Dermatitis Artefacta – facts for a facial plastic surgeon

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INTRODUCTION
Dermatitis artefacta is defined as the deliberate and conscious production of self-inflicted skin lesions to satisfy an unconscious psychological or emotional need.

METHODS AND MATERIALS

Aim
- Report the first case in literature of a large scalp lesion secondary to dermatitis artefacta requiring surgical reconstruction.
- Impress upon the need for a multidisciplinary approach involving dermatologist, psychiatrist, and facial plastic surgeon for optimizing outcome.

Case report
A 44 year old female presented to our combined dermatology – facial plastic surgery clinic with pain and discomfort from a large scalp lesion and a known diagnosis of dermatitis artefacta. On first presentation to the combined clinic she had a 15cm x 10cm scalp defect with exposed periosteum and rolled in wound edges, which had been present for 30 months. Prior to this she had been managed by the dermatologists, with support from the psychiatrists for the scalp lesion and other multiple, bizarre ulcerating areas on her face. She was treated with antibiotics for the excoriating lesions, local dressing for the scalp wound. She was also on an antidepressant.

Surgical management
Regional reconstruction of the scalp defect was carried out under general anaesthesia with local advancement and rotation flaps and split skin graft to achieve closure. Multiple releasing incisions were made in the galea and per-operative scalp stretch was performed to maximise apposition of wound edges and reduce the size of the defect. A cut-back flap was made at the posterior wound edge leaving a small area – approximately 5cm x 4cm which was covered by a split thickness skin graft from the thigh.

DISCUSSION

Dermatitis artefacta is a diagnosis of exclusion, more common in the females. Scalp may be affected in approximately 12% of the patients.

Patients generally deny the self inflicted lesions, lack interest in engaging with a psychiatrist and typically should not be confronted. Historically these lesions have been managed conservatively, indeed such an extensive lesion has not been described before.

Though unlikely to primarily present to facial plastic surgeons, one should treat this in the multidisciplinary context to optimise management, and minimise surgery.

REFERENCES