NEUROTIC EXCORIATIONS

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A 35-year-old female presented with a pruritic plaque on the dorsum of the left forearm. During follow-up it came to light that the lesion was self-inflicted and served as a means to seek help for the underlying psycho-social problem in the patient's life.

Key words : Neurotic excoriations.

Psychosomatic skin disorders are occasionally seen in the dermatology clinics. Amongst the psychosomatic skin disorders, neurotic excoriations and dermatitis artefacta are self-inflicted lesions.[1] In neurotic excoriations the repetitive self excoriations are usually initiated by an itch, or because of an urge to excoriate a benign irregularity on the skin.[2-4] One study reported an incidence of 2% of this disorder among the dermatology patients.[4] It predominantly affects the female sex with a peak age of onset between 30-45 years.[3] The lesions are found on the forearm and other accessible areas and are generally crusted or scarred with post-inflammatory hypo or eg hyper-pigmentation. Depression and suicide are the most common psychiatric complications.[3]

In this report we present one such case of neurotic excoriations.

Case Report

A 35-year-old female, developed a pruritic plaque on the dorsum of the left forearm. The lesion had been slowly increasing in size during 6 months. She had been to many doctors and prescribed various ointments but found no relief. The lesion was raised and circumscribed. It was about 4 cm in diameter with a—few papules in the central area of the lesion. A provisional diagnosis of lupus vulgaris was made and a biopsy was taken from the lesion. Histopathology study revealed it to be a keloid with no evidence to suggest lupus vulgaris. Intralesional corticosteroid on one occasion, had no discernible effect on the lesion. A few days later, the patient developed rectilinear deep excoriated lesions on the dorsum of the left forearm in close proximity to the pruritic plaque. These were similar to the marks made by a sharp instrument or a finger nail. At this juncture, the patient was referred to psychiatry for an evaluation.

The patient was married 15 years ago, but had separated from her husband two years later on grounds of mutual incompatibility. There was opposition from her parents and siblings to her separation. This prompted her to move to an Ashram against her parents' wishes. Both these had been a source of chronic stress to her.

Detailed enquiry revealed that the patient had been leading a reasonably well adjusted life at the Ashram, until about 6 months ago, when she had had a serious disagreement with one of her seniors. Following this, the patient felt distressed and sad. Around the same time, she developed small vesicles on the dorsum of the left forearm. In spite of various ointments and medications prescribed by doctors, these gradually increased in size in 6 months.

Repeated efforts to get a member from the Ashram or household proved futile as the patient steadfastedly refused to let us contact them. Hence, it was decided to keep the therapy focussed on her present problem and bring about symptomatic relief. After repeated interviews, the patient admitted to self inflicted skin lesions

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and attributed it to an irresistible urge to scratch the afflicted area. It was then pointed out to the patient, in a non-confrontational manner, that such self-injurious behaviour was probably related to the various stresses she had to cope with. After these issues were discussed she stopped inflicting fresh lesions. A month later, the patient was doing well and the skin lesion was healing. Subsequently, the patient did not report for follow up.

Comments

Self-injurious behaviour is often initiated by an itch[2] and the skin lesions are generally found in accessible areas like the forearm. Depression is often the most common psychiatric complication.[3] Our subject did complain of a depressed mood, but other concomitants of a depressive syndrome (sleep, appetite disturbance, crying spells and suicidal ideas) were absent and hence no medication was prescribed. Psychotherapy, which initially needs to be focussed on alleviating the symptoms, is generally effective. However, if the nature of these lesions go unrecognised, some cases may even progress to plastic surgery or, very rarely, amputations[5] because of severe disfigurement.

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