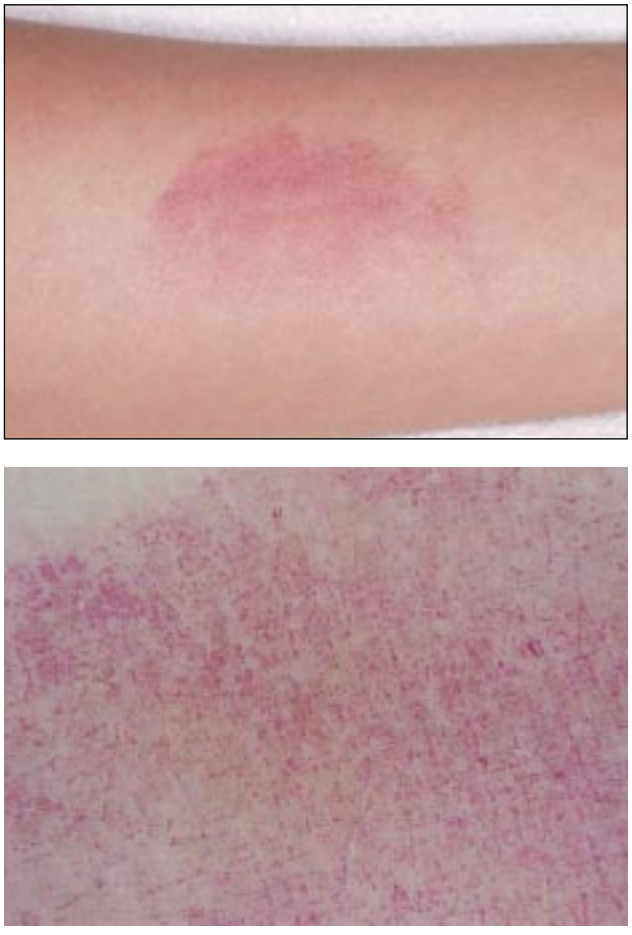
What Is Your Diagnosis?



A 17-year-old white adolescent girl presented with a 5-year history of recurrent red, blue, and violet patches that were sustained for hours to days before resolving. The lesions usually occurred on her face, neck, and abdomen. On examination, she had only a solitary erythematous patch on the volar aspect of the left forearm (top), a lesion she described as typical. Dermoscopic evaluation of the arm lesion was conducted (bottom).

PLEASE TURN TO PAGE 105 FOR DISCUSSION

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The authors report no conflict of interest.

The Diagnosis: Factitious Purpura

This patient with a history of factitious purpura (Figures 1 and 2) successfully eluded diagnosis until a dermoscopic examination was performed and revealed applied pigment (Figure 3). Prior evaluation of this patient had included examinations and evaluations by dermatologists, neurologists, ophthalmologists, a hematologist, an internist, and school nurses and counselors. Findings of laboratory studies (ie, complete blood cell count, full coagulation panel, antinuclear antibody titer, and antiphospholipid antibodies) were all within reference range and the pathologic results of a skin biopsy were unremarkable. The patient's family was quite concerned about the nature of her skin disease. The patient denied any physical injuries or abuse. The pigment was found to be removable with alcohol. Psychological evaluation and counseling were recommended.

Factitial dermatoses are self-inflicted disorders that most commonly occur in adolescents and young adults, especially females. They vary considerably in presentation and can be difficult to diagnose. In the variant, Munchausen syndrome, the patients seem to gain nothing except the discomfort of unnecessary investigations and operations.[1] Self-inflicted injuries and diseases have been recognized since Bible times; in the Middle Ages, hemoptysis was simulated by placing leeches in the mouth and the skin was abraded to mimic skin conditions.[2] Munchausen syndrome may be more common than appreciated by clinicians. It may be the cause of as many as 9% of hospitalizations and 3% of fevers of unknown origin, but even these figures may be underestimates.[3] Patients with factitious disorders may have considerable iatrogenic morbidity that places immense strain on the healthcare system.[4] Since the first report of the syndrome in 1951,[1] many case reports have documented the performance of unneeded operations on these patients and the administration of dangerous medications to them.[2]

Although an immature personality is common among persons affected by Munchausen syndrome,[5] most of these patients are highly intelligent and manage to successfully deceive physicians who believe they are investigating a true disease.[3] Recognition of Munchausen syndrome is impaired by the unusual physician-patient relationship, the physician's fear of missing some organic disease, and the difficulty of the patient's family and the family physician in accepting the reality of the disease. Lesions arrive fully developed,[5] and multiple

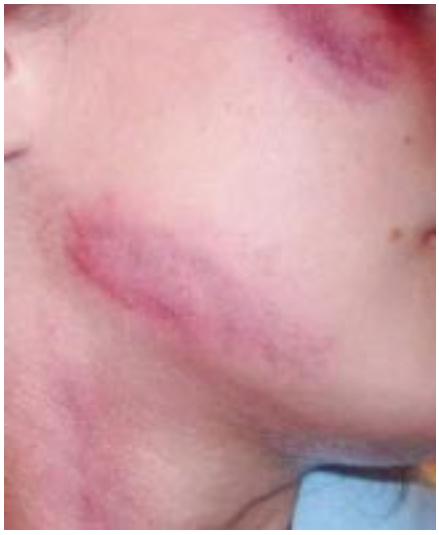

Figure 1. Red, blue, and violet patches on the face and neck.

