



CASE REPORT

AN ARTIFICIAL NAIL DISORDER

Sadiye Kuş¹, Deniz Yücelten²

¹Anadolu Sağlık Merkezi, Deri Hastalıkları, İstanbul, Türkiye ²Marmara Üniversitesi Tıp Fakültesi, Dermatoloji Anabilim Dalı, İstanbul, Türkiye

ABSTRACT

Cutaneous artefactual diseases are self-inflicted dermatoses affecting pediatric patients as well as adults. They can vary from strange morphology, and bizarre shapes to disfiguring skin ulcerations. The nails may also be involved.

A child with nail growth arrest, an unusual feature, which has not been reported before is described. Pediatric artefactual diseases are simply a cry for help. A multidisciplinary approach involving the pediatrics, dermatology and psychiatry units may help resolving the problem.

Keywords: Factitious, Artificial nail disorder, Self-inflicted dermatose, Nail biting, Nail picking

FAKTİSYEL TIRNAK HASTALIĞI

ÖZET

Faktisyel deri hastalıkları, hem pediatrik hem de erişkin yaş grubunda görülebilecek, hastanın kendi kendine indüklediği dermatozlardır. Değişik morfolojilerde, bizar şekilli lezyonlardan ağır ülserasyonlara kadar değişkenlik göstermektedir. Derinin yanı sıra tırnaklarda da görülebilmektedir.

Ailesi tarafından el tırnaklarında uzamama yakınması ile polikliniğimize getirilen alışılmadık bir olgu sunulmaktadır. Pediatrik yaş grubunda faktisyel deri hastalıkları hastanın yardım ihtiyacını yansıtmaktadır. Pediatri, dermatoloji ve psikiyatri bölümlerinin mültidisipliner yaklaşımı ile soruna çözüm aranmalıdır.

Anahtar Kelimeler: Faktisyel, Artifiyel tırnak hastalığı, Faktisyel dermatoz, Tırnak yeme, Tırnak koparma

INTRODUCTION

Cutaneous artefactual diseases are self-inflicted dermatoses, which can vary from strange morphology, and bizarre shapes to disfiguring skin ulcerations.^{1,2} We report a child with nail growth arrest, an unusual factitial disorder, which has not been described before. To our knowledge this presentation has not been reported before in English literature.

CASE REPORT

An 8-year-old girl presented to our clinic with a complaint of nail growth arrest. The mother was a housewife, and the father a porter in a hospital. According to her parents, her nails had stopped growing when she was 3 years old. That year her mother gave birth to her second child, and also had major cardiac surgery. Since then, the patient never had her nails trimmed. The family claimed that it was the first time they sought medical care for her nail problem. Prior to the occurrence of this

İletişim Bilgileri:

Sadiye Kuş, M.D.

Anadolu Sağlık Merkezi, Deri Hastalıkları, İstanbul, Türkiye

e-mail: sadiye.kus@anadolusaglik.org

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complaint, they did not report any systemic illness, major injury, or drug reaction. And they denied any habit of nail biting. On examination, all the fingernails and toenails were short. Though the distal parts were irregular, the nail plates were devoid of any dystrophy, discoloration, or thickness. No primary or secondary cutaneous lesions were detected. Her hair, oral mucosa and teeth were normal. Examination of her 5-year-old sister, mother, and father revealed normal skin and mucosal findings. Parents reported no similar problem within the family members, and there was no consanguinity.

Factitial disorder was strongly suspected. The thumb of the left hand was covered with a thick dressing. The patient and family were instructed not to open the bandage until the next visit. Also, a transverse leukonychia was noted on the fourth finger of the right hand, and its distance from the proximal nail fold was measured and photographed (Figure 1a). Two weeks later, when the dressing was removed, leukonychia of the fourth fingernail could not be observed anymore (Figure 1b). Furthermore the distal edge of the thumbnail was observed to be longer when compared to other fingernails (Figure 2). These findings were found to be compatible with normal nail growth, and strongly denoted a factitial disease.

The family when confronted denied falsification. A psychiatric evaluation was suggested, but could not be made due to family's objection. There has been no confrontation with the child.



