

Case Report

Dermatitis neglecta: a frequent misdiagnosis

Rabiyah Nadeem, Muhammad Irfan Anwar, Khurram Ahmad

PNS Shifa Hospital, Karachi, Pakistan

Abstract Dermatitis neglecta (DN) is a frequently misdiagnosed condition which is usually an outcome of inadequate cleansing in an area associated with pain, sensory disturbance, trauma, a previous surgery, or in a patient with physical or mental disability. Here, we report an 18-year-old boy suffering from depression who presented with the classical features of dermatitis neglecta.

Key words

Dermatitis neglecta, depression, disability.

Introduction

Dermatitis neglecta is a condition which occurs secondary to inadequate frictional cleansing in a certain area of the body because of pain, sensory disturbance, trauma or a previous surgery, or due to some form of a physical or mental disability. It is frequently misdiagnosed and underreported in literature. Recognising this condition results in the avoidance of unnecessary and aggressive diagnostic and therapeutic procedures.^{1,2}

Case report

An eighteen-year-old boy presented with dark brown, dirty-looking scales on his cheeks for the past 03 months. Cutaneous examination revealed greasy, hyperkeratotic and hyperpigmented scales involving both cheeks extending to the temporal, preauricular and mandibular regions. There were no neurological or any other cutaneous complaints and there was no history of a similar problem amongst his family members. The boy's mother stated that he had been suffering from depression for the past 5 years. On further inquiry, she admitted that he

has been paying little to no attention to his hygiene. In light of this, the affected area was gently rubbed with an alcohol swab. This resulted in the complete removal of the debris (**Figure 1a & 1b**). The mother was then counseled regarding the importance of daily assisted facial cleansing, and at a follow-up visit 4 weeks later, the affected areas were still clear.

Discussion

First described by Poskitt et al. in 1995, Dermatitis neglecta is also known as Dermatosis neglecta, or Unwashed dermatosis.¹ It occurs secondary to inadequate frictional cleansing, leading to the accumulation of corneocytes, sebum and sweat, ultimately resulting in the buildup of hyperpigmented, adherent and verrucous or cornflake-like scales.¹ This condition can present in all ages and skin types and most often occurs in body areas associated with sensory disturbance, pain, trauma, previous surgery on physical or mental disability. It is believed to be quite common. However, due to its misdiagnosis and underreporting, there are only a handful of cases in literature.²

The diagnosis is confirmed by the complete resolution of the lesions following rubbing with an alcohol-soaked gauze, or with soap and Water.

Address for correspondence

Dr. Rabiyah Nadeem

PNS Shifa Hospital,

Karachi, Pakistan.

Email: rabiyahnadeem@yahoo.com



Figure 1a Dermatitis Neglecta



Figure 1b Dermatitis Neglecta after cleansing with alcohol swab

This method serves both as a diagnostic as well as a therapeutic modality.² Early and prompt clinical recognition of this condition and its underlying cause leads to the avoidance of invasive diagnostic and therapeutic interventions.¹

DN should be considered in the differentials of hyper pigmented localized and disseminated lesions, especially in those with a background of disability. Terra firma forme dermatosis is another differential and the presence of adequate hygiene, lack of cornflake like scales, and lack

of response of the dirty patches to soap water rubbing differentiate it from DN.² Dermatitis Artefacta is a factitious disorder where lesions are generated by patient himself with a background of psychiatric disease.³ Confluent and reticulated papillomatosis of Gougerot and Carteaud presents with dry grey to brown macules and papules with minimal scaling which becomes confluent at the centre and extend in its periphery in a reticulate pattern, mostly in the intermammary region and is not linked to cleansing.⁴ It is usually associated with *Pityrosporum orbiculare* infection and responds to oral Minocycline. Other conditions in the differential diagnosis include verrucous naevi, pityriasis versicolor, acanthosis nigricans, postinflammatory hyperpigmentation, frictional hyperkeratosis, dirty neck of atopsics, and several forms of ichthyosis.⁵ As for the treatment, simple cases with no complications can be treated with daily gentle washing of the affected area with a light soap and washcloth. Severe cases, on the other hand, may require a keratolytic agent, such as salicylic or glycolic acid, in addition to daily bathing with soap and water.

Saha A reported three cases of dermatitis neglecta in whom the dermatitis developed as a result of intentional neglect of personal hygiene.⁶ Singh P described a patient with dermatosis neglecta in a homeless patient suffering from schizophrenia.⁷ Han YJ reported a young man with an asymptomatic thick scaly plaque of dermatitis neglecta on the umbilicus.⁸ Our case is another presentation of dermatitis neglecta, with a remarkable improvement following mechanical rubbing using an alcohol swab.

Conclusion

Diagnosing dermatitis neglecta by a thorough history, examination and treating the underlying

cause can save the patient from unnecessary and costly procedures and frequent hospital visits. Patients and guardians should be counseled about the maintenance of hygiene.

References

1. Abhijit Saha, Joly Seth, Amita Sharma, Desharghya Biswas. Dermatitis neglecta- A Dirty Dermatoses: Report of three cases. *Indian J Dermatol* 2015; 60(2): 185-187.
2. Thomas Stewart, General practitioner, Sydney, Australia. Dermatitis neglecta. *Dermnet New Zealand* in chief: A/prof Amanda Oakley, Dermatologist, Hamilton, New Zealand.
3. Jennifer L Lucas, Robert T Brodell, Steven R Feldman. Dermatoses neglecta: A series of case reports and review of other dirty-appearing dermatoses. *Dermatol Online J* 2006; 12(7): 5.
4. Elisa Mayumi Kubo Sasaya, Carolina Ghislandi, Flavia Trevisan, Talita Beithum Ribeiro, FabianeMulinari-Brenner and Caroline BalvediGaiewski. Dermatoses neglecta. *An Bras Dermatol* 2015; 90 (3 Suppl 1): 59-61. Doi: [10.1590/abd1806-4841.20153656]
5. Perez-Rodriguez I.M., Munoz-Garza F.Z., Ocampo-Candiani J. An unusually severe case of dermatosis neglecta: A diagnostic challenge. *Case Rep Dermatol* 2014; 6:194-199. Doi [10.1159/000366515]
6. Saha A, Seth J, Sharma A, Biswas D. Dermatitis neglecta- A dirty Dermatoses: Report of three cases. *Indian J Dermatol* 2015; 60: 185-7.
7. Singh P, Kar SK, Kumari R, Gupta Sk. DermatosesNeglecta in schizophrenia: A rare case report . *Indian Journal of Dermatology*.
8. You Jin Han, So Young Kim, Hae Young Choi, Ki Bum Myung, You Won Choi *Ann Dermatol* 2008; 20(4): 257-259.