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Dermatitis Artefacta – A Case Report

Dr. Udaya Nagapurapu[1], Dr. Sankeerthana Muppala[1] & Prof. Jayakar Thomas[2]

[1]Resident, [2]Professor & Head, Department of Dermatology,
Chettinad Hospital and Research Institute, Kelambakkam, Chennai.

A16-year-old boy studying the tenth standard was brought by his parents with linear burning skin lesions over the right forearm for 2 days duration.

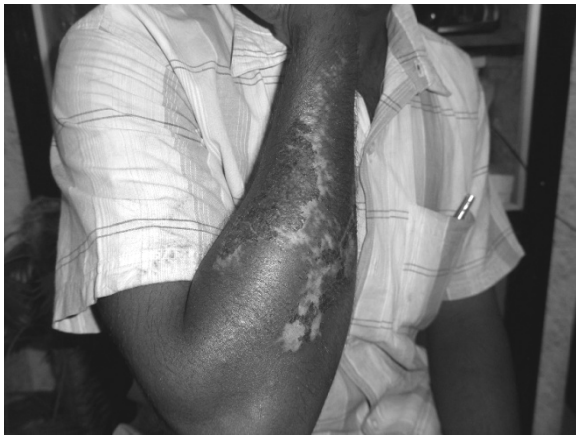

Figure 1: Clinical presentation

History:

The mother noticed multiple linear reddish patches on the right forearm which were not preceded by injury, drug intake or chemical contact. According to the parents, the lesions had appeared suddenly. There was no similar episode in the past.

On examination:

There was an irregularly linear erythematous eroded patch on the right forearm very much on the accessible site. There were no blisters or vesicles. There was no regional lymph adenopathy.

Diagnosis:

Dermatitis artefacta was diagnosed.

Chemical burns which are commonly seen in young factory workers who don't follow uniform codes, plant contact dermatitis, and accidental irritant contact dermatitis which also present as linear erosive plaques should be considered in differential diagnoses and ruled out.

Investigations:

On a personal enquiry with the boy, after so much assurance and talking, he came out with the fact that he did it himself by applying a toilet cleanser using a paintbrush to rub on the skin fearing the forthcoming board exams, as his parents were expecting him to score high marks.

Final Diagnosis:

Dermatitis artefacta.

Treatment and follow-up:

The boy was counselled and so were the parents. He was symptomatically treated with antibiotics and NSAID s.

Discussion:

Dermatitis artefacta also known as factitial dermatitis, is a condition in which skin lesions are solely produced or inflicted by the patient's actions. This usually occurs as a result or manifestation of a psychological problem. It could be a form of emotional release in situations of distress or part of attention-seeking behaviour. In very rare cases and for older individuals there may be an underlying attempt to secure an insurance claim. Patients present with lesions that are difficult to recognize and do not conform to those of known dermatoses.

Types of Dermatitis Artefacta

Single Episode: If the dermatitis artefacta is a single episode that was triggered by a particularly difficult situation (such as job loss or divorce), about 70% will stop injuring themselves once the triggering situation is resolved.

Multiple Episodes: However for about 30%, dermatitis artefacta is ongoing and recurrent, as part of a long history of psychological problems.

Drugs: People on drugs, particularly street drugs such as methamphetamine, which is known as "crank", sometimes think they see and/or feel bugs on their body. They pick at the "bugs" trying to remove them, creating open wounds and scabs.

Crank Bug Bites: A phenomenon sometimes seen in methamphetamine users is referred to as "crank bug bites." Patients claim to see and/or feel bugs on their bodies and attempt to remove them or pick at them until they create open wounds and scabs.

Fraudulent: Sometimes people inflict their skin injuries on purpose to file for insurance claims or disability payments.

Abusive: In abusive situations, sometimes the victim (and/or the perpetrator) will claim that the injury was self-inflicted to skirt the issue of abuse.

Munchausen's Syndrome by Proxy: Skin injuries are also common in Munchausen's by proxy, whereby a parent will inflict injuries on a child in an attempt to convince doctors that the child is sick.

Dermatitis artefacta is diagnosed when the patient uses a more elaborate method than simple excoriations to self-induce skin lesions. The appearance of these lesions depends on the method by which they are created, and these self-inflicted skin lesions may mimic nearly any of the dermatoses. Furthermore, the act of creating lesions may be conscious or unconscious, but the patient typically denies responsibility for the self-inflicted injury.

Neurotic excoriation and other causes of irritant contact dermatitis should be differentiated.

When dermatitis artefacta is suspected, direct confrontation should be avoided. Evaluation of the patient's emotional situation or stresses should be made, and psychiatric counselling should be given. Sedatives and antidepressant agents may also be prescribed

Learning points:

Dermatitis artefacta is a challenging condition that requires dermatologic and, often, psychiatric expertise. General dermatological care measures include baths, debridement, emollients, and topical antimicrobials. A detailed assessment of the patient history for chronic dermatoses, chronic medical conditions, psychiatric illnesses, and psychosocial problems is necessary. An effective therapeutic relationship requires a nonjudgmental, empathetic, and supportive environment. Avoid aetiology issues and confrontation. Developing a good rapport with the patient and encouraging the patient to return for follow-up appointments are important. A psychiatric evaluation is warranted for severe self-mutilation and any evidence of psychiatric illness, psychosis, risk of suicide, and/or need for hospitalization. Complementary adjuvant therapies may include acupuncture, cognitive behavioural therapy (i.e., aversion therapy, systemic desensitization, operant conditioning), biofeedback and relaxation therapy (i.e., anxiety-related dermatitis artefacta), and hypnosis.