Figure 1a: Transverse leukonychia observed on the fourth finger of the right hand (before)



Figure 1b: Leukonychia of the fourth fingernail disappeared (after)



Figure 2: The distal edge of the thumbnail was observed to be longer when compared to the other fingernails

DISCUSSION

Factitious disorders are characterized by the intentional production of signs or symptoms. The motivation for this behavior is a psychological need to assume the sick role, and external incentives (for example, economic gain, or avoiding legal responsibility) are absent.³ These disorders are not uncommon in adults, and are also reported in children.^{4,5} In children dermatitis artefacta is most commonly seen at the upper limbs and the face, and superficial erosions are the most frequent initial event.⁵

Skin, is an interface between the individual and his physical and social environment and is an important medium for communication. This fact makes the easily reached skin more



vulnerable to self-induced disorders.⁶ The appearance of the dermatitis is quite variable: excoriations, bizarre shaped ulcerations, purpura, ecchymose, alopecia due to trichotillomania, contact dermatitis, burns, peripheral edema and ulcerations due to ligatures applied around a finger or penis, and panniculitis due to foreign body injection¹. Nail involvement in forms of bleeding from beneath the nails and bizarre-shaped distal erythema of the nailbed are reported in pediatric patients.^{2,7} However in the English literature we could not find pseudoarrest of nail growth as a presentation of artificial nail disorder.

As in our patient, the disorder is more often in females both in pediatric and adult group.^{4,5} In pediatric dermatitis artefacta psychiatric diagnosis in children are most frequently anxiety, depression, and personality disorder.⁵

Additionally, dysthymia, oppositional disorder, adjustment disorder, anorexia nervosa, passive-dependent personality, or hysterical personality is reported to be diagnosed.⁴ We don't know if this case falls into any of these diagnoses due to lack of a psychiatric examination. But, it is noteworthy that the initiation of the child's complaint coincided with a major illness of the mother, and the arrival of a baby sister. Moreover, it was obvious that the child was growing in an over demanding family environment. Uneducated, but ambitious parents forced the child to study hard to achieve a higher social class in adulthood.

Diagnosis is often confirmed by detective work such as observing the patient continuously, or demonstrating that the skin lesions resolve under effective and complete occlusion¹. In our case, the parents stated they never caught their child cutting or biting her nails. But, the occlusive dressing, and disappearance of leukonychia enabled us to make the diagnosis. Confrontation may be another method to diagnose, and also manage the disease. It may end with a confession especially in young pediatric cases⁴. Our confrontational meeting with the family intended to enlighten the family about their

child's cry for help, and to obtain their support. Unfortunately it did not yield a result. So we decided not to confront the child directly.

The differential diagnoses include factitious disorder by proxy and malingering. In our case, parental coaching or collaboration was also considered. Parents' contribution in disease fabrication is defined as factitious disorder by proxy, which is also called Munchausen syndrome by proxy (MSbP).⁸ The severity of this syndrome is variable. In mild forms it presents as simple fabrication of symptoms. In moderate forms it involves an effort to verify illness with false positive results or medical history. In severe MSbP lethal consequences may occur.⁹ The diagnosis of a mild MSbP could not be completely ruled out in this case, since it is not quite possible for a three year old toddler to trim all of her fingernails and toenails, and to hide the truth for 5 years without caregiver support. Malingering differs from factitious disorder by lack of motivation by an external incentive. There did not seem to be such an incentive in our patient.³

Nail biting or picking are quite common habits. The interesting part of this case is that both finger and toe nails were affected and not noticed by the family. We are aware that the treatment should be based on the underlying psychological pathology. Unfortunately further evaluation was not possible since the family refused such help, and was lost to follow-up. We conclude that pediatric artefactual diseases may be due to underlying psychiatric diseases, or simply to a cry for help. A multidisciplinary approach involving the pediatrics, dermatology and psychiatry units may help resolving the problem.

REFERENCES

1. Spraker MK. Cutaneous artefactual disease: an appeal for help. *Pediatr Clin North Am* 1983;30:659-668.
2. Alberelli MC, Pavanello L, Corazza M. Bleeding from beneath the nails: an unusual artefactual disease in a child. *Pediatr Dermatol* 1999; 16:244-245.



3. American Psychiatric Association. In: Diagnostic and statistical manual of mental disorders (DSM-IV). Washington, DC: American Psychiatric Association, 1994.
4. Libow JA. Child and adolescent illness falsification. *Pediatrics* 2000;105:336-342.
5. Saez-de-Ocariz M, Orozco-Covarrubias L, Mora-Magana I, et al. Dermatitis artefacta in pediatric patients: experience at the national institute of pediatrics. *Pediatr Dermatol* 2004; 21:205-211.
6. Gupta MA, Gupta AK, Haberman HF. The self-inflicted dermatoses: a critical review. *Gen Hosp Psychiatry* 1987;9:45-52.
7. Leshner JL Jr, Peterson CM, Lane JE. An unusual case of factitious onychodystrophy. *Pediatr Dermatol* 2004;21:239-41.
8. Bools C. Factitious illness by proxy Munchausen syndrome by proxy. *Br J Psychiatry* 1996;169(3):268-275.
9. Fulton DR. Early recognition of Munchausen syndrome by proxy. *Crit Care Nurs Q* 2000;23:35-42.