both arms and lower limbs for three months [Figure-1 and Figure-2)]. Her mother also complains of intermittent pain and swelling with occasional bleeding from the affected areas. According to patient's statement, current problem has a three years duration. But recent lesions are from last month where itching in both arms and upper legs that appeared as multiple excoriated skin lesions. She also complained of bleeding from the affected areas associated with pain and swelling. She also added similar episodes of skin lesions occurring in arms and around the knees a few times in last three years. Patient noticed multiple secondary lesions that are in different stages of healing. There was no evidence or history of insect bite, or drug or food allergy. According to the patient, lesions appear suddenly with no apparent causes and denies any role in causing it. Patient has a younger brother who is 8 years old with good health. Her father lives in abroad who hasn't come for 8 years. Her mother looks after the family and she is a dominant lady in the family. Patient denies any emotional instability, family conflict or problems in school. On query she told that she don't want to go to school as she dislike reading and she feels stress for it. But her mother denies any lack of impulse control of her daughter or any stressful condition at home. After much confrontation, patient neither admitted nor denied any self inflicted injury. Patient feels anxious for her condition but during history taking she always maintain a Monalisa look to the physicians. She had no history of fever, oral ulcer, photosensitivity, joint pain or blistering skin erosions. She denies any drug abuse, malar rash, running such illness in her family. Her mother gave history of her birth by normal vaginal delivery healthy neonatal and milestone history. She had no childhood disease and her siblingis in good health. She had no history of head injury since birth. On examination, she is well alert, there's no signs of anemia, dehydration, jaundice and cyanosis or clubbing. No lymphadenopathy and thyromegaly was found. Pulse was 100 beats/min, BP was 100/60 mm of Hg and temperature was 98.4°F. On local examination there are some old scars of different ages in her both arms[Figure 1A, 1B] and knees [Figure 2A, 2B]. The lesions appear clearly demarcated with the intervening normal skin. All were secondary skin lesions. The lesions are angular, bilateral, multiple and on the extensor surface of both arms and upper part legs which were in her accessible sites by her hands. The lesions were bizarre, with a tapering end at various stages of healing, and were not compatible with any known dermatological disorder. Her mini mental state examination was normal and she had no delusions or hallucinations.

