

EP23.08

From deep psyche to skin deep

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Context: Excoriation disorder, newly included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is characterized by a recurrent body-focused repetitive behaviour resulting in skins lesions. Afflicted individuals must have made repeated attempts to decrease or stop the behaviour, which must cause clinically significant distress or impairment. The behaviour cannot be due to the effects of a substance or another medical condition; and cannot be better explained by the symptoms of another mental disorder.

Aim: We aim to raise awareness among family physicians on the excoriation disorder, as it's thought to be common, with a lifetime prevalence estimated at 2-4% of the population, and may result in medical issues such as infections, skin lesions, scarring and physical disfigurement.

Case presentation: We report a case of a 61-year-old married woman, mother of two, member of a functional, nuclear family in phase VIII of Duvall's Family Life Cycle. She has psychiatric history of depression for which she takes sertraline. During an appointment with her family doctor, the patient gives a history of frequently finding herself scratching the skin repetitively. She has clean, linear erosions, crusts, and scars on areas that the patient can scratch, particularly the extensor surfaces of the limbs, the upper part of the back and abdomen; the distribution is bilateral and symmetric. The physical exam is otherwise unremarkable. Suspecting of excoriation disorder, the patient is referred to Dermatology and Psychiatry, which later confirm the diagnosis.

Discussion: Excoriation disorder in this patient results from repetitive scratching and is associated with depression, as often is the case. Family physicians usually find these patients before they see a dermatologist or psychiatrist; thus, it is important for family physicians to be aware of the salient diagnostic features and the proper management of excoriation disorder by a multidisciplinary team.