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Authors

Cerejeira, A
Gomes, N
Cruz, M
et al.

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Dermatitis artefacta

A Cerejeira¹, N Gomes¹, M Cruz^{1,2}, A Mota^{1,2}, F Azevedo¹

Affiliations: ¹Department of Dermatology and Venereology, Centro Hospitalar São João, EPE Porto, Portugal, ²Department of Medicine, Service of Dermatology and Venereology, Faculdade de Medicina da Universidade do Porto, Porto, Portugal

Corresponding Author: André Cerejeira, Department of Dermatology and Venereology, Centro Hospitalar São João, Alameda Prof Hernâni Monteiro, 4200-319 Porto, Portugal, Tel: 351-915280289, Email: andrecerejeira@hotmail.com

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To the Editor:

Dermatitis artefacta refers to the skin lesions produced by deliberate, self-inflicted means. This behavior may occur to satisfy an unconscious psychological or emotional need or to play the role of a sick person [1]. It is often challenging to diagnose and can mimic many skin conditions, leading to unnecessary investigations and treatments. Most patients are female and present in late adolescence or early adulthood [2]. Clinical presentation can be bizarre in morphology and distribution.

An 11-year-old girl, with a history of depression, medicated with quetiapine and lorazepam, was observed in the emergency department owing to a painful unilateral rash on the left side of the torso that had evolved over a week. Although this was the first time she was examined by dermatologists, she had been hospitalized three times over the previous month in the pediatric ward for the same reason. On each occasion, a diagnostic workup was conducted (including blood tests and breast ultrasound), a diagnosis of cellulitis was assumed, and systemic antibiotics were administered.

Physical examination revealed erythema on the left side of the abdomen, thorax, and dorsal region, with no edema or increased warmth of the skin (**Figure 1**). The patient was afebrile and had disproportionate pain to cutaneous findings.

The erythema was easily removed using an alcoholic solution (**Figure 2**) and the patient confessed to having painted herself with eosin. Her social history was explored, revealing many troubling life events



Figure 1: Erythema on the left side of the abdomen, thorax and dorsal region.

including her parents' separation, a difficult relationship with her father, bullying at school, and recent menarche.

Self-infliction is usually not admitted by the patient. The method employed to create the skin lesions is not always evident and can represent a challenge. The clinical history is often ambiguous and misleading. Prompt diagnosis is imperative to prevent unnecessary testing and potential harm. However, this is always a diagnosis of exclusion.

The use of dyes as a tool in dermatological pathomimicry is unusual. In a right-handed person, the left side is usually involved and accessible body parts are usually affected the most [3]. Family dysfunction and bullying are common triggering events in a background of a psychological disorder [4]. Treatment is difficult and frustrating both to physicians and patients, owing to a characteristic lack of response to therapy. Success depends mostly upon psychiatric evaluation and treatment [5].

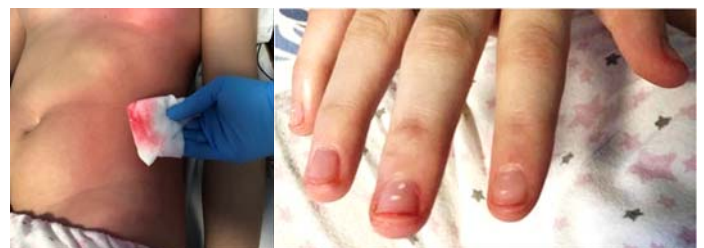


Figure 2: The erythema was removed using an alcoholic solution (left). Eosin was detected under the patient's fingernails (right).

Potential conflicts of interest

The authors declare no conflicts of interest.

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