

Bizarre Shaped Ulcers on the Abdomen – What's the Diagnosis: A Quiz

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A 56-year-old Caucasian man suffering from metabolic syndrome, dilated cardiomyopathy and depression, was admitted to the medical ward due to exsiccosis and progressive cardiac failure.

The patient presented with deep skin ulcerations on the abdominal area and was therefore referred to the hospital dermatologist.

On first visit the ulcerations on the abdominal area presented with deep skin defects, partially with a scarring border and a bizarre pattern (Figs. 1-2). The patient reported that he was suffering from stress-, familial-, health- and work-related problems and admitted being in an over-constrained situation. The dermatologist suspected an association between the skin symptoms and psychological stress.

What is the diagnosis? See next page for answer.



Fig. 1. Ulcer with bizarre-shaped arrow like border on the lower abdomen.

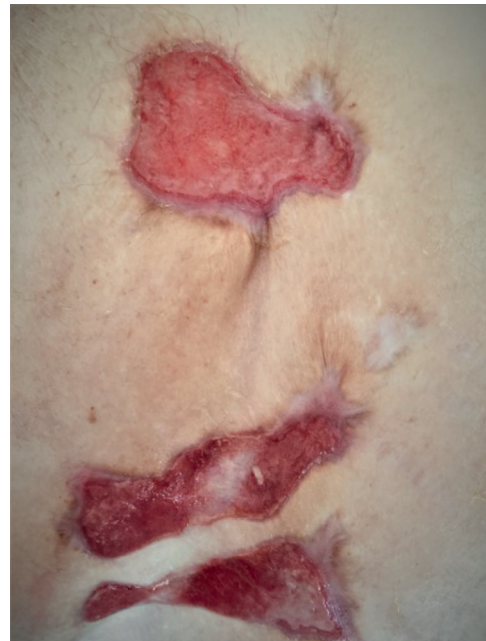


Fig. 2. Scarring and bizarre-shaped ulcers on the upper abdomen.

DIAGNOSIS: FACTITIOUS DERMATITIS

Factitious dermatitis (synonym: dermatitis artefacta or dermatitis factitia) is a skin condition where skin lesions are caused by the patient through scratching or self-harm in some cases. It is a psycho-cutaneous disorder, with unknown incidence and prevalence. The condition should be taken into consideration in the presence of bizarre clinical findings without obvious alternative diagnosis (1). Interestingly, recovery rather seems to occur when the patient's life circumstances are changed, as it is superior to what any other medical treatment can achieve (2). A combined treatment approach with a multi-professional team consisting of dermatologists, psychologists and psychiatrists is recommended (3, 4).

A skin punch biopsy from the area affected revealed histological findings with blistering, an inflammatory infiltrate, ruptured collagen fibres, and elongated vertically aligned keratinocytic nuclei. The patient was referred to a clinical psychologist and reported some relief. The wounds were treated with occlusive dressing, however, the patient removed the bandages and continued to scab the skin. The lesions never

healed and persisted for the patient's remaining lifetime. He died one year after admission due to cardiac failure.

Due to a thorough medical history, the patient admitted he generated the skin symptoms.

The words of late professor William Osler (1849–1919) still holds true: „Listen to the patient. He is telling you the diagnosis“ (5).

LITERATURE

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