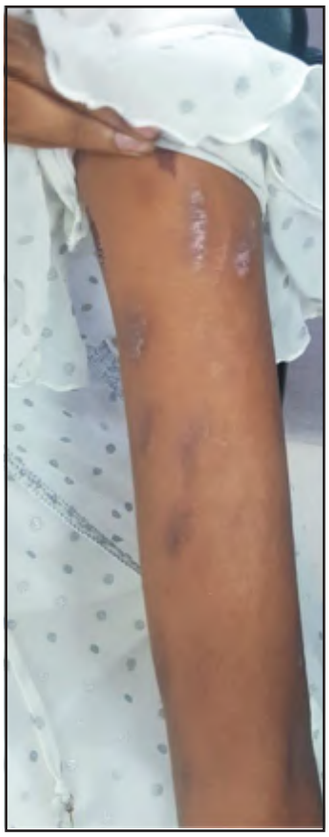

**Figure 1A** (Left Arm)

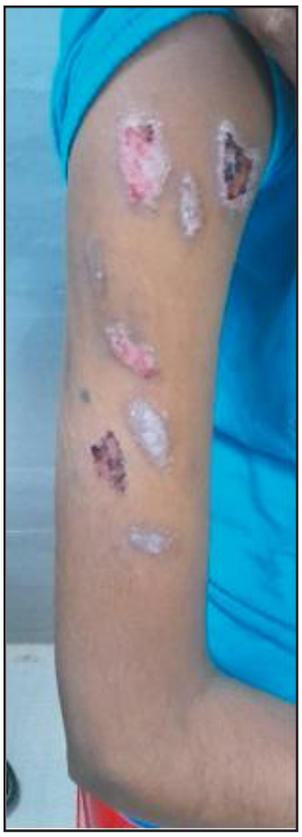

**Figure 1B** (Right arm)

**Figure 2A** (Right leg)

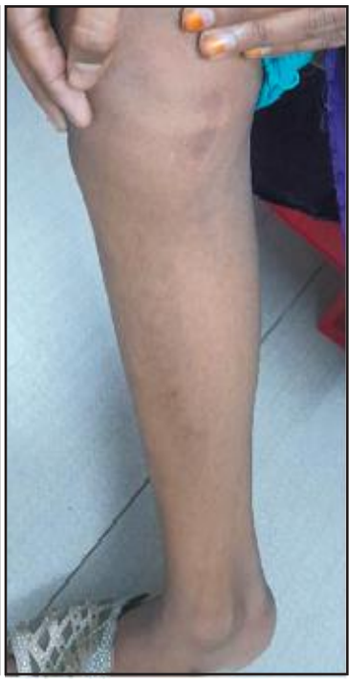

**Figure 2B** (Left leg)

Figure showing recent, new and old injury and scar marks in both arms and legs

## DISCUSSION

Deliberate Self□Harm (DSH) is an act with nonfatal outcome in which an individual deliberately initiates a nonhabitual behavior that, without intervention from others, will cause self□harm, or deliberately ingests a substance in excess of prescribed or generally recognized therapeutic dosage.[4] On the other hand, factitious diseases are those in which the patient creates a sign or symptom to satisfy a psychological need, which one does not realize.[5] Here as the present case, DA is a rare skin dermatitis commonly found in young females. Patients who suffers from it often have associated psychiatric disorders, among which are: anxiety, depression, suicidal tendencies and personality disorders.[1] Although the actual incidence of factitious dermatitis is unknown, it has been found to be more common in adolescent women and young adults.[6] Although the psychopathology of artifact dermatitis is poorly understood, multifactorial causes, such as genetics, psychosocial factors and personal or family history of psychiatric disorders have been associated.[6] Acute episodes of artifact dermatitis often represent a maladaptive response to a psychosocial stressor. Long-term cases are usually secondary to an underlying anxiety or depressive disorder, emotional deprivation, altered body image, or a personality disorder with borderline characteristics. The morphology of dermatosis can be as varied as the different methods used (Objects or substances) to inflict the lesions, acquiring variegated forms, with irregular or linear edges, without any primary lesion being found. However, it highlights the fact that it acquires a peculiar disposition, since it is located in places easily accessible to the hands of the patient who, in addition, refers to an unclear history where the lesions "Appear" suddenly, without preceding signs or symptoms.[7]

According to the literatures, this practice is more common in females, with onset during or after adolescence.[8] Several creative methods and means are stated to be used, starting from burning with cigarettes to the use of caustic chemicals to inflict injury, as reflected in our observation too. Here our patients inflicted that most likely by her own nails. The physician often notices that the patient enters the examination room with a stack of investigative reports and a bag of medications. During the interview session, constant rubbing or picking of the lesions with a Mona Lisa smile is not uncommon. Other signature signs are bizarre-shaped lesions with various stages of healing; as like our case. Basically, it is a disease of exclusion that masquerades as numerousdermatological diseases. As in our case we call for a medical board with and there diagnosis came out. A prudent physician may even predict the potential sites for the reappearance of lesions in future visits.[9] Important dermatological differentials are necrotizing vasculitis, pyoderma gangrenosum, and cutaneous T-cell lymphoma.[10] The Munchausen syndrome should be considered as an important psychiatric differential, characterized by flamboyant males who feign multiple symptoms and shifting complains not limited to only the skin, just to draw attention.[1] Malingerers inflict injury on themselves for some secondary gain. Malingering is considered to be a crime as this is not a mental illness.

## CONCLUSION

DA is often a challenge for the clinicians because of its rarity, vague history, bizarre and polymorphic morphology, lack of decisive diagnostic tests, and poor therapeutic outcomes. If we were not aware of a factitious disorder, we mightbelieve the patient, and we might continue treating the patient as a case of primary skin conditions. A non confrontational and multidisciplinary approach is important for the optimum care for these patients as like our present case where we made a confirm diagnosis and treated her accordingly. .

### Consent

Informed written consent was taken to use the patient data in academic purposes

## DISCLOSURE

All the authors declared no competing interest.

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