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Case Report

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Skin Excoriation Disorder with Comorbid Schizophrenia

Manoj Kumar[1], Sonam Saxena[2]*, Vipul Janardan[2], Niharika Meena[3]

[1]*Assistant Professor, Department of Psychiatry, IHBAS, New Delhi, India*

[2]*Senior Resident, Department of Psychiatry, IHBAS, New Delhi, India*

[3]*Post-graduate Resident, Department of Psychiatry, IHBAS, New Delhi, India*

***Corresponding Author**
Sonam Saxena, Senior Resident, Department of Psychiatry, IHBAS, New Delhi, India

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Introduction

Skin-picking Disorder (SPD) or Excoriation Disorder is an Obsessive Compulsive Spectrum Disorder where one compulsively picks at his skin. Obsessive Compulsive Spectrum Disorder is commonly seen to be associated with Schizophrenia. The positive symptoms of schizophrenia are seen to be associated mostly with obsessions of dirt or contamination and compulsive washing. But very few studies have mentioned about Obsessive Compulsive Spectrum Disorder associated with Schizophrenia [1-3]. Here, we are presenting a case of skin excoriation syndrome in a 22 years female patient with Schizophrenia.

Case Summary

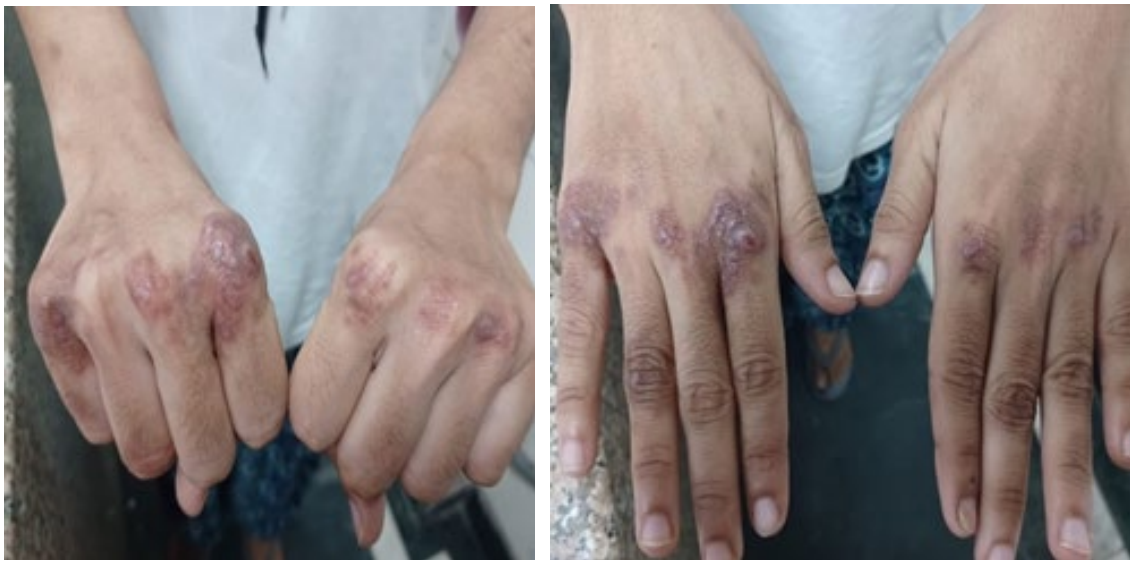

Figure 1 and Figure 2

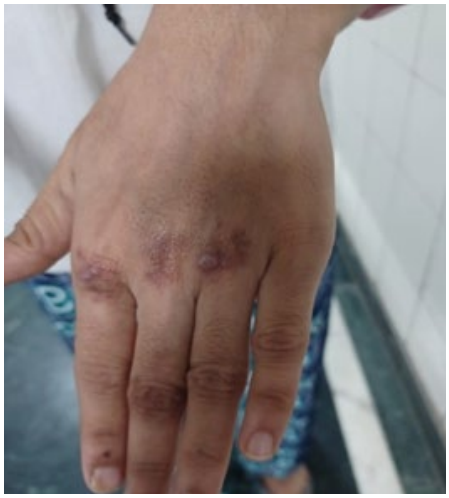
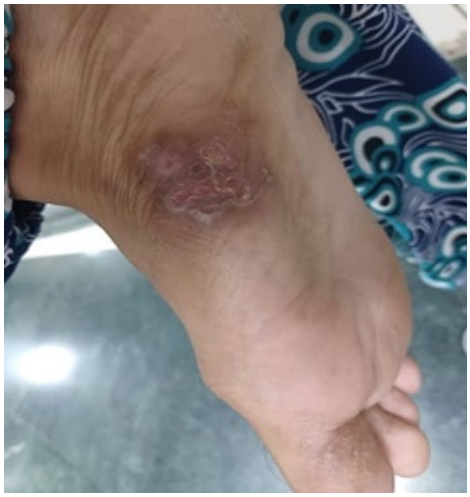