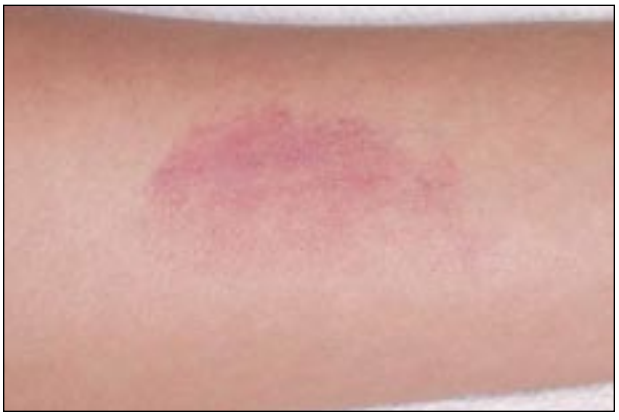

Figure 2. Solitary erythematous patch on the volar aspect of the left forearm.

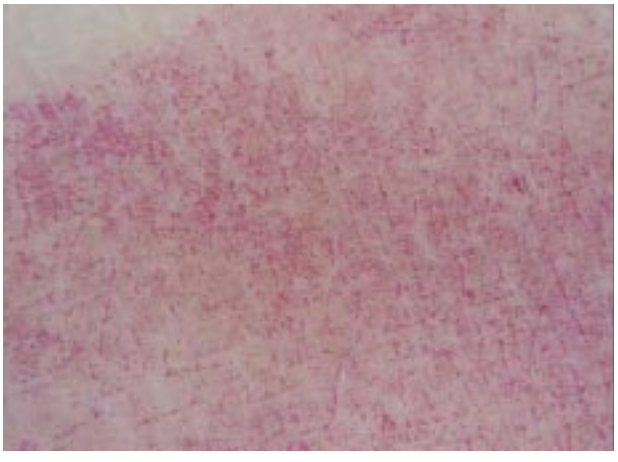

Figure 3. Dermoscopic evaluation of the patch on the left forearm reveals the pattern of applied pigment.

lesions are common.[6] As the lesions begin to heal, a continuous supply of new ones is necessary if the illness is to continue.[5] Clinical suspicion is highest for female healthcare workers in their 30s. Inexplicable laboratory results often are used to establish a diagnosis.[7]

Patients with Munchausen syndrome can display awesome creativity in their deceptions. Calobrisi et al[8] described a 14-year-old adolescent girl with a 2-year history of an exquisitely tender, vegetative cheilitis. She was unable to drink fluids and was repeatedly hospitalized for dehydration and pain management. A diagnosis of factitial cheilitis was finally established after the "vegetative cheilitis" was discovered to actually be a makeup composed of petroleum jelly, hair sheen, and cookie crumbs.[8] Tlacuilo-Parra et al[2] reviewed 8 patients with Munchausen syndrome who simulated systemic lupus erythematosus, some with 4 or more disease criteria. These authors wondered how such a complex disease with such a broad spectrum of manifestations could be simulated and concluded that the only limits were the patients' knowledge and imagination.[2]

The psychiatric differential diagnosis includes hospital addiction, malingering, hysteria, drug addiction, personality disorder, and somatoform disorder, as well as the need for shelter.[9] Case reports have been published of dermatitis artefacta in patients with multiple personality disorder whose dominant personality was unaware of self-injuries inflicted by an alternate personality.[10,11]

Patients with factitious disorders often are refractory to psychotherapy. Confronting patients about false symptoms is rarely beneficial[4]; it does not appear to lead to acknowledgment and should not be considered necessary for management.[7] Krahn et al[7] found that of 93 hospitalized patients with factitious disorders diagnosed over 21 years, 80 had psychiatric consultations; 71 were confronted about their own role in the illness but only 16 acknowledged that their illness was self-induced or simulated. Few patients pursued psychiatric treatment and 18 left the hospital against medical advice.[7] In a series of 57 patients, Nielsen et al[6] found that when self-infliction was suggested as the cause, two-thirds of patients initially denied it and only 1 patient agreed to meet with a psychiatrist.

Patients with Munchausen syndrome challenge dermatologists to use all the tools available to them for making a proper diagnosis. In our patient, the diagnosis was made only with the aid of dermoscopy.

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