Case Report

Dermatitis Artefacta as a presentation of stress in adolescent victim of school bullying

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ABSTRACT

Dermatitis artefacta is a psychocutaneous disorder characterized by self mutilating behavior that may be carried out consciously or unconsciously. The disorder is usually seen in response to some stressor in life and may also be seen in patients with an existing skin disorder where they may manipulate the existing skin lesions. Identification and resolution of the stressor is a key element in the management and treatment of the disorder. We present herewith the case of an adolescent boy with dermatitis artefacta that resulted due to the stress of being bullied in school.

Keywords: dermatitis artefacta, self mutilating behavior, bullying, psychocutaneous disorder.

INTRODUCTION

Dermatological diseases that may have a psychological underpinning or that may be precipitated by psychological factors are known as psycho-cutaneous disorders [1]. Dermatitis artefacta is one of the commonly encountered dermatological manifestations of psychiatric conditions [2] in which patient consciously, sub-consciously or unconsciously inflicts injuries over the skin to satisfy one's internal psychological needs that usually represents a need to be taken care of [3]. Gender preponderance of female patients abounds literature with female-to-male ratios ranging from 3:1 to 20:1 and the highest incidence of onset in late adolescence to early adult life [4]. Here, we report the case of an adolescent boy who developed symptoms suggestive of dermatitis artefacta and was reeling under few stressors in his personal life.

CASE REPORT

A 16 year old Hindi speaking boy, Hindu by religion and studying in the 9th standard in a private Mumbai school was referred from the dermatology clinic and was brought by his father to the psychiatry out patient clinic with an unusual presentation of fibrous scars over the skin of extensor surface of phalangeal areas of the middle & ring fingers of both hands. The patient claimed to have an itching sensation over the affected areas since the past year to get relief from the same, he used to pick over it using sharp pointed objects like the nib of the pen and the pointed edge of the knife. He used to scratch the

phalangeal joints of the fingers on the walls of his house (Figure 1). He consulted a dermatologist, but the itching was not relieved at all even after anti-histaminic medication and hence he was referred to the psychiatric clinic for the assessment of neurotic traits.

The adolescent was taken into confidence after developing a good emotional rapport and he revealed some stressors which threw light over the psychodynamics of his symptoms like itching and associated picking activity. He gave a history of bullying from schoolmates in last two years in form of physical and verbal abuse. He specifically mentioned regarding the use of a knuckle duster (a kind of street weapon) by a the gang of schoolmates to threaten him if he did not follow their instructions. His father claimed that the school authorities were informed about the bullying and since then further bullying did not happen. Yet the adolescent claimed to have a fear and anger towards the boys who used to harass him. Beyond this stressor, he was feeling insecure as being nurtured by his paternal aunt, who allegedly did not take care of him as well as his mother. The mother was living temporarily at her mother's place due to some family stressor at that end.

We conducted psychological assessments and administered the Rorschach, MMPI & Thematic Apperception Test. Rorschach protocol was in favor of anxiety while the MMPI profile was invalid. T.A.T. findings were interesting with a running theme of physical aggression along with strained conflict in relationship with others being revealed. Another dominant theme of unhealthy relationship between his parents and a need for affiliation, feelings of strong attachment and affection towards mother along with a separation anxiety from her was extracted through the T.A.T.

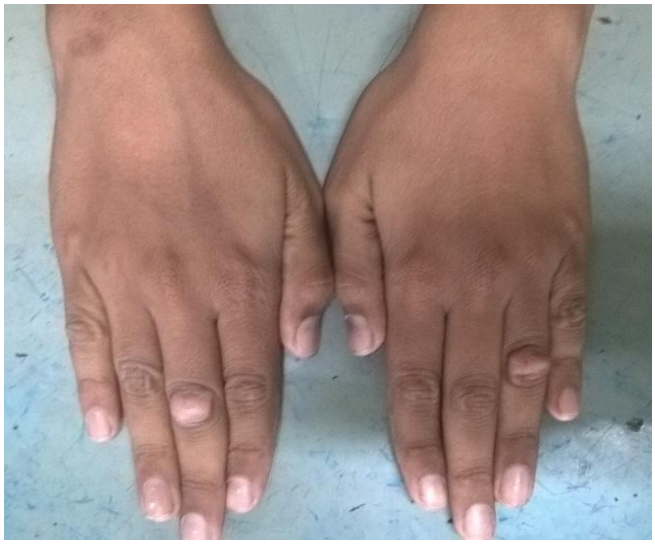

Figure 1 – Lesions on the hands of the adolescent

We started him on tricyclic antidepressant Amitriptyline at a dose of 25mg at night to relieve his painful itching sensation through its action on norepinephrine reuptake. He tolerated it well and within two weeks, he claimed to be relieved of the itching sensation and his father reported a significant improvement in his behavior of scratching the lesions. We gradually optimized the Amitriptyline to 50mg per day in divided doses. The adolescent was called in for sessions of cognitive behavioral therapy to enhance his coping skills to the environmental stressors. Dermatological treatment with topical steroids was continued to clear the fibrotic changes over the fingers

DISCUSSION

The act of self-harm in dermatitis artefacta is to seek relief from an inner sense of isolation and emotional distress with the underlying motive to assume a sick role [5]. Every patient of this condition consults a dermatologist at first and dermatologists must be aware of this condition and

make prompt psychological referrals if treatment needs to be successful [6]. It has been reported that dermatitis artefacta may be a comorbidity to psychosis and borderline personality disorder [7]. Hence the psychiatrist must notice these findings although unobvious at times [8]. Hence, we recommend inter-disciplinary collaboration between the dermatologist and psychiatrist in such cases [9]. Tricyclic antidepressants and selective serotonin reuptake inhibitors have been proven to relieve depressive and anxiety symptoms in these patients [10]. Our case also reiterates the diagnostic significance of psychological testing in such unusual presentations where direct symptoms of major psychiatric illnesses may not be obvious. Delving into the psychodynamics will eventually lead to a confirmation of underlying psychopathology as in our case where the anxiety of being beaten up by bullies was turned inwards and the adolescent engaged in self injurious behavior due to aggressive impulses in the form of a repeated itch-scratch cycle.

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