Disclosures

- No relevant financial relationships or conflicts of interest to disclose.
Psychodermatology

- Cutaneous disorders psychiatric in nature, with absence of organic dermatologic causes.
Delusions of Parasitosis

- Firm fixation that he/she has parasitic infection.
  - Close contact may share delusion.
- Female: Male 2:1, middle to older age.
- “ziplock sign” patient will often bring in epithelial debris in ziplock as proof.
- Associated with schizophrenia, depression, anxiety, drug/alcohol abuse, dementia and obsessive states.
- May experience sensations of biting, crawling or stinging.
- Practitioner needs to distinguish delusion from substance-induced formication.
- Skin Findings range from none to excoriations, lichenification, prurigo nodularis and/or frank ulcerations.
Delusions of Parasitosis: Management

- Establish rapport with the patient and to address the chief complaint seriously, making sure to do a thorough dermatologic examination.
  - Diagnosis of exclusion, rule out infestation, underlying dermatologic condition.
  - Consider biopsy and laboratory workup to rule out organic etiology.
- Present antipsychotic medication in pragmatic manner.
Delusions of parasitosis: Management

- Psychiatry is preferable but is often rejected by the patient.
- Past: Pimozide 1-4mg treatment of choice.
  - SE extrapyramidal & prolonged QT interval
- Newer atypical antipsychotic agents like risperidone and olanzapine are now considered first-line agents.
- With appropriate pharmacologic intervention, some literature suggestion 50% of patients will remit.
Psychogenic (neurotic) excoriations

- Unconscious compulsive habit of picking at themselves, so persistent that excoriations develop.
  - Typical on contralateral side of hand dominance.
  - Could be ritualistic or random areas.
- Most common in middle-aged women.
- Different degrees of healing and scarring.
- Most commonly associated with depression, obsessive-compulsive disorder and anxiety.
Neurotic Excoriations - Management

- Treatment is difficult, psychiatric and behavioral intervention can be very useful.
- IL corticosteroids, flurandrenolide tape for old lesions.
- On average lasts 5-8 years with exacerbations paralleling stressful events.
- Treatment of choice is doxepin.
  - If major depression is present use antidepressant dose 100mg/day. 50-75mg or 10-20mg per day for elderly also works.
  - If underlying OCD component, consider SSRIs.
- A case study of treatment-resistant excoriation disorder found that the addition of aripiprazole to venlafaxine resolved her disorder.
Acne Excoriee

- Frequently seen in young women.
- Subset of neurotic excoriations.
- Ritualistic picking of acne lesions.
- Tx: Doxepin and SSRIs.
Factitious dermatitis (dermatitis artefacta)

- Self-inflicted cutaneous lesions often induced by foreign objects with intent to elicit sympathy, escape responsibility, or collect financial benefit.
- F:M 3:1, typically midlife.
- Most suffer from borderline personality disorder.
- Dermatologic findings that do not match history.
  - Typically located in areas that are easily reached by the hands.
Factitious dermatitis (dermatitis artefacta)

- Various forms and subsets.
- **Munchausen** syndrome: patients create lesions to match a particular known condition.
- **Munchausen by proxy**: patients induce lesions and abuse on a child to gain attention.
Factitious Dermatitis - Management

- Wound care.
- Exclude possible primary skin disorder.
- Recognize signs of anxiety disorder and signs of depression.
  - Psychiatry, psychotherapy, antidepressant, antianxiety or antipsychotic medications.
Gardner- Diamond syndrome

- Factitial disorder.
- Clinically presents with **painful swollen ecchymoses** at sites of trauma.
- Women with underlying psychiatric disorder.
- Treatment: difficult, psychiatry.
Trichotillomania (trichotillosis or neuromechanical alopecia)

- Neurosis characterized by abnormal urge to pull out hair.
- Commonly affecting the scalp, eyebrows, eyelashes, pubic hair and the beard.
  - On the vertex crown it is known as the “friar tuck” form.
- Nails may show onychophagy.
- Occasionally, trichophagy: patients may eat the hair causing intestinal obstruction with a trichobezoar.
  - Rapunzel syndrome: When the bezoar develops a tail of hair extending to and obstructing the small intestine.
Trichotillomania

- Look for hairs of varying lengths.
- In some patients an area can be shaved to watch hair regrowth.