Figure 3 and Figure 4

A 22-year-old unmarried Hindu female, resident of rural Uttar Pradesh, India was brought to IHBAS Hospital, Delhi, India with complaints of fearfulness, suspiciousness, false beliefs and disturbed biological functions for last 1 year. Her mental status examination revealed poorly kempt patient with bizarre delusion and delusion of persecution.-Her routine investigations and NCCT Brain were normal. Her physical examination revealed BMI of 19, with abrasions and underlying discoloration of skin on dorsal aspect of both hand (Figure 1, 2, 3) and medical aspect of left foot (Figure 4). She was provisionally diagnosed with Paranoid Schizophrenia with dermatitis. The treating team observed that the patient had repetitive scratching of skin on dorsum of bilateral hands and feet, which had resulted in skin lesions. The family members also concurred that she had scratched so much that this has resulted in these lesions as shown in figures above. A dermatology opinion was sought for this and she was prescribed with low potency topical corticosteroids, paraffin solution and an oral antihistaminic. She was started on appropriate antipsychotic with which her PANSS score which was 24 at initial assessment was later reduced to 12 after four weeks of treatment. She was also started on Cap. Fluoxetine 20mg for SPD and after four weeks of treatment with SSRI and treatment prescribed by dermatology department, she had marked reduction in SPD and had significant improvement in her lesions as shown in Figure 5, 6.


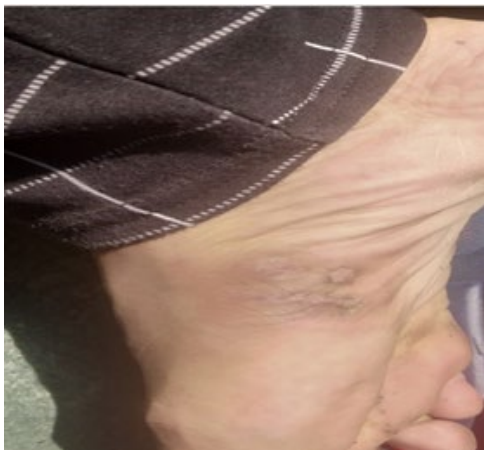

Figure 5 and Figure 6

Discussion

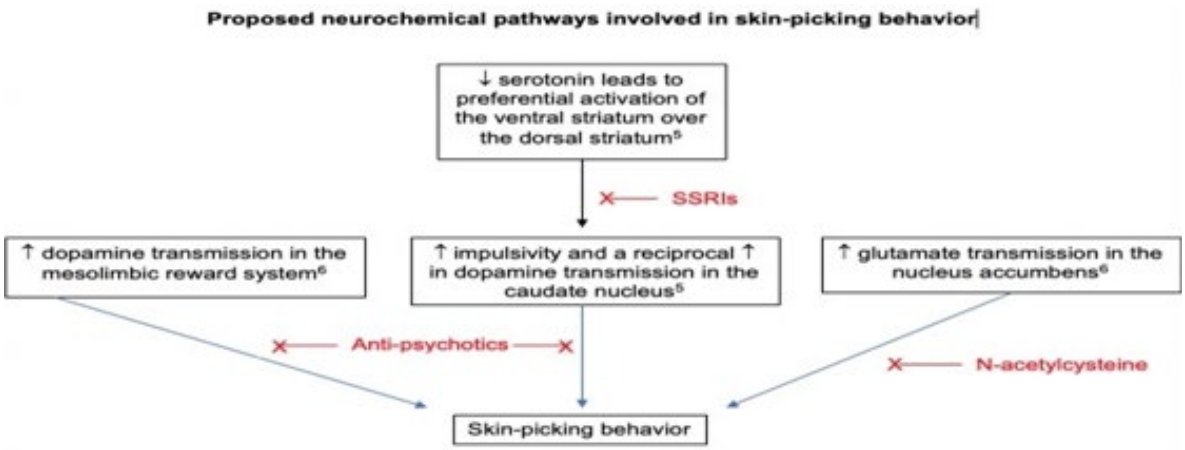

Figure 7

The patho-physiology and neuro-chemical pathway of skin-picking behavior may prove to be different in patients with co-morbid psychiatric disorders (Figure 7). As per study conducted by Kwon and Sutaria et al., it was found that patients with excoriation disorder in comparison to matched controls had increased odds of several psychiatric illnesses, including obsessive-compulsive disorder, substance use disorder, post-traumatic stress disorder, depression, bipolar disorder, attention-deficit/hyperactivity disorder and anxiety. Thus, it emphasizes the need for a multidisciplinary approach by psychiatrists and dermatologists to collaboratively manage patients with SPD [4].

Chamberlain et al. in 2020, in a sample of 10,169 adults of the general US population, aged 18–69 years observed that SPD was typically characterized by high rates of psychiatric co-morbidities especially generalized anxiety disorder (63.4%) being the most frequently associated followed by depression (53.1%) and panic disorder (27.7%).Moreover, the females were more likely to be affected with current skin picking disorder than those who never had skin picking (Likelihood Ratio, chi-square = 31.705, $p < 0.001$) [5].

In another case report by Edminister et al., it was reported that-a 34-year-old African-American male with daily problem of compulsive skin-picking in association with his diagnoses of schizoaffective disorder (depressive-type) and alcohol use disorder for last 3 to 4 years. The scars from repeated picking occurred due to derogatory 2nd person auditory hallucinations [6]. In our patient, SPD was associated with Schizophrenia that is under-repo rted in literature except a few studies that are mentioned above.

Conclusion

This case study demonstrates the importance of prompt recognition and treatment of SPD in addition to treatment of primary psychiatric diagnosis.

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