

Occupational dermatitis artefacta: a clinical case in a flight attendant

A. Tammaro^{1*}, F. Magri¹, C. Chello¹, V. Zollo², A. Daniele¹, F.M. Signati², E. Gelormini², F.R. Parisella³, F. Luzzi¹, G. De Marco¹

¹Dermatology Department, Sapienza University of Rome, Sant'Andrea General Hospital, Rome; ²Medical student biologist, Sapienza University of Rome; ³Medical student, University of Queensland, Brisbane, Australia

Abstract

Dermatitis artefacta is a psychosomatic disorder characterized by cutaneous lesions that are self-inflicted by the patient, apparently due to itchy sensation. Usually, the patient denies any direct involvement with this condition and is rarely conscious of the underlying psychosomatic etiology.

Authors report a case of a flight assistant with hypertrophic scars, symmetrically located on both upper arms. She referred chronic itchy sensation localized at the site where lesions were present; she referred relief only through continuous and forceful scratching.

Considering the clinical history and after excluding other dermatological disorders, the diagnosis of dermatitis artefacta was made. *Clin Ter* 2020; 171 (4):e288-290. doi: 10.7417/CT.2020.2229

Key words: dermatitis artefacta, occupational, keloid

Introduction

Dermatitis artefacta (DA) is a rare psychosomatic disorder, known also as factitious dermatitis.

It belongs to factitious diseases, an extensive spectrum of self-induced conditions.

It is a rare disease with higher incidence in females. Female-male ratio is reported to vary from 20:1 to 4:1. The highest prevalence is in young females within 15 and 25 years of age, but it has been described also in children. In addition, it has been reported that the majority of patients with DA are single (1, 2).

The disease is characterized by cutaneous lesions that are self-inflicted by the patient at occurrence of a pruritus sine materia (1, 2).

The lesions are consciously induced to satisfy an unconscious need for care, to avoid responsibilities and sometimes to have money from the insurance.

The patient usually denies being responsible of the lesions by and he is reluctant to see a mental health specialist.

Usually, the lesions are located at atypical sites. Furthermore, they have an atypical morphology and histology and an unclear etiology and evolution. Most of the times the patient shows indifference and lack of concern (3).

The etiology is not specific. It has been described a correlation with psychological distress, anxiety, depression, multiple personality disorder, obsessive compulsive disorder, mental retardation, sexual abuse or violence during childhood or also loss of a parent (1).

DA commonly resembles other dermatoses, such as allergic contact dermatitis and scabies. The correct diagnosis can be made after excluding other specific diseases.

Case report

We report the case of a 29-year old female patient, working as a flight attendant for an aviation company.

The patient came to our department for general screening of her nevi. No atypical pigmented lesions were present. During the examination, we noticed two cutaneous lesions bilaterally located at the deltoid region of both arms.

The lesion on the right arm was a hypertrophic scar of about 2 cm. The lesion localized at the left arm appeared as a keloid of 4 cm (Fig. 1, 2, 3).

The patient reported continuous and forceful scratching above the region where the lesions were present.

We decided to perform a cutaneous biopsy of one of the two skin lesions. The histological exam reported the presence of fibrosclerotic tissue, which it was coherent with a cicatrization process.

After the exclusion of other dermatological disorders and considering her focused repetitive behaviour of touching her arms, the diagnosis of dermatitis artefacta was made.

Correspondence: Prof. Antonella Tammaro, via di Grottarossa 1035, 00100, Rome, Italy. Phone n°: +38.06.3377.5269
E-mail: tammaroantonella@gmail.com



Fig. 1. hypertrophic (right arm) and keloid (left arm) of the patient. Notice the position of her hands near the lesions



Fig. 2. particular of the right arm



Fig. 3. Particular of keloid on the left arm of the patient.

Discussion

Dermatitis artefacta (DA) is a psycho-cutaneous disorder in which cutaneous lesions are self-inflicted and the patient denies any responsibilities. This behavior is a manifestation of internal psychological distress, that space from need of attention to personal conflict or even sexual abuse.

It is more frequent in female and often patients have some medical knowledge (3).

When asked, the patient refers a “sudden” onset of the clinical manifestation and rambles about the circumstances that may have cause it.

Clinically, the cutaneous lesions are erosions, linear excoriations and ulcerations. Furthermore, chronic lesions appear as scars: these lesions are a result of traumatization through fingernails or sharp objects (4).

Typically, the lesions are located on body parts that the patient can easily reach, such as face, trunk, upper and lower limbs.

The diagnosis of DA is often a diagnosis of exclusion, which must be considered when no other diseases can explain the clinical manifestation and the behavior of the patient, together with the atypical localization of skin lesions.

An important differential diagnosis could be atopic dermatitis: in fact, atopic patients seems to have an higher risk of keloid development (5,6). However, our patient did not presented any signs of atopic dermatitis nor allergies.

The treatment of DA include emollients (7) and topical or oral antibiotics, in case of cutaneous sovrainfection. Furthermore, it is necessary a psychological support. It requires an optimal approach to the patient, without any judgement to assess the underlying mental distress.

In this clinical case, the dermatitis artefacta regards a flight attendant for an aviation company.

Flight attendant is a particular working category: it is known that high quote longstanding can lead to alteration of biological processes, such as hormone production. Recent studies revealed an increased risk of breast cancer and melanoma for this work category (8-10).

Furthermore, continuous alteration of time zone, long way from home and personal affects, thus can also lead to psychological distress. Psychological distress and anxiety can disclose in different ways: in our patient, keloid lesions on her upper arms revealed a stressful situation, as confirmed by the patient.

Conclusion

In conclusion, we reported this clinical case because of its interesting and uncommon characteristics. Actually, a case of dermatitis artefacta in a flight attendant had not been described in Literature before.

Nonetheless, considering the intense psychological stress associated with this kind of work, dermatitis artefacta could represent an underestimated condition in this professional group.

Considering the possible association between patient's profession and the psychological causes of DA, we reported this case to underline that it is extremely important to include a correct and complete anamnesis (involving familiar and professional information) to achieve a correct diagnosis.

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