Dermatitis Artefacta vs. Dermatitis Factitia

Concerning Abstracts: 10th International Congress ESDaP, Brussels. Dermatol Psychosom 2003;4:103–122.

I noted in the last issue of DERMATOLOGY + PSYCHOSOMATICS that in some of the abstracts [e.g., Carey and Romero, 2003; García-Bustínduy et al., 2003], dermatitis artefacta and dermatitis factitia are used interchangeably. Even Lyell [1972] decades ago seemed to confuse what I believe are two disorders. Briefly, the differences are as follows: Patients with dermatitis artefacta fully intend to produce the lesions, they are willing to admit it but often do not seek treatment (in contrast to neurotic excoriators who seek treatment, admit doing it but cannot keep from doing it). The skin lesions in dermatitis factitia, on the other hand, are intentionally produced, often carefully crafted, and the patients are very unwilling to admit it; they may also elicit sympathy or pity from the examiner when the truth comes out, something that al-

most never happens with malingerers [Kalivas, 1996]. It is important to maintain the distinctions between these disorders, not only for clarity of communication among investigators but also because treatments may not be the same for dermatitis artefacta and for dermatitis factitia.

References

- Carey JD, Romero EA: Dermatitis artefacta. *Dermatol Psychosom* 2003;4:104.
García-Bustínduy M, Guimerá F, Sánchez R, Fagundo E, Rodríguez F, Cabrera R, Sáez M, Henry M, Noda A, García-Montelongo: Is it or is it not a dermatitis artefacta? *Dermatol Psychosom* 2003;4:108.
Lyell A: Dermatitis artefacta and self-inflicted disease. *Scot Med J* 1972;17:187–196.
Kalivas J: Malingering versus factitious disorder. *Am J Psychiatry* 1996;153:1108.