

PSYCHOGENIC EXCORIATION IN A SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT

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A 37-year-old woman, with systemic lupus erythematosus since 1996, characterized by malar rash, mouth ulcers, photosensitivity, polyarthritides, Raynaud's phenomenon, alopecia, and positive antinuclear antibody. She has also severe antiphospholipid syndrome manifested by six episodes of deep venous thrombosis, three pulmonary thromboembolism episodes and persistent positive lupus anticoagulant. She has been medicated with warfarin and also with diphosphate of chloroquine (250 mg/day), dapsone (100 mg/day), methotrexate (12.5 mg/week) and prednisone (20 mg/day) due to persistent skin lesions on her face.

A Dermatology appointment was scheduled due to the persistence of the lesions refractory to therapy. The consultant dermatologist diagnosed a Psychogenic Excoriation. She had no other clinical sign or symptom of lupus activity, normal cell blood count, C-reactive protein 0.43 mg/L, erythrocyte sedimentation rate of 2 mm/1st hour, and CH100= 280 IU/mL (normal range: 150-350 IU/mL).

The psychogenic excoriation diagnosis was based on linear lesions that are not typical of lupus (Figure 1) and also on the absence of lupus clinical and laboratory abnormalities.

She was treated with anti-histaminic and then referred to the psychiatric department. Sertraline was started and prednisone was tapered until completely stopped. She evolved with complete healing of her dermatological disease. The other immunosuppressive drugs were also stopped during the follow-up. Currently, she is doing well, without lupus activity, under diphosphate of chloroquine, warfarin and fluoxetine.

Psychogenic or neurotic excoriation, also called dermatotilomania, is a psychodermatologic condition that attempt about 2% of dermatologic cases, being women more affected¹⁻³. It occurs due to exces-

sive scratching by tooth, tweezers, nails and others instruments. The pruritus sensation can or can not be present. The lesions are usually found on face and also on superior and inferior members, areas where patients can easily reach. They may occur in absence or in response to skin pathology or sensation of itching¹⁻³. It is a condition which usually responds adequately to selective serotonin reuptake inhibitors⁴ and behavior therapy as observed in our patient.

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Figure 1. Linear erythematous lesions suggestive of psychogenic excoriations on the lupus patient face

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