**Epidemiology:**
- 8 yo boys, 12 yo girls
- F:M 5:1
- Population prevalence 0.6%
Trichotillomania

- **Pathology:**
  - Presence of pigmented hair casts (also seen in traction alopecia).
  - Perifollicular lymphocytes, plasma cells and neutrophils are usually sparse or absent.
  - Perifollicular hemorrhage occasionally found in early lesions.
  - Perifollicular fibrosis - late change.
  - If the follicle is destroyed, a vertical fibrous tract often remains at the site.

- **DDx:** Alopecia areata, tinea capitis
Trichotillomania

- **Treatment:**
  - Cognitive-behavioral therapy.
    - Self-monitoring, teaching the patients to do something else whenever they are feeling the urge to pull their hair, relaxation techniques and positive reinforcement.
  - Pharmacotherapy with clomipramine and SSRIs.
    - Olanzapine or N-acetylcysteine also show promise.
    - Effects of inositol are currently being studied.

Dermatothlasia

- Cutaneous compulsion to pinch and rub skin until bruising.

- Often a defense to pain at a different location.
Bromidrosiphobia

- Delusion of bromhidrosis.
  - Patient is convinced his/her sweat is creating a repugnant odor keeping people away, despite contrary evidence.
- Male: Female 3:1, average age 25.
- Atypical antipsychotics pimozide may be beneficial.
- Can be an early sign of schizophrenia.
Body dysmorphic disorder

- Excessive preoccupation with having an ugly body part.
- 10-14% of dermatology patients.
- Starts commonly in early childhood.
- Patient is preoccupied with slightest defects in appearance.
- Associated with compulsive, ritualistic behaviors.
- Frequently centered around nose, mouth, genitalia, breasts and hair.
- Commonly present for cosmetic surgery evaluation.
- Presence of varying degrees of insight (in contrast to psychosis, where, by definition, there is essentially no insight).
- Associated with depression, somatoform disorder and social isolation.
Body Dysmorphic Disorder - Management

Two categories:

- Obsessive compulsive – display OCD behaviors, come in for multiple visits.
  - Tx: SSRI (first line)
- Delusional – no insight on their condition.
  - Tx: Antipsychotics
- Both categories are never satisfied with their surgeries.
- Treatment includes cognitive-behavioral therapy.
Scalp dysesthesia

- A subset of “cutaneous dysesthesia syndromes”.
- Characterized by pain and burning sensations without objective findings.
- Primarily women middle-age to elderly.
- Associated with cervical spine degenerative disc disease.
- Hypothesized to be from chronic tension on the occipitofrontalis muscle and scalp aponeurosis.
- Treatment is gabapentin and low dose SSRIs.
Burning mouth syndrome (glossodynia, burning tongue)

- A subset of “cutaneous dysesthesia syndromes”.
- Burning sensation of oral mucosa without objective skin findings.
- Frequently postmenopausal women.
- Diagnosis of exclusion, rule out other causes.
- Treatment include topical lidocaine, capsaicin, doxepin, and alpha-lipoic acid as well as oral medications (SSRIs, TCAs and gabapentin).
- Low level laser therapy has shown some promise with larger studies needed.

Vulvodynia

- **S/sx:** Vulvar discomfort; burning pain; lasts 3 mo or longer.
  - Provoked by physical contact.
- **Subtypes:** Localized and generalized.
- **Epidemiology:** Typically nulligravid woman in late 30s.
- Underlying causes must be ruled out (candida, endometriosis, neoplasia, contact dermatitis, hypoestrogenism, neurological etiologies).
Vulvodynia

- Tx: Pt education, psychological support, lubricants, elimination of irritants, antidepressants (SSRIs or TCAs), gabapentin, pregabalin.
- Topical analgesics are also a treatment option with a recent study supporting treatment with compounded creams (baclofen 5% & autacoid palmitoylethanolamide 1%).
Trigeminal trophic lesions

- Interruption of peripheral or central sensory pathways of trigeminal nerve, resulting in a slowly enlarging anesthetic unilateral ulcer on nasal ala or adjacent cheek.
  - Nasal tip is spared.
- Biopsy to exclude tumor or infection.
- Etiology: ulcer is typically due to self-inflicted trauma to anesthetic skin.
Trigeminal trophic lesions

- Tx: Prevention by occlusion and psychotrophic medicine.
- Carbamazepine has also been investigated as a potential treatment option.
- A recent case report displayed successful treatment of TTS with a thermoplastic dressing.
References

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- Andrew’s Dermatology 12th edition Chapter 4
- Sima Jain Dermatology 2012 p. 151
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