Genital Dermatillomania

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Key Words

Dermatillomania • Skin-picking disorder

Abstract

Dermatillomania is a rare disease that seldom affects the genitals. Genital dermatillomania has not yet been recognized as a separate entity within the disease. The purpose of the report is to highlight a new facet of dermatillomania and inform urologists that dermatillomania could be a potential reason for genital ulcers. This report documents 2 cases of genital dermatillomania which vary in severity from mild (case 1), where the patient's ulcers healed after extensive counseling, to extremely dire (case 2), where the patient lost his penis after recurring ulcers and multiple reconstructive surgeries. Clinicians should be aware of the characteristics of dermatillomania to ensure that appropriate therapy can be promptly initiated to prevent morbidity.

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Introduction

Dermatillomania is characterized by the compulsive and constant rubbing, scratching, and picking of skin that can result in discoloration, scarring, and infection [1, 2]. In its mildest form, it is self-limiting. However, some people suffering from this disease have a psychological inability to control the pickings and can continue to subconsciously pick their skin for multiple hours a day, which may impact one's social and work life as well as lead to skin ulcers, scars or even physical deformities.

Case 1

A 60-year-old man with a history of prostate cancer treated with brachytherapy presented to the urology clinic for a routine checkup. During the physical examination, he was found to have ulcers on his penis at various stages of healing (fig. 1). He admitted to repeatedly picking the scabs on his penis that were developing from the healing ulcers. He tested negative for syphilis and herpes simplex virus type 1 and 2. A wound culture was performed on the ulcer, and it grew *enterococcus*. A prolonged course of culture-specific antibiotics was unsuccessful. Upon further questioning, the patient admitted to forcefully “popping” his skin blisters. The patient was counseled about dermatillomania and instructed to consciously avoid picking the ulcers and to not shave his genitalia. Two months later, the patient's physical examination revealed a well-healed wound site (fig. 2).

Case 2

A 62-year-old man with a history of depression and somatic disorders presented to the urology clinic with right testicular torsion and was treated with an orchiectomy. During a routine checkup weeks later, a physical examination of his penis revealed multiple scratch marks and scars in different stages of healing. He admitted to picking his genitalia daily. The patient was diagnosed with dermatillomania. He was advised to stop picking and scratching his genitalia without much success. As a result, he was started on sertraline, a selective serotonin receptor inhibitor (SSRI). The patient continued to suffer from recurrent genital skin infection that was treated with systemic antibiotics, Silvadene cream, and multiple bouts of skin debridement. The condition was further complicated by a self-inflicted injury to the left testicle leading to an orchiectomy, requiring the patient to be put on testosterone replacement therapy. Eventually the patient had penile length loss due to fibrosis and extensive scarring of the penile skin (fig. 3). The scarring from the fibrosis eventually resulted in pe-

Fig. 1. Multiple excoriation and ulcers of the penis from genital dermatillomania (patient 1).

Fig. 3. Fibrosis and extensive scarring of the penile skin (patient 2).

nile concealment. A phallus excavation with a split thickness skin graft was performed twice. The patient continued to pick at his wound and eventually developed meatal stenosis and a large urethrocutaneous fistula on the distal pendulous urethra. A perineal urethrostomy was performed. He was switched to a combination of serotonin norepinephrine reuptake inhibitor, SSRI, and a benzodiazepine. After multiple sessions of cognitive behavioral therapy in a monitored environment, his genital wound finally healed via secondary intention. Due to the relapsing nature of his disease, genital reconstruction was not performed.

Fig. 2. Well healed scar (patient 1).

Discussion

Dermatillomania is a skin picking disorder (SPD) that is defined as repetitive scratching, rubbing, digging, picking or squeezing of the skin resulting in visible damage and impairment in social functioning [3]. The prevalence of this disease is not known, but it accounts for about 1–2% of dermatology clinic visits [4]. SPD is more common in females with a female-to-male ratio of approximately 8:1 [2, 5]. SPD is most common in patients between the age of 15 and 45 years old [6]. The exact pathophysiology of SPD is unknown, but magnetic resonance imaging of the brain has found abnormal activation in areas involving inhibition, habit formation, and action monitoring [7].

Dermatillomania is also commonly associated with other major psychiatric disorders (table 1) [8, 9]. Clinical manifestations include excoriation and polymorphic lesions of varying sizes with a wide variation in severity and extent due to different stages of healing [9]. The most commonly affected sites are the face, scalp, shoulders, and back. As observed, the perianal and genitals may also be potential sites for the disease. These 2 patients at-

Table 1. Psychiatric comorbidities associated with dermatillomania

Psychiatric conditions	Percentage
Concurrent major mental disorders	38%
Bipolar disorder	
Attention-deficit/hyperactivity disorder	
Eating disorder	
Depression	42%
Obsessive-compulsive disorder	15–68%
Alcohol abuse/dependence	40%
Body dysmorphic disorder	12–32%
Trichotillomania	5–37%
Onychophagia	27%

tributed this incessant picking to an urge that lasted about 6–10 minutes. These urges occur frequently throughout the day, leading to picking and scratching for multiple hours a day in the case of patient 2.

The assessment of dermatillomania should include a meticulous review of the patient's psychiatric history and a thorough physical examination to evaluate other potentially affected areas beyond the targeted site. Treatment for this disease demands a multidisciplinary approach involving a psychiatrist, a primary care provider, and in some dire cases, a plastic surgeon. The treatment regimen entails optimization of the patient's mental state with or without pharmacological therapies, cognitive behavioral therapy, and symptomatic reliefs which may include topical ointments and even surgery [10]. There are no clear guidelines for the pharmacological treatment of SPD, but a SSRI antidepressant is usually the initial prescription. In the medical literature, there are only small case series

and clinical trials describing SSRIs as a treatment for SPD. However, these trials have huge dropout rates and wide confidence intervals [11, 12]. Other pharmacological agents include antipsychotics, especially for patients also suffering from anxiety disorders. Dermatologic therapies include topical and occasionally systemic antibiotics to treat infected ulcerations or excoriation, corticosteroids such as triamcinolone acetonide for non-facial lesions, and semi-occlusive dressings to limit further skin damage and promote healing.

To date, there have been no cases of genital dermatillomania reported in medical literature. In our series of genital dermatillomania, the symptoms vary drastically from mild (case 1), where the patient's ulcers healed after counseling, to extremely dire (case 2), where the patient ultimately developed penile fibrosis and scarring resulting in penile concealment. Case 1 was treated with cognitive behavior therapy and was self-limiting. Case 2 was a severe case that required multiple pharmacological agents, cognitive behavioral therapy, and admission to a skilled nursing facility for close monitoring. Even so, the patient ultimately had significant morbidity, which led to a penis that was no longer functional.

Conclusion

Genital dermatillomania remains a challenge to diagnose and treat due to its poorly understood pathophysiology. Clinicians should be aware of the characteristics of dermatillomania to ensure that appropriate therapy can be promptly initiated to prevent morbidity.

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