



Case Report: Excoriation Disorder

Riska Andriyani¹, Mustafa M. Amin^{1*}, Elmeida Effendy¹

Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia

Abstract

BACKGROUND: Excoriation disorder, known as pathological skin picking, dermatillomania, psychogenic excoriation, or neurotic excoriation, is a disorder characterized by a compulsive need to pluck one's skin, which leads to tissue damage.

CASE REPORT: Excoriation disorders are usually found in about 12% of adolescents with psychiatric conditions. Approximately three-quarters of individuals who suffer from this disorder are women. This disorder is often found in adolescence, generally coincides with puberty or follows the onset of puberty. For some individuals, this disorder can occur recurrently for weeks, months, and years. Therefore, we specifically report the case of a 15-year-old adolescent suffering from excoriation disorder.

CONCLUSION: Non-immediate treatment of excoriation disorder leads to becoming a chronic disorder and often causes psychosocial dysfunction and medical problems that can be life-threatening.

Edited by: Branislav Filipović

Citation: Andriyani R, Amin MM, Effendy E. Case report: Excoriation disorder. Open Access Maced J Med Sci. 2022 Mar 27; 10(T7):48-50. https://doi.org/10.3889/oamjms.2022.9240

Keywords: Excoriation disorder; Dermatillomania; Psychogenic excoriation

***Correspondence:** Mustafa M. Amin, Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia.

E-mail: mustafa.mahmud@usu.ac.id

Received: 27-Dec-2021

Revised: 15-Mar-2022

Accepted: 17-Mar-2022

Copyright: © 2022 Riska Andriyani, Mustafa M. Amin, Elmeida Effendy

Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Introduction

Excoriation disorder is known as skin picking disorder. Excoriation disorder with code 698.4 in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5) belongs to the group of obsessive-compulsive and related disorders [1].

Excoriation disorder is characterized by the act of plucking the skin repeatedly, which causes damage to the skin. The most frequently selected areas are the face, arms, and hands. Plucking of the skin can occur over a short period but throughout the day or in an infrequent but continuous period. These symptoms cause a decrease in the patient's quality of life, such as personal, family, social, educational, occupation, and other aspects [2]. In Dermatologist Department, the term excoriation refers to a superficial skin abrasion caused by scratching of the skin. The pattern may be linear or focused [3].

Excoriation disorder, also known as pathological skin picking, dermatillomania, psychogenic excoriation, or neurotic excoriation, is characterized by a compulsive need to pluck one's own skin, which leads to tissue damage and requires various kinds of treatment on the skin [4], [5], [6].

Excoriation disorders are usually found in about 12% of adolescents with psychiatric conditions.

Approximately three-quarters of individuals who suffer from this disorder are women. This disorder is often found in adolescence, generally coincides with puberty or follows the onset of puberty. For some individuals, this disorder can occur recurrently for weeks, months, and years. Therefore, we specifically report the case of a 15-year-old adolescent suffering from excoriation disorder [2].

Case Report

A woman, 15-year-old student, ethnic Malay, Muslim, address at Medan Tuntungan, accompanied by her mother to the Psychiatric ward at USU Hospital, complaints of damaged skin on her both hands and feet caused by repeated actions such as scratching and plucking of the skin. This habit has been experienced for about 5 years and getting worse in 1 month. The patient said the habit happened automatically whenever she heard her parents arguing or when her parents forced her to do something she did not like.

She lives with her mother and two younger brothers, her parents were divorced when she was 13 years old, the patient's mother's occupation was a civil servant, which resulted in the patient rarely seeing her mother. A month ago she was asked by her mother to continue her education to a boarding school, in fact,

she preferred to go to a high school near her house as her friends were in that high school. The patient is confused whether to follow her mother's advice or enter her preferred high school. She also does not dare to object her mother because she thinks that her mother will not accept her choice.

The patient's habit of scratching and plucking of the skin appeared since she was 10 years old. The trigger was hearing her parents arguing. After she scratches her skin, her feelings become calm. Because it had caused wounds and bleeding, her mother took her to a dermatologist and was given a medicine. After further examinations, there was no evidence of damage on her skins in spite her complaints. The dermatologist decided to refer the patient to a psychiatrist.

According to the psychiatric interview, her affect is appropriate, her mood is dysphoria, delusions and hallucinations were not found, good orientation, good general knowledge, good concentration and attention, good memory, good intelligence, insight level 4, good judgment.

The results of physical examination are multiple wounds on the skin of the hands and feet, vital signs, and neurological signs within normal limits. The diagnosis for the case is excoriation disorder and the pharmacotherapy given is Fluoxetine orally 20 mg/day/ orally, advised to appoint visitation for follow-up within 2 weeks.

Discussion

There are several theories which mention the causes of excoriation disorder; however, the exact etiology is still unknown. Some hypotheses explain that skin-pulling behavior is a manifestation of pent-up anger at authoritarian/restrictive parents. Parents who like to be pushy and fussy are also the triggers for skin-picking behavior in children [4], [7].

