

DERMATITIS ARTEFACTA - A CASE OF 'MUNCHAUSEN'S SYNDROME BY PROXY'?

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A case of dermatitis artefacta in a 1½ year old boy induced by the mother of the child is presented.

Key words : Dermatitis artefacta, 'Munchausen's syndrome by proxy'

Introduction

Dermatitis artefacta (DA) is a psychocutaneous disorder where skin lesions are self induced, due to 1) compulsive habits like hairpulling, rubbing etc. 2) by conscious or unconscious actions for secondary gains or 3) by conscious or unconscious action to satisfy a deep psychological need.¹ Usually an emotionally immature, inward-looking self-centred woman is involved and sometimes psychosis can occur simultaneously in two closely associated persons as in 'Folie a' deux'. But the deliberate induction of skin lesions by a parent on a child with whom there is no distortion of relationship is rare, unlike in child abuse or 'Munchausen's syndrome by proxy' where the parent-child relation is distorted.

Case Report

A 1½ year-old boy was brought by his mother for discrete hyperpigmented macules and patches with a charred appearance on the back of trunk, buttocks and thighs of 3 days duration. The history given was vague, the lesions having developed overnight and of no apparent cause. The largest patch on the right thigh showed a clear streaking or 'tailing' on its lower edge, as though something had been stroked on the body (Fig. 1). Some of the

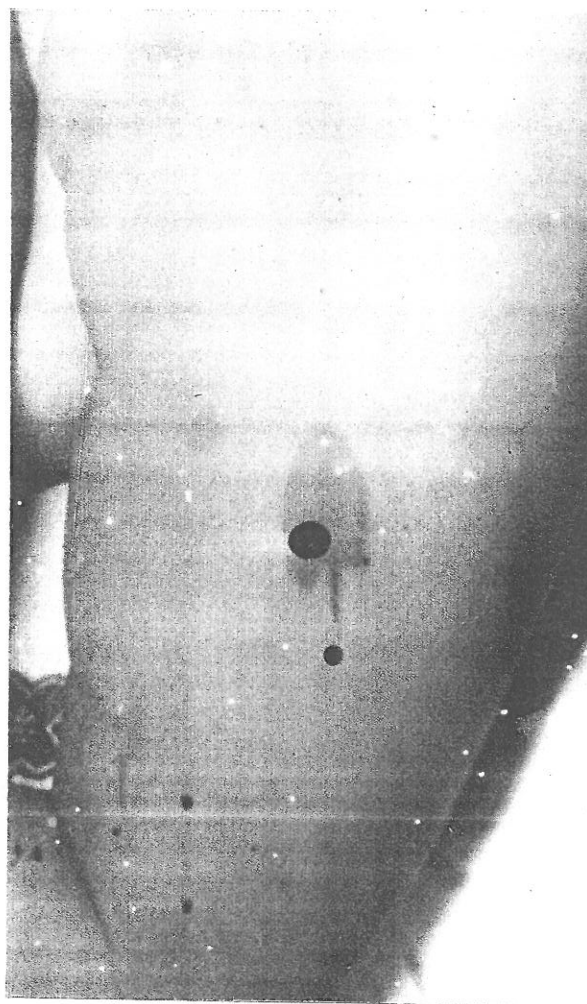


Fig 1. Hyperpigmented charred patches on right thigh with 'tailing' from lower edge. (Black round spots seen are artefacts of film processing).

charred macules on the trunk also showed tailing and a patterned equidistant distribution (Fig. 2). When the skin over the patches was stretched it could be seen that the furrows in between the normal ridges was spared indicating that the staining was exogenous.

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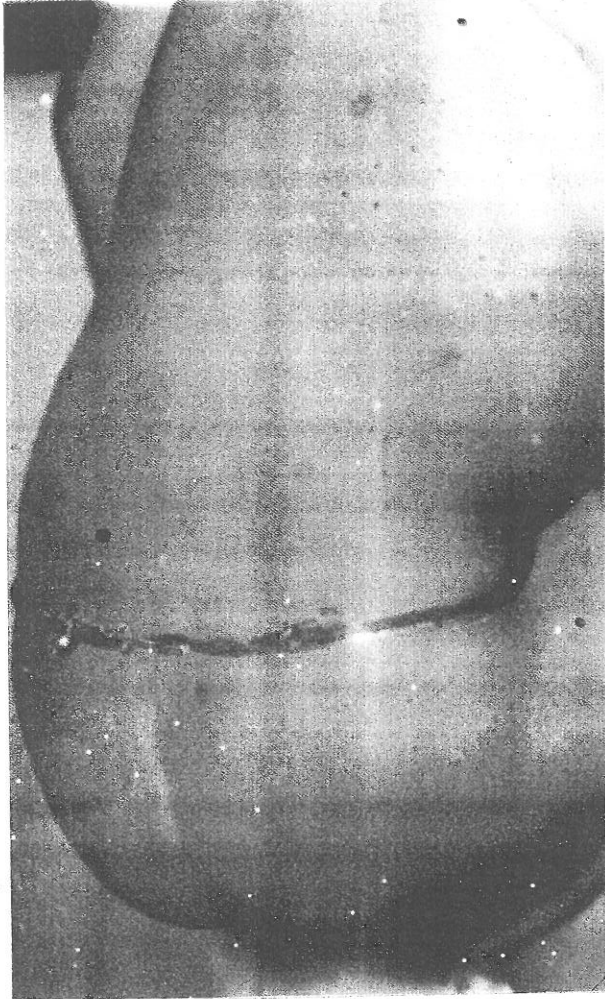


Fig 2. Hyperpigmented charred discrete macules with almost equidistant distribution on the back

Clinical examination and investigations revealed him to be an otherwise healthy boy, of physical and mental developments normal for his age. The linear 'tailing', the exogenous nature of pigment and the lack of other evidence gave rise to the possibility of DA. The mother was questioned and was found to be emotionally labile, under much psychological stress, being recently separated from her husband. There was also history of psychiatric problems in her father, but it could

not be assessed. Psychiatric consultation was done and it was of the opinion that the mother could be the inducer of lesions, with the objective of gaining the attention of the child's father, but she denied having produced them. The child's father was also interviewed and he reported that his wife used to display undue anger, temper tantrums etc. Repeat interview with the mother was advised by the psychiatrist to confirm the diagnosis but she failed to report again.

Discussion

Lesions with bizarre configuration and linear streaking, usually symmetric, occurring in areas easily accessible to the dominant hand, more often in a woman, quite indifferent to the situation, constitutes DA. The bizarre configuration with 'tailing' in some lesions and an unusual pattern of distribution in this case, suggested DA. The child is too young to produce the lesions and the lesions are not in the accessible part of the body, suggesting that it was induced by the mother. It is rare to get purposely induced lesions in a child by its mother for secondary gain, though child abuse or 'Munchausen's syndrome by proxy' resulting from distortion of child-parent relationship, is not a rarity. In this case, there was no distortion of mother-child relation and so, we would like to call it as a case of DA, rather than 'Munchausen's syndrome by proxy'.

Reference

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