

CASE REPORT

Dermatitis Neglecta: A Challenging Diagnosis in Psychodermatology

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Abstract

Dermatitis neglecta is a rare disorder that results from inadequate frictional cleansing, leading to the accumulation of corneocytes, sebum, sweat and bacteria in a localized area of skin, forming a compact and adherent crust of dirt, ultimately resulting in a hyperpigmented patch or verrucous plaque. Dermatitis neglecta, also known as unwashed dermatosis. It is often misdiagnosed or underdiagnosed. Here we report a case of Dermatitis neglecta in whom the dermatitis developed because of intentional neglect of personal hygiene.

Keywords: Dermatitis Neglecta, Diagnosis, Psychodermatology.

1. Introduction

Psychodermatology is an emerging area in dermatology that involves the complex interaction of the skin and mind [1]. Dermatitis neglecta, first described in 1995 by Poskitt and colleagues [2]. Dermatitis neglecta, also known as unwashed dermatosis, is a benign condition secondary to a lack of hygiene that leads to an accumulation of sebum, sweat, and corneocytes, forming a compact and adherent crust of dirt. It presents with asymptomatic brown to black plaques and resembles dirty skin [3]. These lesions can develop over a period of 2 to 4 months and are commonly found on the trunk, genitalia, limbs, face, and areas around surgical sites [4-8]. Dermatitis neglecta is described more in the context of painful and disabling conditions, which lead to neglect of appropriate skin care. However, lesions can result from neglect due to psychiatric conditions as well [3]. As it is often misdiagnosed or under diagnosed, very few cases had been reported in the literature

till date. The aim of this study is to highlight a case report including the clinical presentation, diagnostic challenges, and effective management strategies of dermatitis neglecta within psychodermatology.

2. Case Presentation

A 60-year-old female patient presented with blackish discolouration of the left hand extending to the forearm with extended growth of both fingers and toenails for two years. She did not take shower and did not cut her nails for an extended period. Her family member did not give a proper history of any psychiatric illness. She had no other complaints, whether local or systemic. Examination revealed hyperpigmented, thickened, greasy patches and plaques over both hand and forearm. Fingers and toenails were elongated, discoloured, and thickened. Differential diagnosis showed Terra firma-forme dermatosis with onychogryphosis, and diagnosis found Dermatitis Neglecta with Onychomycosis.

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Figure 1. *Dermatitis Neglecta compact and adherent crust of dirt, resulting in hyperpigmented patches & plaques with elongated, discolored nails.*

We soaked the affected area with normal saline with gauze for 10-15 minutes for treatment. Then, gently scrubbed the lesion with a standard saline-soaked gauze. After that, a thick layer of adherent skin cells emerges, exposing the underlying normal skin.

- Then we cut both fingers and toenails.
- Instruction to shower regularly with soap and wash the scalp and hair with anti-dandruff shampoo 2-3 times weekly.
- Medication: Oral Antifungal, oral Antibiotic, topical nail lacquer.
- Allergy vaccine.
- Counselling: personal hygiene, lifestyle modification.
- Follow up after two weeks.

3. Discussion

Dermatitis neglecta has no sex predilection, affects all ages, and is frequently underdiagnosed. Several differential diagnoses must be investigated, such as terra firma-forme dermatosis and dermatitis artifacta. Dermatitis artifacta may be classified as an impulsive-aggressive type of obsessive-compulsive disorder in which lesions result from self-injuries or from injuries worsened by the patient [9]. Terra firma-forme dermatosis differs from dermatitis neglecta because there is no history of inadequate hygiene or response to cleansing with soap and water [4]. Entities such as verrucous nevi, acanthosis nigricans, confluent and reticulate papillomatosis, and postinflammatory hyperpigmentation also have to be excluded [8].

Because rubbing the affected area with gauze soaked in alcohol or soap and water leads to complete resolution of the lesions, adequate hygiene measures should be applied and are sufficient for the majority of patients [4]. Other major risk factors of dermatitis neglecta include homelessness, chronic disability, and skin hypersensitivity. We found that there was lack of hygiene that also found in other case report [10]. On general examination her vital parameters were normal. There are also reports in patients with psychiatric conditions, including depression and schizophrenia, or even related to religious beliefs [3,11,12]. Although psychiatric conditions may present a challenge when distinguishing this condition from other entities, the diagnosis is still clinical [11]. Patients should be properly counseled to maintain good personal hygiene, and keratolytics and emollients should be used judiciously when necessary. Systemic examination of our study revealed hyperpigmented, thickened, fissured, greasy patches and plaques over both hand and forearm. Fingers and toenails were elongated, yellowish discoloration & thickened. Lab findings concluded that skin and nail scraping for microscopic examination revealed Dermatophyte. Her TSH was raised & IgE level was very high. A specific case study highlighted a patient with dermatitis neglecta who presented with a raised TSH level [13]. While the search results did not provide a direct correlation between high IgE levels and dermatitis neglecta, elevated IgE can indicate an allergic predisposition, which might complicate or coexist with skin conditions like dermatitis neglecta [14].

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4. References

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