According to psychoanalytic theory, the skin is an erotic organ, and plucking or scratching of the skin causing injury may be a source of erotic pleasure. Within these limits, this is considered as masturbation (masturbatory equivalent) [4]. Metabolic disturbances of serotonin, dopamine, and glutamate have been suggested as a neurochemical cause of excoriation disorder, but further research is needed for confirmation [4].

The diagnosis of excoriation disorder can be made according to the criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM - 5), such as: [1]

- a. Plucking of the skin repeatedly which causes lesions on the skin.

- b. Repeated attempts to reduce or stop skin plucking.
- c. Plucking of the skin causes impairment in social, occupational, or other aspects.
- d. The plucking of the skin is not due to the effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies).
- e. Plucking of the skin is not exacerbated by symptoms in another mental disorder (e.g., tactile/touch delusions or hallucinations present in psychotic disorders, attempts to correct a deficiency or appearance defect in body dysmorphic disorder, and stereotypic behavior in stereotypic movement disorder), or the intention to harm oneself in a non-suicidal self-injury situation.

The triggers of skin plucking vary and some of them are triggered by binding rules (norms). Stress, anxiety, withdrawal from scheduled activities (e.g., watching television, reading), boredom, fatigue, or anger have been reported as triggers for skin plucking. Difficulty in regulating emotions and emotional reactivity is a predictor of skin plucking behavior after depression and anxiety are being controlled [1], [8], [9].

Drugs belonging to the class of selective serotonin reuptake inhibitors (SSRIs) have shown progress in improving skin plucking behavior in excoriation disorders, there are two studies using fluoxetine, in which both studies used flexible doses of up to 80 mg per day for 10 weeks or 60 mg per day for 6 weeks [3], [5], [10].

The behavior of skin plucking often leads to complications, such as local infection and septicemia. Patients may feel embarrassed to report any areas of the skin that has been infected or where the most severe. A physical examination should be performed to accurately estimate the area and the severity of the skin plucking. Treatment with topical medications or antibiotics may be necessary. Therapy with skin transplantation may be necessary in severe cases where the wound from skin plucking occurs recurrently and can lead to epidural abscess and paralysis. In one of the very rare cases, the patient may suffer from excessive blood loss due to skin plucking behavior [3], [5].

Conclusion

Non-immediate treatment of excoriation disorder, which etiology is still unknown, leads to become a chronic disorder and often cause psychosocial dysfunction and medical problems that can be life-threatening. Controlling the behavior of skin plucking is very important to maintain health and quality of life.

References

1. American Psychiatric Association. Excoriation (Skin-picking) Disorder. In: *Diagnosis and Statistical Manual of Mental Disorders*. 5th ed. Arlington, Virginia: American Psychiatric Publishing; 2013. p. 254-7.
2. ICD-11. *International Statistical Classification of Diseases and Related Health Problems: 11th Revision*; 2021. p. 6-25.
3. Grant JE, Odlaug BL, Chamberlain SR, Keuthen NJ, Lochner C, Stein DJ. Skin picking disorder. *Am J Psychiatry*. 2012;169(11):1143-9. <https://doi.org/10.1176/appi.ajp.2012.12040508>
PMid:23128921
4. Sadock BJ, Shadok VA, Ruiz P. Excoriation (skin-picking) disorder. In: Kaplan and Shadok's *Synopsis of Psychiatry Behavioral Sciences/Clinical Psychiatry*. 11th ed. Philadelphia, PA: Wolters Kluwer; 2015. p. 434-6.
5. Lochner C, Roos A, Stein DJ. Excoriation (skin-picking) disorder: A systematic review of treatment options. *Neuropsychiatr Dis Treat*. 2017;13:1867-72. <https://doi.org/10.2147/NDT.S121138>
PMid:28761349
6. Torales J, Díaz NR, Barrios I, Navarro R, García O, O'Higgins M, *et al.* Psychodermatology of skin picking (excoriation disorder): A comprehensive review. *Dermatol Ther*. 2020;33(4):e13661. <https://doi.org/10.1111/dth.13661>
PMid:32447793
7. Odlaug BL, Grant JE. Pathologic skin picking. *Am J Drug Alcohol Abuse*. 2010;36(5):296-303. <https://doi.org/10.3109/00952991003747543>
PMid:20575652
8. Grant JE, Odlaug BL, Chamberlain SR, Kim SW. A double-blind, placebo-controlled trial of lamotrigine for pathological skin picking: treatment efficacy and neurocognitive predictors of response. *J Clin Psychopharmacol*. 2010;30(4):396-403. <https://doi.org/10.1097/JCP.0b013e3181e617a1>
PMid:20531220
9. Jafferany M, Patel A. Skin-picking disorder: A guide to diagnosis and management. *CNS Drugs*. 2019;33:337-46. <https://doi.org/10.1007/s40263-019-00621-7>
PMid:30877621
10. Hawatmeh A, Al-khatheer A. An unusual complication of dermatillomania. *Quant Imaging Med Surg*. 2017;7(1):166-8. <https://doi.org/10.21037/qims.2016.12.02>
PMid:28275574