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Diffuse Ulceration in the Gluteal Region in a Young Patient: A Pathomimia Treatment Challenge

Soukayna Kabbou[1]*; Ouiam Eljouari[2]; Salim Gallouj[2]

[1]Resident Doctor, Department of Dermatology, University Hospital Center Mohammed VI, Morocco.

[2]Professor, Department of Dermatology, University Hospital Center Mohammed VI, Morocco.

***Corresponding Author(s): Soukayna Kabbou**

Resident Doctor, Department of Dermatology, University Hospital Center Mohammed VI, Tangier 40000, Morocco.

Tel: 00212615820850;

Email: soukayna.kabbou@usmba.ac.ma

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Abstract

Pathomimia is defined as a dummy pathology self-induced deliberately and is neither associated with mental confusion nor disturbance of consciousness. This article reports a case of pathomimia in a 22-year-old male with a history of depression, presented with extensive ulcerations on the gluteal region and thighs, initially suggestive of self-inflicted injury. Despite the patient's denial of involvement, further assessment revealed chronic scratching likely contributed to his condition. The diagnosis of pathomimia was established following clinical evaluation and skin biopsy, which indicated no pathological anomalies. Treatment included antibiotics, wound care, and a psychiatric assessment that identified a relapse of the patient's depression due to the discontinuation of treatment. Pathomimia often coexists with various psychiatric disorders, particularly in young adults, and requires a multidisciplinary treatment approach including psychological support through cognitive-behavioral therapy, medical interventions for wound management, and building a trusting relationship between patients and healthcare providers.

Introduction

Pathomimia refers to a condition where an individual intentionally produces or feigns physical symptoms in order to assume the role of a patient. This behavior is often motivated by a desire for attention, sympathy, or other psychological benefits rather than for financial gain, which distinguishes it from malingering. The symptoms often resemble to chronic wounds or recurrent infections, and the individual may go to great lengths to conceal the true nature of their actions [1].

The treatment of cutaneous pathomimia, as discussed in the document, involves a multidisciplinary approach that includes medical, surgical and psychological interventions.

Case report

A 22-year-old male with a 2-year history of depression presented to the emergency department with extensive painful ulcerations. On arrival, the patient presented with a fever of 38.7° Clinical examination revealed multiple ulcerations on the gluteal region and bilateral posterior thighs, characterized by bright red, bleeding bases. The lesions had irregular contours, clean surfaces, and erythematous bases with excoriations, while the perilesional skin appeared healthy and well-defined. Skin debris was noted beneath the patient's nails. An infectious assessment confirmed secondary infections of the ulcerated areas, and a skin biopsy revealed no pathological anomalies. following the clinical context and the presentation of the lesions, a diagnosis of pathomimia was considered. Although the clinical findings suggested self-inflicted injury, the patient denied any involvement. Further questioning revealed a history of chronic scratching of the affected regions, likely contributing to the ulcerations and subsequent infections. The patient was started on antibiotics and local wound care, resulting in significant improvement of the lesions. Psychiatric consultation was requested, which indicated a relapse of the patient´s depression due to the discontinuation of his treatment.

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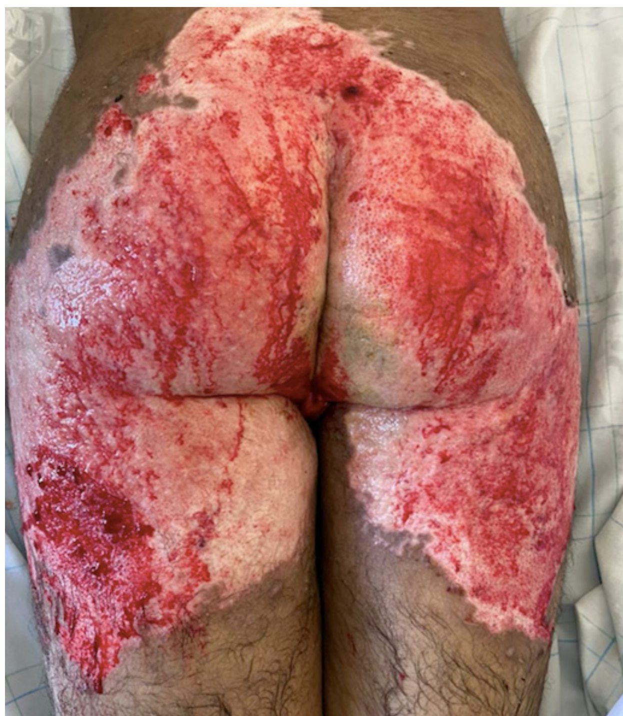

