AN UNIQUE PRESENTATION OF DERMATITIS ARTEFACTA WITH OPPOSITIONAL DEFIANT DISORDER IN A TEENAGER

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PRESENTATION OF CASE

Master T, 13-year-old male patient, low-socioeconomic status and rural background reported with his mother after being referred by Department of Dermatology with chief complaints of decreased academic performance with aggressive and argumentative behaviour since 8 months and multiple wounds over the body since 1 month. Insidious onset, gradually progressive, chronic and fluctuating course with precipitating factors of being admonished by school authorities. He had frequent quarrels and fights with his classmates and bullied them to do his homework and did not pay any heed to what the teachers instructed him to do. He would spend most of his time at home in pass-time activities like playing mobile games and watching TV. Thus, academic performance declined over this period and he has been scoring single digit marks in his exams. He would ask for new clothes every week and ask his choice of food to be prepared every day and be very stubborn about it and would not eat until done so. His mother then noticed the presence of 3-4 wounds on his forearm and when asked he did not give any credible answers as to how they appeared. Over the next few days, many more wounds were noticed by his mother and they were in the easily accessible areas of his body like the forearms, face, chest, abdomen and anterior aspects of his legs with no wounds on the back and posterior aspects of his legs. He also refused to go to school because of these and reported that the school authorities have asked him not to come until the wounds were healed. He denied inflicting those wounds upon himself or skin picking and they were of similar shapes and sizes. He also wanted to skip his annual exams on the pretext of his wounds. No associated itch, bleeding, pain or discharge. He expressed no guilt or concern. Also, history of him not being in touch with his father for many days in any given week as he is a driver by occupation and stays away from home for prolonged periods and thus he has been deprived of his affection. No history of any substance abuse. No significant past, family or developmental history. Weak bonding and attachment with father. Evolving personality traits-choleric temperament, hedonistic outlook, low conscientiousness, responsibility and sense of duty.

GPE - Multiple similar skin excoriations of 2 x 2 to 2 x 4 cm on the easily accessible areas of his body. Some lesions had crusting and others were healed or hyperpigmented. No systemic abnormality noted.

Mental Status Examination- Kept on meddling with his mother's cell phone during interview and showed indifference to whatever questions were being asked, increased psychomotor activity, intermittent eye to eye contact, uncooperative, rapport established with difficulty, impulses of pleasure seeking behaviour, masked inferiority complex, defense mechanism- Denial. No delusions, obsessions, compulsions, suicidal ideations, depressive or anxious cognitions, dysphoric affect, ill-sustained concentration. Reduced social and occupational drive with increased recreational drive.

DIFFERENTIAL DIAGNOSES

i) Dermatitis artefacta with oppositional defiant disorder.
ii) Conduct disorder.
iii) Obsessive compulsive disorder.

CLINICAL DIAGNOSIS

Dermatitis artefacta with oppositional defiant disorder.

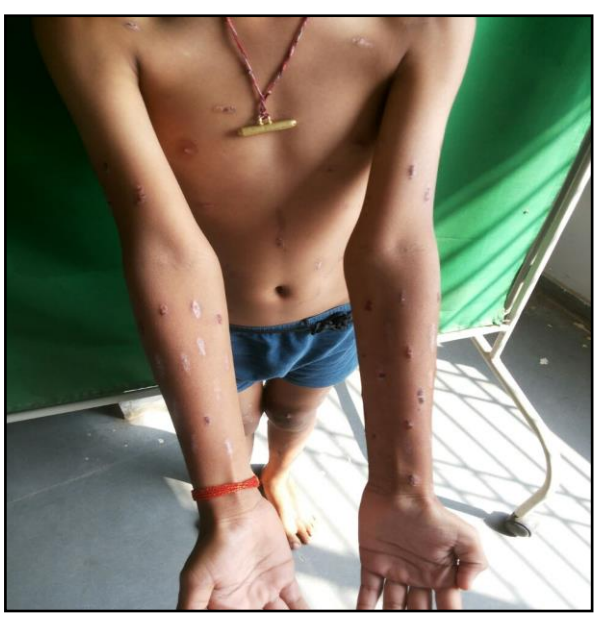

Figure 1

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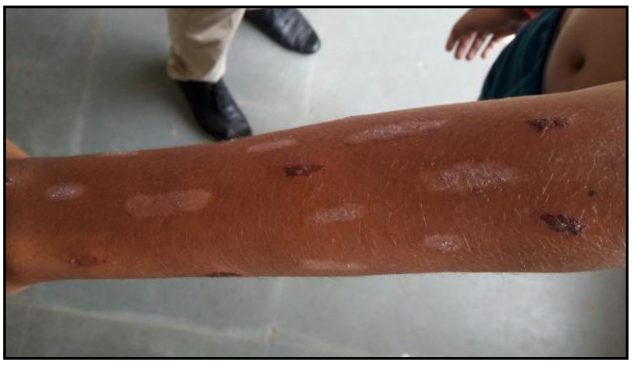

Figure 2

DISCUSSION OF MANAGEMENT

1. Tab. Fluoxetine 10 mg 1-x-x.
2. Tab. Olanzapine 2.5 mg x-x-1.
3. Supportive psychotherapy, cognitive behavioural therapy and family therapy.

On regular Rx since 4 months responded well to the treatment. He had started to go to school. Parents reported of 80% improvement. No fresh lesions have been noted. Doses were titrated on a fortnightly basis and sessions of psychotherapy were continued.

There are several case reports, which describe about psychocutaneous disorders in the form of psychogenic excoriation, psychogenic purpura, atopic dermatitis, but there are none that talk about such an unique presentation of dermatitis artefacta with oppositional defiant disorder. Initially, we considered the possibility of obsessions and compulsions, but later ruled them out as the actions were not ego dystonic, instead they were more to do with the teenager's unfulfilled emotional and psychological needs.

In clinical practice, we need to have a broad open view towards cases with atypical presentations. A detailed, elaborate and multiple evaluations maybe required to arrive at the correct diagnosis.

FINAL DIAGNOSIS

Dermatitis artefacta with oppositional defiant disorder.

CONCLUSION

Dermatitis artefacta or factitious dermatitis is a disorder in which skin is the target of self-inflicted injury and the patient uses more elaborate methods than simple excoriation to self-induce skin lesions.[1] Dermatitis artefacta is also known as dermatitis factitia.[2]

The impact of skin disease on children and their families, skin conditions are common in childhood and we all know about young teens and preteens going through agony due to temporary skin problems.[3]

The morphology of dermatitis artefacta is often bizarre with linear, clear-cut, angulated and geometric edges. Presence of completely unaffected skin adjacent to the horrific looking lesion is another common feature. The patient's description of history of skin lesions is usually vague and hollow and lacks detail about the appearance and evolution of the lesions.

More than just a cosmetic disfigurement, dermatologic disorders are associated with a variety of psychopathologic problems that can affect the patient, his or her family, and society together. Increased understanding of biopsychosocial approaches and liaison among primary care physicians, psychiatrists and dermatologists could be very useful and highly beneficial.[4]

Oppositional defiant disorder is a disorder with frequent and persisting pattern of angry/irritable mood, argumentative behaviour or vindictiveness that is clearly more frequent, intense and persistent across the child's development than is observed in individuals of similar age group and developmental level.[5]

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