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

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.5,9

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 occured at any part of the body.6,14 They do not evolve gradually. Therefore, they may be in

ÖZET


Anahtar Kelimeler: Dermatitis artefakta, dişeti yaralanması, kendine zarar verme
different stages ranging from erythema, blisters, pigmen
tary 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.\textsuperscript{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.\textsuperscript{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.

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.\textsuperscript{3,5} It is not only an isolated syndrome and it must be considered as a part of self-induced disease.\textsuperscript{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.\textsuperscript{6,10,11,15} These lesions usually occur in adolescent or young adult females.\textsuperscript{17}

Several articles report the self-induced lesions of the oral tissues, especially on the gingiva.\textsuperscript{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.\textsuperscript{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 problems.\textsuperscript{20-22}

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.

REFERENCES