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Letter to the Editors · Brief an die Herausgeber

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A Note from the Editors

DERMATOLOGY + PSYCHOSOMATICS is a journal dedicated to a high scientific standard. Therefore, a review process is a prerequisite for publication of manuscripts. Nevertheless, the editors of the journal feel the need to offer a platform for comments which can be printed without the demand for corrections and adaptation to rather formalistic criteria. To provide the opportunity for the presentation of 'methodologically unstandardized' spontaneous observations in clinical practice / of clinical experience or comments concerning previously published articles we maintain the section 'Letters to the Editors' to hereby encourage the interaction among psychodermatology researchers and clinical practitioners. We would be pleased to promote a discussion within the context of psychodermatological issues in a broad sense and to contribute to interdisciplinary discussions.
Furthermore, the section 'Letters to the Editors' can be used to give feedback on articles published in the latest issues of the journal. We are grateful for comments with respect to methodological aspects of the treatises as well as to the results or conclusions drawn by the authors. We hope that the new section will be taken up by interest and will contribute to a lively and interesting discussion.

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Dermatophagia Simulating Callosities

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Key Words
Dermatotillomania · Callosity · Dermatophagia · Compulsive disorder

Introduction

The skin is often the target for release of mental tension, be it mild or severe. Under normal circumstances, scratching is elicited by minor irregularities of the skin surface, but it may lead to excoriations and result in habit formation [Koblenzer, 1983] for which the term dermatotillomania is appropriate. We are describing a relatively mild instance of a psychosomatic disorder, self-mutilation, in a teen-aged boy habitually biting his skin.

Case Report

A 15-year-old boy was brought by his father for lesions on his hands, which the father had noticed over the past several months. Examination revealed thick skin-colored discoidal plaques on the prominences of the knuckles of both hands. General examination was normal. A tentative diagnosis of callosity was made and keratolytics were given. There was no change at the second visit three months later. On questioning the boy it was revealed that he had the habit of intermittently biting his knuckles allowing the rest of his hand to hang freely. According to the father, the boy's behavior was normal except for stubbornness, and his school performance was satisfactory. In the course of a few months the nature of his condition was explained to the boy and he was instructed to consciously desist from biting his knuckles. The boy is under follow-up and has almost given up his habit. The father was reassured that it would take some time before the skin appeared normal.

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Discussion

Habitual biting of the skin or dermatophagia is a form of neurodermatosis characterized by repeatedly biting normal skin. It is a cutaneous compulsive disorder in which the patient is conscious of the action [Koblenzer, 1999]. This may take serious forms attributable to depression and anxiety which warrant proper psychiatric care. At times the lesions may be mild and without psychological symptoms. In these cases the unsuspecting clinician may refer the patient to a dermatologist for advice. In the present case the lesions were localized thickened plaques confined to the knuckles of both hands. At the first visit they were thought to result from friction. At the second visit dermatophagia could be diagnosed. Otherwise the boy was performing well in school and behaving well at home. At work or when watching something he had the habit of biting his knuckles which provoked the present skin condition. The condition was explained to him and at subsequent visits reassurance was given.

Usually patients are fully aware that their disease is self-produced. Consequently, patients with dermatophagia do not seek advice [Scott and Scott, 1997]. Normally no medical treatment is required and the skin condition gradually regresses once the person quit their habit. Simple measures like chewing gum may also help break the habit [Scott and Scott, 1997]. In a previous case (unreported) where in addition to dermatophagia, symptoms of neurotic excoriations were predominant, serotonin reuptake inhibitor (SRI) citalopram at a dose of 20 mg per day was used with success.

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