



DİŞETİ YARALANMASI İLE BİRLİKTE GÖRÜLEN DERMATİTİS ARTEFACTA: BİR OLGU SUNUMU

DERMATİTİS ARTEFACTA (FACTITIAL DERMATİTİS) WITH GINGIVAL INJURIES: A CASE REPORT

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ABSTRACT

Self-induced factitial injuries constitute a group of lesions rather difficult to be correctly diagnosed unless this unusual condition is considered in a differential diagnosis. The lesions can be occurred at any part of the body with various shapes. The patients deny to produce these lesions by themselves and it complicates the diagnosis and treatment stages. Interdisciplinary harmony has a great importance in treatment process. In this article, a case report is presented on a 30-year-old Caucasian woman patient who had both skin and gingival lesions at the same time.

Key words: Dermatitis artefacta, gingival injury, self-inflict

ÖZET

Kendi kendine zarar verilerek oluşturulan lezyonların teşhisi, diğer ayırıcı tanılarla birlikte düşünülmediği takdirde oldukça zordur. Lezyonlar vücudun herhangi bir bölgesinde birçok farklı şekilde görülebilir. Hastalar bu lezyonların kendileri tarafından meydana getirildiğini inkâr ederler ve bu da hastalığın teşhis ve tedavi aşamalarını olumsuz etkiler. Tedavi sürecinde disiplinler arası uyum çok önemlidir. Sunulan makale, aynı anda hem diş eti ve hem de deri lezyonları bulunan 30 yaşındaki Kafkasyalı bir bayan hastayı içermektedir.

Anahtar Kelimeler: Dermatitis artefacta, dişeti yaralanması, kendine zarar verme

INTRODUCTION

Dermatitis artefacta (factitial dermatitis) is a term used to describe cutaneous lesions with wide-ranging morphologic features that are wholly self-inflicted dermatoses, such as neurotic excoriation and delusion of parasitosis. It is associated with various primary psychiatric disturbances, including depression, psychoses, mental retardation, personality disorders, Munchausen's syndrome and malingering.¹⁻⁵

It is commonly seen in women and these patients constitute 0.05-0.5% of the dermatological consultations. The majority of these women tend to be

emotionally immature or they have borderline personality disorder.⁵⁻⁷ Patients deny the self-inflicted injuries and refuse to meet the psychiatrist.^{8,9}

The cause of self-inflicted dermatoses vary as cutting, biting, squeezing, abrasion, burning, injecting various chemicals and applying chemicals and medications. This diversity makes it difficult for the dermatologist to detect dermatitis artefacta clinically. The lesions are seen in bizarre shapes, most commonly in a linear or geometric pattern.¹⁰⁻¹³ They tend to be demarcated from the surrounding skin and they can be occurred at any part of the body.^{6,14} They do not evolve gradually. Therefore, they may be in

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different stages ranging from erythema, blisters, pigmentary changes and scars. Dermatitis artefacta is generally seen at gingiva in the oral cavity and it is described as self-inflicted gingival injuries, sometimes called gingivitis artefacta or factitial gingivitis in dental literature.^{10,15,16,18}

Self-inflicted gingival injuries are rarely seen and they have different morphologic characteristics. Therefore, it can be difficult to diagnose the disease. The gingival injuries may be produced by various mechanical things such as fingernail, knives, strands of hair, sharp and blunt objects, toothbrush and toothpicks.^{10,17}

Skin and gingival injuries are reported separately in dermatology and dentistry literature.

In this study, a case report is presented on a patient who had both skin and gingival lesions at the same time.

CASE REPORT

A 30-year-old Caucasian female applied to the Department of Oral and Maxillofacial Radiology, Faculty of Dentistry of the Hacettepe University with the main complaint of gingival ulcerations and poor crown dentures.

At the extra-oral examination, nevus on the face and brown scars on the forearms were observed (figure 1,2). The patient said that she had similar brown scars on her legs and back. She had no evidence of any extra-oral pathology and her lymph nodes were not tender.



Figure 1. Self-inflicted lesions on frontal part of left arm



Figure 2. Self-inflicted lesions on distal part of left arm

Intra-oral examination showed white plaques covered with ulcers on the marginal gingiva of mandibular premolar teeth (figure 3). The plaque stripped off easily and extensive gingival tissue destruction was revealed. This condition had been presented for a long time. The patient said she did not understand how these lesions developed.



Figure 3. Clinical photograph of lesions of the mandibular right premolar area

Dental examination of the patient showed that she had caries lesion on her maxillar anterior teeth and she had prosthetic restoration at her maxillar and mandibular teeth. Pathologic changes were not seen in radiographic examination.

The patient was referred to the periodontology clinic for treatment of her gingival problems.

At the periodontal examination, the patient had generalized gingivitis with shallow probing depths. Plaque and calculus deposits were light to moderate. Several possible explanations for the unusual pattern

of ulcerative gingival disease were considered. Gingival biopsy was taken from the patient. The biopsy was classified the lesion as a non-specific ulcer and after that a dermatology consultation was obtained.

Members of the department of dermatology thought that these lesions could be the signs of dermatitis artefacta and the patient was referred to psychiatry clinic by them. At the psychiatry department, the patient stated that she had inflicted the lesions by scratching and picking her skin and gingiva with her fingernails. Medication and dental treatment started for the patient.

DISCUSSION

Dermatitis artefacta is a condition in which the cutaneous lesions are self-inflicted and these signs are the result or manifestation of some psychosocial conflict.^{3,5} It is not only an isolated syndrome and it must be considered as a part of self-induced disease.^{1-4,10}

Certain features of dermatitis artefacta distinguish these lesions from other dermatologic problems. These lesions do not correspond to any known disease and they generally have a peculiar configuration and a sharp outline. This condition is generally confined to the areas of the body that patients can reach with their hands.^{6,10,11,15} These lesions usually occur in adolescent or young adult females.¹⁷

Several articles report the self-induced lesions of the oral tissues, especially on the gingiva.^{15,17}

Typically, patients with dermatitis artefacta are consulted to numerous physicians and they are treated unsuccessfully with multiple medications before the correct diagnosis is made. Treatment may be challenging and frequently requires the combined efforts of a dentist, a dermatologist, and a psychiatrist.^{3,12,13,18,19} And it is so considerable for the clinician to obtain a successful relationship among physician, patient and family. A mouth protective device can be planned to prevent the self-inflict of the patient with mental retardation and psychological problems²⁰⁻²²

CONCLUSION

Literature examinations have shown that seventy percent of the patients with this condition recovered from their cutaneous lesions after understanding the underlying situation. It is certain that multidisciplinary approach is required to accelerate the healing period.

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