

Self-inflicted skin lesions in practice - case reports

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Presentation Outline

- General characteristics of self-inflicted skin lesions
- Selected diagnoses for self-inflicted skin lesions
- Clinical presentations – examples
- Take home message

Self – inflicted skin lesions

general characteristics

- „hollow history” – patient resistance to fully describe the evolution of skin lesions
- numerous professional consultations
- conscious/unconscious performance
- triggering/exacerbating actions
- areas accessible to manipulation
- bizarre morphology
- severity span

Self – inflicted skin diseases – selected diagnoses

- Lichen simplex
- Dermatitis artefacta
- Neurotic excoriations
- Acne excoriée
- Münchausen syndrome
- Malingering (disease simulation)

Dermatitis artefacta

- Unconscious action (mostly); patients do not admit to manipulation
- F:M = 3:1 to 20:1
- „cry for help”
- borderline or paranoid personality









Neurotic excoriations

- majority – patients admit to self-manipulation
- mainly middle-aged single women
- difficulties in problem verbalizing
- vicious circle – itching-scratching







Acne excoriée

- squeezing and picking the acne lesions under stress; sometimes lack of comedos
- female predominance
- mean age – 30 years; mainly face
- co-existence – phobias, depression



Münchausen syndrome

- dramatic presentation of symptoms, in the middle of the night
- male predominance
- aim – gaining the constant medical care („hospital dependence”)
- psychopathic personality, antisocial behaviour





Malingering

- totally conscious performance
- aim – responsibility avoidance, financial gain, earlier pension
- male predominance
- borderline or paranoid personality







Take home message

- When skin lesions present bizarre morphology or recur „too often” despite professional treatment → THINK about different goals of the patient and the doctor and ACT accordingly...



THANK YOU