Figure 1: Photographs of the lesions demonstrates a large ulceration with irregular contours and clean surfaces, located on the gluteal region and bilateral posterior thighs with a bleeding bases, the surrounding skin appears healthy and well-definedwith excoriations around the lesions.

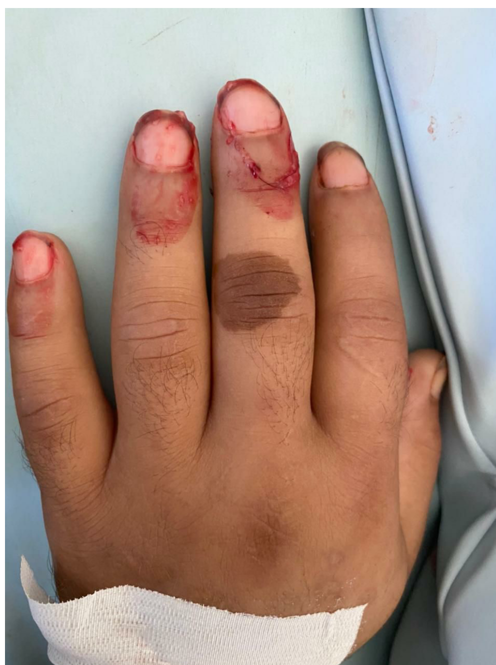

Figure 2: Skin debris beneath the patient's nails.

Discussion

Factitious ulcers are the result of self-destruction of tissue. Despite the fact that causing such injuries must be very painful, there is ample documentation of this behavior in the literature [2]. in typical cases, the patient arrives with one or more ulcerative lesions and claims to be unaware of the cause. There are various approaches to handling these developments, One of the most efficient methods as in our case, is to apply a cast or another impermeable covering over the injury, If the lesion starts to heal and deteriorates after the cast is removed, then factitious etiology should be considered. The motivations behind these disorders can be complex and may involve underlying psychological conditions, such as depression or anxiety [3], and it presents 0.2% of consultations in dermatology, it predominantly affects young adults aged 15 to 35, with a higher prevalence in females. despite the rarity of dermatopsychiatry disorders it has a significant comorbidity, observed in about one-third of patients [4] Pathomimia can occur alongside various psychiatric disorders such as borderline personality disorder, depression, anxiety disorders [5], as in our case where the patient scratches until a complete detachment of the skin in the gluteal region, simulating a caustic burn. The diagnosis of pathomimia should be considered in patients presenting extensive, acute skin lesions on healthy skin, particularly those with well-defined borders and Chronic non-healing wounds, especially with a failure of standard treatments [6]. A lack of insight into their condition or denial of self-destructive behaviors can be a significant indicator [7]. also, a background of psychological issues, including body dysmorphic disorder or personality disorders, can indicate a higher risk for pathomimic behaviors [8].

The treatment of pathomimia requires a multidisciplinary approach that addresses both the psychological and physical aspects of the condition.the treatment strategy include an initial psychiatric evaluation to identify any underlying mental health disorders, such as body dysmorphic disorder or personality disorders also Engaging the patient in psychotherapy, particularly Cognitive-Behavioral Therapy (CBT), can help them understand their behaviors and develop healthier coping mechanisms [9]. Medical and surgical interventions may be necessary to address any self-inflicted injuries these interventions include, repairing tissue damage, in some cases, performing surgical procedures such as excision and skin grafting to restore affected areas [10].

Dermatological care is also crucial, specially wound management techniques such as occlusive dressings as the one used for our patient and negative pressure wound therapy to promote healing and prevent further self-injury. Education about the nature of the condition and establishing a trusting relationship between the patient and healthcare providers are essential for a better treatment adherence.

Author Statements

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