

Dermatitis Artefacta in a Young Female: A Case Report

Pankil Mori¹, Pragma Maheshwari², Prerna Swarup³, Kamal Bajaj⁴, PK Pardal⁵

ABSTRACT

Dermatitis artefacta is a self-inflicted dermatological condition where the underlying motive is to assume a sick role. The act of self-harm is to discharge the inner sense of isolation and emotional distress, which is too great to endure. Rarity may be attributed to masquerading presentation, leading to misdiagnosis and paucity of awareness among the physicians. Lack of proper identification of the underlying psychiatric disturbances may be the major cause of the loss of follow-ups. we were fortunate enough to identify the emotional need of the patient. A flexible, non confrontational yet strong therapeutic rapport is required to improve the therapeutic outcomes..

This case report highlights a 19 year old young unmarried female patient, who presented to OPD with multiple skin lesions on accessible parts of her body, she was carrying prescriptions from multiple dermatologists. She was admitted in psychiatry ward for further observation.

Keywords: Dermatitis Artefacta, Dermatitis Artefacta in a Young Female

INTRODUCTION

Dermatitis Artefacta is a self-inflicted dermatological condition where the underlying motive is to assume a patient role. The act of self-harm is to discharge the inner sense of isolation and emotional distress, which is too great to endure¹. Rarity may be attributed to masquerading presentation, leading to misdiagnosis and paucity of awareness among the physicians³. Lack of proper identification of the underlying psychiatric disturbances may be the major cause of the loss of follow-ups⁴. we were to identify the emotional need of the patient. A flexible, non confrontational yet strong therapeutic rapport is required to improve the therapeutic outcomes.

CASE REPORT

A 19 year old, unmarried female, living with her parents and three older siblings, referred from dermatology OPD to psychiatry OPD with a total duration of illness of 1 year characterized skin lesions on various accessible parts of her body, which she claimed to have appeared overnight on it's own. Patient had already consulted multiple dermatologists, but showed no improvement. She was admitted in psychiatry ward for further evaluation. On serial interviews she revealed that her father had affair with someone in her family and that she had seen them together and inflicted the lesions upon her to assume a patient role so that her father's attention would remain on her illness and would not cheat on her mother. A Diagnosis of Dermatitis Artefacta was made according to ICD - 10²

MANAGEMENT

Patient was psycho-educated, CBT and biofeedback were



done, she was started on escitalopram 10 mg, consecutive days following the start of SSRIs the number of lesions appearing on her body reduced and she was discharged. Patient was followed up on OPD basis, and she remained stable on escitalopram 15 mg after 2 weeks of follow up. Attendant were also psycho-educated regarding her illness. On examination – patient was kempt cooperative, Normal speech, lesions on accessible parts of her body Patient showed improvement once she was started on SSRI and her family was psycho-educated about her condition which helped them understand her symptoms.

Investigations

CBC, LFT, KFT, S. Electrolytes were not non contributory.

¹Junior Resident, Department of Psychiatry, ²Junior Resident, Department of Psychiatry, ³Junior Resident, Department of Psychiatry, ⁴Senior Resident, Department of Psychiatry, ⁵HOD and Professor, Department of Psychiatry, India

Corresponding author: Dr. Kamal Bajaj, Senior Resident, Department of Psychiatry, India

How to cite this article: Pankil Mori, Pragma Maheshwari, Prerna Swarup, Kamal Bajaj, PK Pardal. Dermatitis Artefacta in a Young Female: A Case Report. International Journal of Contemporary Medical Research 2023;10(10):J1-J2.



DISCUSSION

Patient presented with skin lesions on accessible parts of her body and no dermatological or medical cause could be elicited for her symptoms. Upon admission she revealed stressor in her family, which confirmed the diagnosis of Dermatitis Artefacta – she had been inflicting wounds on herself to assume a patient role. She was started on escitalopram 10 mg and on showing improvement it was tapered to escitalopram 15 mg on which she remained stable in OPD follow ups. Patient's attendant were psycho-educated of her illness to which they were not accepting but later accepted and showed improvement in symptoms.

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Source of Support: Nil; **Conflict of Interest:** None

Submitted: 25-08-2023; **Accepted:** 29-09-2023; **Published:** 30-10-2023