

## Missing conditions in frictional dermatoses review

Dear Editor,

We read with interest the nice review regarding frictional dermatoses by Arora et al., recently published in your journal.<sup>1</sup> We would like to suggest that a few other related conditions should also have been considered.

In the first place, nail tic onychodystrophy<sup>2</sup> or habit-tic deformity, is quite different from onychotillomania. In habit-tic deformity, the thumb nails are preferentially affected presenting with transverse and often pigmented ridges, enlarged lunula and lichenified lesions on the proximal nail folds/creases with erythema and desquamation. All of these features are caused by repetitive and persistent friction of index fingers over the thumbs in moments of emotional tension [Figure 1], resulting in an obsessive-compulsive disorder.

Similarly, there is another condition named keratosis artefacta<sup>3</sup> in which hyperkeratotic nodules are produced by persistent friction, rubbing or biting of the skin, activated by emotional stress. Here the lesions are mainly located on the dorsum of the hands or fingers [Figure 2].

A third condition, known as chewing pads, is characterised by a unique hyperkeratotic plaque, mainly located on the dorsum

of the distal interphalangeal joint of one thumb, produced by repetitive chewing.<sup>4</sup> It differs from knuckle pads, which are multiple and appear spontaneously along the dorsal aspect of various fingers or knuckles.

These three self-inflicted conditions are related to obsessive compulsive disorder; probably secondary to stress, anxiety, insecurity or nervousness. These compulsive acts are performed to release feelings of anxiety, which are possibly temporarily alleviated with these actions, but the lesions persist.

Finally, the development of hypertrichosis due to repetitive friction or trauma against the skin has been reported in patients with mental deficiency, who repeatedly rub or bite the dorsum of their hands or forearms in moments of anger or frustration, producing hyperkeratotic lesions similar to those of keratosis artefacta – with hair over their surfaces [Figure 3]. Frictional hypertrichosis has also been described on the back and shoulders of sack loaders, and in the same way as in the people who carry the sculpture of the Virgin in the Holy Week processions of Seville.<sup>5</sup>

Obsessive-compulsive personalities are perfectionists, detail-oriented, scrupulous and indecisive for fear of making



**Figure 1:** Nail tic onychodystrophy: transverse ridges along the thumb nails, enlarged lunulae and irritation of the proximal nail folds



**Figure 2:** Keratosis artefacta: hyperkeratotic nodule on the dorsum of a hand

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**Figure 3:** Frictional hypertrichosis: hyperkeratotic nodules on the dorsum of a hand and forearm, with hair development on their surfaces

mistakes. A role of serotonin has been proposed in the etiopathogenesis of these conditions and drugs that block the reuptake of serotonin are effective in their treatment. Thus, the recognition of these conditions is important because their management may require pharmacological, psychological and sometimes psychiatric support.

#### Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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There is no conflict of interest.

#### **Francisco Urbina, Emilio Sudy<sup>1</sup>**

Department of Dermatology, Private Practice, Las Condes, Santiago,  
<sup>1</sup>Department of Dermatology, Private Practice, Condominio Valles del  
Huinganal, Limache, Chile

#### Corresponding author:

Dr. Francisco Urbina,  
Department of Dermatology, Private Practice,  
Algeciras 583, Las Condes Santiago Chile, Santiago, Chile.  
fcourbina@hotmail.com

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## Authors' reply

**Gulhima Arora, Sujay Khandpur,<sup>1</sup> Anuva Bansal,<sup>2</sup> Bhavishya Shetty,<sup>3</sup> Sonia Agrawal,<sup>4</sup> Sushobhan Saha,<sup>5</sup> Soumya Sachdeva,<sup>6</sup> Meghna Gupta,<sup>7</sup> Ananya Sharma,<sup>1</sup> Kumari Monalisa,<sup>8</sup> Molisha Bhandari,<sup>9</sup> Anjali Bagrodia<sup>8</sup>**

Department of Dermatology, Mehktagul Dermaclinic, Safdarjung Enclave, <sup>1</sup>Department of Dermatology and Venereology, All India Institute of Medical Sciences (AIIMS), <sup>2</sup>East Patel Nagar, New Delhi, Delhi, <sup>3</sup>Department of Dermatology, Maulana Azad Medical College, Balmiki Basti, New Delhi, <sup>4</sup>Department of Dermatology, UCMS and GTBH, Vivek Vihar, Delhi, <sup>5</sup>Department of Dermatology, UCMS and GTBH, Dilshad Garden, New Delhi, Delhi, <sup>6</sup>Department of Dermatology and Venereology, ABVIMS and Dr. RML Hospital, New Delhi, <sup>7</sup>Department of Dermatology, Maulana Azad Medical College, Uttar Pradesh, UP, <sup>8</sup>Department of Dermatology, Maulana Azad Medical College and Lok Nayak Hospital, Bahadur Shah Zafar Marg, New Delhi, <sup>9</sup>Department of Dermatology and Venereology, Vardhaman Mahavir Medical College and Safdarjung Hospital, Law Apartment, Delhi, India

We would like to thank you our readers<sup>1</sup> for taking interest in our article<sup>2</sup> and providing your suggestions. As previously outlined, no single definition exists for frictional dermatosis

and therefore currently there is no accepted classification encompassing the wide range of conditions that can be categorized under this entity.

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**Corresponding author:** Dr. Anuva Bansal, East Patel Nagar, New Delhi, India. anuvabansal22@gmail.com

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