

*Case Report***Dermatitis Artefacta: A Case Report**Najuk Mehta<sup>1</sup>, S. Srikanth<sup>2</sup><sup>1</sup>Assistant Professor, Mahatma Gandhi Medical College and Research Institute, Pondicherry.<sup>2</sup>Professor, Mahatma Gandhi Medical College and Research Institute, Pondicherry.

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*Received: 01/08/2015**Revised: 22/08/2015**Accepted: 26/08/2015***ABSTRACT**

Dermatitis artefacta or factitious dermatitis is a psychocutaneous disorder caused entirely by the actions of the fully aware patient on the skin. We report a case of a young girl who presented with acute onset of rashes on both forearms more on the accessible areas simulating purpura. On probing the history, intentional structuring of the lesions was found in order to avoid school. Dermatitis artefacta often arises from internal conflicts and needs an integrated approach to address the psychological needs of the patient.

**Key Words:** Dermatitis artefacta, factitious dermatitis.

**INTRODUCTION**

Dermatitis artefacta is a psychocutaneous disorder caused entirely by the actions of the fully aware patient on the skin, hair or mucosa. These patients usually hide their responsibility for their actions from the doctors. It occurs more commonly in women than men and ratio vary from 4:1 to 8:1, with a broad and variable age of onset (9 to 73 years). <sup>(1,2)</sup> Precipitating events range from simple anxiety to interpersonal conflicts and severe personality disorders, including compulsive behavior, depression, and psychotic disturbances. <sup>(3)</sup>

**CASE REPORT**

A 14 year old female presented to Dermatology OPD with the complaint of rash on forearms since 2 days. The patient or the parents were not able to explain the

evolution of the lesions. The lesions developed suddenly without any provocation. There was no history of fever, abdominal pain, dysuria or hematuria. No history of any drug intake over past 2 weeks or any history suggestive of recent infection was noted.

On examination, multiple, well defined, asymptomatic, erythematous, non blanchable macules were present on bilateral forearms; more on the accessible areas simulating purpura.

On probing further, history of self structuring of the lesions with lipstick was given by the younger sibling of the patient with a probable motive to avoid school. Further history revealed watching a similar movie few days back from where such an idea was derived. The child was then sent to a psychiatrist for further evaluation.



Figure 1: rashes simulating purpura



Figure 2: Erythematous, non blanchable rash on forearms

## DISCUSSION

Dermatitis artefacta exhibits a huge variety of skin lesions, and this disease could well be a part of artefactual disorders which can affect any body organ presenting to other specialities. Here, the lesions are self inflicted, but the patient denies it.<sup>(4)</sup> The diagnosis can usually be made with a good history and thorough clinical examination to rule out other dermatological conditions. Diagnostic criteria include the presence of evocative clinical pictures and the absence of other dermatoses,<sup>(5)</sup> however, more recently, the main diagnostic criteria has been described to be the artificial nature of

the lesions, especially when the underlying behavior is denied or hidden.<sup>(6)</sup>

In dermatitis artefacta, assuming the role of a sick patient can often be a psychological need. It is imperative that we follow an integral approach and treat these patients as a bio-psychosocial individual incorporating their thoughts and manipulations without being judgemental.<sup>(7)</sup> Antidepressants and low-dose atypical anti-psychotics have also been reported to be useful adjunctive therapies.<sup>(8,9)</sup> Antidepressants may be of value. The SSRIs are often preferred although the tricyclic antidepressants may have some antipruritic effect and sedation can be beneficial.<sup>(10)</sup> Dermatitis artefacta is primarily a psychocutaneous condition often underdiagnosed. Opinion of a psychiatrist is essential for all such cases wherein the underlying problem needs to be addressed.

## CONCLUSION

Dermatitis artefacta is often missed in a busy OPD. Awareness about this condition and a detailed history with relevant clinical examination is essential in such cases to avoid unnecessary investigations that the patient is likely to be subjected to due to misdiagnosis. Dermatitis artefacta is often a manifestation of an underlying psychological need and a multi dimensional approach needs to be adopted in such cases.

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