

Case Report

Open Access

A Cutaneous Pathomimia Mimicking Acne

Yasmine Rkiek*, Ouiame El Jouari, MeriemEl Haddad, Salim Gallouj

Department of Dermatology, University Hospital Center of Tangier, Tetouan Al Hoceima, Faculty of Medicine and Pharmacy Tangier Abdelmalek Essaadi University, Tangier, Morocco

Article Info

***Corresponding author:**

Yasmine Rkiek

Department of Dermatology
University Hospital Center Tangier, Tetouan
Al Hoceima;
Faculty of Medicine and Pharmacy
Tangier Abdelmalek Essaadi University
Tangier, Morocco
Email: yutsk@mail.ru

Received: September 20, 2024

Accepted: November 20, 2024

Published: November 27, 2024

Citation: Rkiek Y, El Jouari O, El Haddad M, Gallouj S. A Cutaneous Pathomimia Mimicking Acne. *Madridge J Dermatol Res.* 2025; 6(1): 140-141.
doi: 10.18689/mjdr-1000134

Copyright: © 2025 The Author(s). This work is licensed under a Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Published by Madridge Publishers

Abstract

Cutaneous pathomimia, called factitious dermatosis or dermatological Munchausen syndrome, is a self-inflicted dermatological condition, can present in various forms, complicating accurate diagnosis and treatment. When it mimics common conditions like acne the challenge for clinicians increases.

We report a case of a 20-year-old female presenting with persistent facial lesions diagnosed as acne. Despite multiple courses of conventional acne treatment, her condition showed no improvement. Detailed history and psychological evaluation revealed underlying emotional distress and self-inflicted manipulation of the skin lesions, consistent with a diagnosis of cutaneous pathomimia.

Keywords: Pathomimia, Acne, Psychological

Introduction & Objectives

The cutaneous pathomimia is a disease self-produced in a state of clear conscience by the patient himself, at the level of his cutaneous-mucosal coating or of his phaneres [1]. It is characterized by lesions maintained to satisfy a psychological need of which the patient is not conscious. We report a case revealed by lesions of the face.

Observation

A 20-year-old female patient, with no notable pathological or psychiatric history, consulted for facial lesions evolving for two years. The patient had consulted previously, and was diagnosed and treated as acne, she was initially treated with a topical regimen combining benzoyl peroxide and adapalene, followed by oral cyclines for three months. Due to the lack of improvement, she was subsequently treated with isotretinoids for six months and reached the cumulative dose, without any progress.

The clinical examination revealed several erosive lesions on an erythematous background with hyperpigmentation of the peri-lesional skin, involving both cheeks, the perioral area and the chin (Figure. 1). The hormonal balance was normal and the serologies of syphilis and HIV were negative. In view of the clinical aspect of the lesions, their chronic nature, and the non-response to treatment, a biopsy was carried out, showing non-specific lesions with epidermal erosions. The diagnosis of pathomimia was evoked.

A psychiatric consult was requested, after two sessions, the patient acknowledged the self-mutilation by creating the skin lesions herself. The results of the psychiatric evaluation supported the diagnosis of anxiety and depression provoked by two significant life events. Psychiatrists then started a systematic treatment with psychotropic medications.

The evolution was marked by the complete healing of the lesions with healing cream, formulated with panthenol, zinc gluconate, and glycerin, under occlusive dressing, to minimize the possibility that the patient would manipulate the skin lesion.

The examination by the psychiatrist, confronted with the clinical history, the skin biopsy results and the evolutionary data, concluded to cutaneous pathomimia diagnosis.



Figure 1: Acne lesions mimicking cutaneous pathomimia before treatment

Discussion

Cutaneous pathomimia also known as factitious dermatosis or dermatological Munchausen syndrome, is a self-induced skin disease following a psychological suffering [2]. It is one of the most complex diagnostic problems because of the multiplicity of its clinical aspects [3]. Pathomimia appears to be rare, accounting for only 0.2% of consultations in dermatology. It often affects adults aged between 15 and 35, with a clear predominantly female [4]. The most frequent symptoms are ulcerations, sores and excoriations [5]. The diagnosis of pathomimia should be considered in the event of any delay in healing without an obvious organic cause [6].

In our patient, the layout and location of the lesions mimicked acne. It is a diagnosis of elimination based on a number of arguments: young age, location in accessible areas, the location in accessible areas, lesions not belonging to any known skin condition, and skin condition, normal paraclinical tests and the presence of positive psychological arguments [7]. Collaboration between dermatologist and psychiatrist is essential in order to elaborate a common therapeutic project [8]. Hospitalization is sometimes necessary in order to remove the patient from his environment, which may be the source of his disorders, and thus improve his treatment [9].

This case highlights the importance of considering cutaneous pathomimia in patients with treatment-resistant dermatological conditions. Misdiagnosis can lead to ineffective treatment and further psychological distress [10]. A multidisciplinary approach, including dermatological and psychological assessment, is crucial for accurate diagnosis and effective management.

Conclusion

Cutaneous pathomimia remains a diagnosis of elimination that must always be considered if the underlying cause is not apparent and that can only be retained with a set of arguments, after having eliminated any other organic affection.

Acknowledgements: None

Conflict of Interest: No conflicts of interest

Patient Consent for Publication:

I understand that the article aims to contribute to medical knowledge and that it may include details about his medical history, diagnosis, treatment, and outcomes.

References

1. Consoli SG. Dermatitis artefacta: a general review. *Eur J Dermatol.* 1995; 5:5-11.
2. Gieler U, Consoli SG, Tomas-Aragones L, Linder DM, Jemec GB, et al. Self-inflicted lesions in dermatology: terminology and classification—a position paper from the European Society for Dermatology and Psychiatry (ESDaP). *Acta dermato-venereologica.* 2013; 93 (1): 4-12. doi: 10.2340/00015555-1506
3. Kluger N. Factitious disorders in dermatology: still a challenging diagnosis. *Eur J Dermatol.* 2017; 27 (3) 311-313. doi: 10.1684/ejd.2017.2983
4. Koblenzer CS. Dermatitis artefacta. Clinical features and approaches to treatment. *Am J Clin Dermatol.* 2000; 1:47-55. doi: 10.2165/00128071-200001010-00005
5. Tennstedt D, Truchetet F. Plaies : simulations et pathomimies. *Revue francophone de cicatrisation,* 2017; 1(15) : 26-27.
6. Feldmann MD. Playing sick? Untangling the web of Munchausen syndrome, Munchausen by proxy, Malingering and factitious disorder. 1st ed. New York: BrunnerRoutledge, 2004.
7. Stein DJ, Hollander E. Dermatology and conditions related to obsessive-compulsive disorder. *J Am Acad Dermatol.* 1992; 26(2 Pt 1): 237-242. doi: 10.1016/0190-9622(92)70033-c
8. Novak TG, Duvancic T, Vucic M. Dermatitis artefacta: case report. *Acta Clin Croat.* 2013; 52(2): 247-250.
9. Al Hawsawi K, Pope E. Pediatric psychocutaneous disorders: a review of primary psychiatric disorders with dermatologic manifestations. *Am J Clin Dermatol.* 2011; 12(4): 247-257. doi: 10.2165/11589040-000000000-00000
10. Moussaoui A, Fejaal N, Cantaloube D. Prise en charge chirurgicale de la pathomimie cutanée. À propos d'un cas avec revue de la littérature. *Annales de chirurgie plastique esthétique.* 2005; 50: 743-745. doi: 10.1016/j.anplas.2005.03.008