Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Mental Health

# An Atypical Case of Skin Picking Disorder

Kamal Elkhoudri[1*], Imane Adali[1], Fatiha Manoudi[1]

[1]Mental Health Research Team, Ibn Nafis Psychiatric Hospital, Mohamed VI University Hospital, Marrakesh, Morocco

**DOI:** 10.36347/sjmcr.2024.v12i06.019 | **Received:** 23.04.2024 | **Accepted:** 04.06.2024 | **Published:** 07.06.2024

***Corresponding author:** Kamal Elkhoudri
Mental Health Research Team, Ibn Nafis Psychiatric Hospital, Mohamed VI University Hospital, Marrakesh, Morocco

**Abstract** **Case Report**

Skin picking disorder (SPD) or dermatillomania is a primary psychiatric disorder characterized by recurrent skin picking, that may lead to self-induced cutaneous lesions and significant distress or functional impairment. It is described as recurrent picking of skin leading to skin lesions, with repeated attempts to decrease or stop skin picking. This is a case presentation of a 59 years old male suffering from an atypical case of dematillomania who sews repeatedly his skin with a needle and thread.
keywords: Skin picking disorder; dermatillomania; case report.

**Copyright © 2024 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## Introduction

SPD is only a recent new entity in the psychiatric classification system of the Diagnostic and Statistical Manual of Mental Disorder (DSM) 5th edition [1]. It is described as recurrent picking of skin leading to skin lesions, repeated attempts to decrease or stop skin picking, and it is associated with significant distress or functional impairment. It is listed in the section of obsessive–compulsive and related disorders and has significant overlap with other classified disorders such as trichotillomania (hair-pulling disorder).

## Case Presentation

Mr F. 59 years old, married and unemployed; right -handed;

His pathological history: chronic cigarette smoking 20 packs years; his family reports dependant personnality traits and anxiety about the future but there was no reported psychosis (hallucinations or delusions), no disorganized behaviour otherwise, and no disorganized speech.

He was referred to our Psychiatry Unit for self-inflicted wounds at the left arm and left leg and the palm of the left foot. The wounds were inflicted via self picking with the use of a needle and sewing thread by over the course of 15 years.

He was cooperative and had no disorganized behaviour. His speech was normal. He had no evidence of psychosis, including disorganisation and no hallucinations. He reported bizarre beliefs related to the need of skin sewing, but when further investigated this was cultural beliefs rather than true delusions. He complained about a recurrent skin-picking, and unsuccessful repeated attempts to decrease or stop skin-picking.

The skin examination found recent cotton stitches on the left at forearm, hand(fig1.) and the palm of left foot and scars of old stitches on the left foot.

The diagnosis of skin picking disorder was retained according to DSM5.

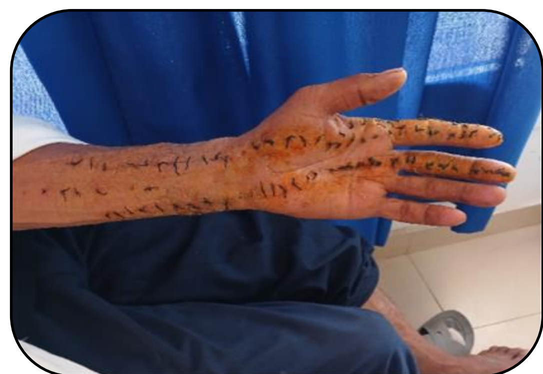

**Fig 1: recent stitches made by the patient suffering from skin picking disorder on his left hand and forearm using needle and sewing thread**

The patient received oral antibiotics for 3 weeks and local wound care and we also initiated escitalprame

10 mg with the augmentation of olanzapine 10 mg as a potential adjunct and cognitive-behavioral therapy.

After 6 weeks follow-up, He was able to master his tendancy to pick his skin and his mental status exam continued to improve.

## DISCUSSION

This reported case of picking skin by using needle and sewing thread is rare. The Behaviors of SPD are ranged as follows: scratching (55.1-77.4% of cases) > biting (32.3%) > rubbing (21.8-24.1%) [2]. Also, patients may use fingernails (73.1-80.5%) > fingers (51.3-71.4%) > teeth (35.3%). Pins or snaps, tweezers, scissors, and other instruments may also be employed to perform the repetitive behavior [3].

Patients feel compelled to pick their skin compulsively until typical injuries, bleeding or pain appear [4]. The patient is aware of his self-destructive behavior but feels unable to give up this habit, despite having made repeated attempts to decrease or stop it [4]. Symptoms of SPD cannot be better explained by the presence of another mental disorder, medical condition or substance use [1].

A systematic review of treatment options found that current management options included both a behavioural approach (habit reversal or cognitive-behavioural therapy, specifically acceptance-enhanced behaviour) and medication management (selective serotonin reuptake inhibitor [SSRI] or N-acetyl cysteine [NAC] [5]. Augmentation agents included Olanzapine, Haloperidol and Aripiprazole as potential adjuncts [6].

## CONCLUSION

Healthcare providers need to be aware that SPD can generate serious psychosocial dysfunction and lead to significant medical complications. Severe cases should be referred to a psychiatrist specialist service.

## REFERENCES


1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* Washington DC: American Psychiatric Association; 2013.
2. Bohne, A., Wilhelm, S., Keuthen, N. J., Baer, L., & Jenike, M. A. (2002). Skin picking in German students: Prevalence, phenomenology, and associated characteristics. *Behavior modification*, *26*(3), 320-339.
3. Odlaug, B. L., & Grant, J. E. (2008). Clinical characteristics and medical complications of pathologic skin picking. *General Hospital Psychiatry*, *30*(1), 61-66.
4. Torales, Benítez, J., Amarilla, Vallejo, A., García & Franco, O. (2014). Concepto y epidemiología del trastorno de excoriación [Concept and epidemiology of excoriation disorder]. In: Torales Benítez J, ed. El Trastorno de Excoriación: de la emoción a la lesión [Excoriation Disorder: From emotions to lesions]. Asunción: EFACIM; 41-52.
5. Torales, J., Díaz, N. R., Barrios, I., Navarro, R., García, O., O'Higgins, M., ... & Jafferany, M. (2020). Psychodermatology of skin picking (excoriation disorder): A comprehensive review. *Dermatologic therapy*, *33*(4), e13661.
6. Lochner, C., Roos, A., & Stein, D. J. (2017). Excoriation (skin-picking) disorder: a systematic review of treatment options. *Neuropsychiatric disease and treatment*, 1867-1872.