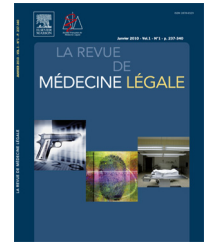




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CASE REPORT

## Dermatitis artefacta in children from a forensic perspective: A case report

*La pathomimie cutanée chez l'enfant d'un point de vue médico-légal : à propos d'un cas*

D. Zabet\*, H. Reinsberger

Unité medicojudiciaire, centre hospitalier de Pau, 4, boulevard Hauterive, 64046 Pau cedex, France

### KEYWORDS

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### MOTS CLÉS

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**Summary** This paper focuses on the case of a child consulted in forensic medicine consecutive to a judicial alert indicating repeated atypical skin lesions. All medical examinations contribute to dismissing the hypothesis of an organic pathology. They introduce, however, the suspicion of a traumatic origin, and in particular, of a case of pathomimia. This form of factitious disorder is characterized by the conscious production of lesions aiming to imitate a skin condition, without the author of the lesions looking for a side-benefit. In the context of factitious disorders in children, the main challenge is to detect whether the damage is caused by a third party, a disorder known as Münchhausen syndrome by proxy, or if the damage is self-inflicted. It is in this sense that we have been asked by the courts to determine if, in this particular case, it was a matter of a natural illness, of self-inflicted damage, or damage provoked by a third party.

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**Résumé** Nous rapportons le cas d'un enfant consulté en médecine légale dans les suites d'un signalement judiciaire pour des lésions cutanées atypiques à répétition. Tous les examens médicaux concourent à écarter l'hypothèse d'une pathologie organique et instaurent, en revanche, le soupçon d'une origine traumatique, et en particulier, d'un cas de pathomimie. Cette forme de trouble factice se caractérise par la production volontaire de lésions visant à imiter une affection cutanée, sans qu'il existe, de la part de l'auteur des lésions, une recherche de bénéfice secondaire. Dans le cadre des troubles factices chez l'enfant, l'enjeu principal est de déceler s'il s'agit de lésions provoquées par un tiers, trouble connu sous le nom de syndrome de Münchhausen par procuration, ou s'il s'agit de lésions auto-infligées. C'est en ce sens que nous avons été requis par la justice pour déterminer si, dans ce cas particulier, il était question de maladie organique, de lésions auto-infligées ou lésions provoquées par un tiers.

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\* Corresponding author.

E-mail address: [sido8ml@gmail.com](mailto:sido8ml@gmail.com) (D. Zabet).

## Introduction

The examination of traumatic skin lesions in a forensic medicine setting and their interpretation is naturally associated with the aim of detecting the causes. The determination of the origin of injuries can sometimes help to uncover a reality which may be otherwise missed. It can happen that the history-taking fails to provide the necessary information and that the subject is uncooperative. In this case, the work of the forensic scientist is based on technicalities and comparison of the contributions from several disciplines.

The case study described here is that of a young 9-year old boy. The forensic examination was requested by judiciary report after several medical consultations. It appears to have contributed to putting an end – at least we hope – to a series of injuries which all the evidence indicated were self-inflicted.

## Clinical case report

The child was consulted in a forensic medical service following a judiciary report for the repeated occurrence of atypical marks.

The boy reported several episodes of skin lesions on the abdomen and thighs. Initially, the manifestations were described as bruises on the abdomen, asymptomatic and resolving spontaneously. Later they were joined by small round, diffuse purplish marks on both thighs, and abdominal pain. The blood test and the ultrasound scan performed during a period of hospitalization failed to reveal any abnormality. However, despite these findings, corticosteroid therapy was initiated in the hypothesis of vasculitis due to the purpuric appearance of the thigh lesions. As clinical supervision and results of laboratory tests were reassuring the treatment was discontinued. Other similar episodes followed; sometimes, the abdominal bruises and the purpuric marks appeared together, at other times, only the purpuric marks were present, on the thighs but also occasionally on the chest or on the arms. Sometimes, the skin manifestations were accompanied by abdominal pain and resulted in consultations or caused hospitalization. The additional investigations remained invariably normal and the skin symptoms always regressed spontaneously. The paediatricians did not deem it necessary to carry out a skin biopsy, a test that is too intrusive when there is insufficient evidence to suggest the diagnosis of a dermatological affectation.

The last of this series of consultations resulted in the judiciary report and the hypothesis of pathomimia, and in particular of dermatitis artefacta.

During the forensic consultation, the child claimed to have discovered on waking, as usual, lesions on the abdomen and thighs.

## Forensic examination

When questioned, the child accounts for the first bruises by a kick which he received between the legs a few days earlier. The only violent episodes which he reports, besides this kick, are those inflicted several times in the past by his father.

The skin examination revealed, on each iliac fossa, a red bruised area approximately 2.5 cm square, formed of thin ecchymosed vertical lines, parallel to each other and a bruised horizontal line, perpendicular to the others, at the top of the lesion. These "particular shaped" lesions clearly suggest the imprint of an object.

On each thigh, we observed about 20 violet lesions, round, millimetres in size, scattered irregularly on the anterior surface of the thighs. The characteristics of these lesions do not suggest that they have been caused by blows. On the other hand, in their appearance, recurrent nature and especially their association with functional symptoms (abdominal pain), they more resemble organic disease. However, the paediatricians who treated the child for several months considered that the appearance of the lesions, their frequency of occurrence and the normality of the additional examinations were incompatible with a known organic pathology.

## Psychological assessment

Ordered by the prosecutor and conducted several weeks after the forensic examination, the psychological assessment revealed anxious and depressive factors, related to family environment. The child expresses extreme fear at the idea of seeing his father again. He also evokes frequent anxious ruminations related to violence suffered, underpinned by a feeling of incomprehension and anger. The evaluation also showed a certain sadness of mood, as well as the boy's low sense of self-esteem.

This mental suffering manifested as difficulties in concentrating at school and being somewhat aggressive towards others. During the assessment, the boy declared that he did not notice any skin injuries since that forensic consultation.

The combination of lesions of a particular shape on the abdomen and purpuric lesions on the thighs, the resolution of the skin manifestations after the forensic consultation and the detection of mental suffering by the psychological assessment raise the possibility of a dermatitis artefacta diagnosis.

## Discussion

When talking of pathomimia<sup>1</sup>, we consider it is important to recall the origin of the term, from its Greek roots: *pathos* (suffering) and *mimos* (which imitates). It is with this sense, arising directly from the roots, that Georges Dieulafoy introduced it into the French scientific vocabulary to define pathomimia as "a disease state close to that of *mythomania*, characterised by the need of those who suffer from it, to simulate a disease, sometimes at the cost of self-mutilation" [1,2].

In the current disease classifications, pathomimia is designated by the term "factitious disorder" in the DSM IV and V [3,4], as well as in the ICD 10 (in section F 68: "other disorders of adult personality and behaviour") [5].

DSM IV and DSM V offer the same general criteria for diagnosing factitious disorders (Table 1), with one notable

<sup>1</sup> In French, the used term is *pathomimie*.

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