

Wound Sleuth

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This 82-year-old female presented with multiple areas of excoriation and ulceration. Despite a variety of creams and dressings, she failed to heal and was referred to the wound care clinic.

Figure 1 shows multiple areas of excoriation and superficial ulceration with crust formation. The majority of the lesions are on the abdomen and lower legs but also involve the upper back.

What is the diagnosis?
What is the treatment?

Diagnosis

This individual has multiple focal excoriations that are self-inflicted (neurotic excoriations). The tip-off to the diagnosis is the location of lesions on areas that are easily accessible by her “scratching” hand. In most cases of neurotic excoriations, it is common to find lesions on the extensor aspects of the arms and legs as well as the upper back and abdomen and uncommon to find lesions on the flexor surfaces or the mid-back region, as one does not typically scratch in these locations.

The list of differential diagnoses for neurotic excoriations includes a number of skin conditions, including dermatitis herpetiformis (seen with gluten sensitive enteropathy) and scabies. Referral to a dermatologist is quite helpful when the cause is uncertain.

Treatment

Neurotic excoriations can be an extremely frustrating and difficult management problem, as frequently the individual has no insight into why they are scratching. Unless they stop self-inflicting these wounds, no amount of topical treatment or dressings will help.

Occasionally, some of the anti-depressant medications may be beneficial.

If the ulcers are mainly on the legs, covering them with a foam dressing or using a zinc-oxide-impregnated gauze will help protect the area and keep the person’s hands away from them.



Figure 1

Frequently, however, they either start picking at themselves elsewhere or relapse to the same areas once the dressings are removed. Fortunately, these ulcers don’t have any long-term sequelae and only occasionally become infected.

As this patient was already taking anti-depressants, she was referred back to her psychiatrist for a follow-up to readjust her medication. In some cases, a recommendation to a support group for patients who suffer from obsessive-compulsive disorder (OCD) can also be beneficial. 🖐️