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(CASE REPORT)

Integrative approach to treating excoriated acne Conglobata: Navigating Psychodermatology and Liaison Psychiatry in Patient Care

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Abstract

Acne conglobata is a rare and severe form of acne vulgaris, marked by the presence of comedones, papules, pustules, nodules, and at times, hematic or meliceric crusts. Acne excoriée describes a self-inflicted condition where the patient compulsively picks at real or imagined acne lesions. A case brought to our attention involved a 20-year-old Caucasian female patient hospitalized in the dermatology department. As the psychiatry resident on call, I was paged to evaluate her within the liaison psychiatry framework. She presented with erythematous, edematous plaques covered by pustules and crusts on her face. The anamnesis revealed a recent depressive state triggered by the end of a romantic relationship, leading to her scratching and picking at the lesions. The patient's depressive state, noted before the aggravation of her dermatological symptoms, likely intensified her condition. This psychological distress may have instigated the skin picking, which in turn, could have compromised the response to standard dermatological care. The self-excoriative behavior might also be interpreted as a call for help, as assessed during the psychiatric consultation.

Keywords: Acne Conglobata; Acne Excoriée; Self-Inflicted; Azithromyci

1. Introduction

Acne conglobata, an especially aggressive form of acne vulgaris, presents with a spectrum of dermatological manifestations ranging from comedones to nodules and sometimes even crusts tinged with blood or of a honey-like consistency. Such lesions are more commonly found in males and can affect the face, trunk, neck, arms, and buttocks. In contrast, acne excoriée is a self-induced condition predominantly seen in female adolescents and young adults, characterized by the compulsive picking of real or imagined skin blemishes. The recognition of the damage yet the inability to stop reflects the psychological complexities underlying acne excoriée, marking it as a psychodermatological disorder. This highlights the crucial role of psychological assessment and intervention in managing acne excoriée, as it is imperative to address both the physical manifestations and the psychological distress that accompanies the condition. The intertwined nature of skin and psyche necessitates a comprehensive treatment approach, emphasizing the importance of integrating psychiatric care with dermatological treatment to achieve the best outcomes for patients. (1-3).

2. Case report

Our subject, a 20-year-old female hailing from a rural background, presented with facial dermatological symptoms that had escalated over a three-week period. Her familial environment, being the third child among eight siblings with a farmer father and a housewife mother, provides context but no clear etiological contribution to her condition. With no personal or family history of mental disorders, no known allergies, and no prior treatments, her past is notably

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unremarkable except for an early departure from secondary education at the age of 15. The psychological dimension of her case is pronounced; a recent depressive episode triggered by the end of a romantic relationship seems to have catalyzed the deterioration of her pre-existing mild acne into severe erythematous and edematous plaques, compounded by her uncontrollable urge to scratch and pick at these lesions. This compulsive behavior persisted despite the absence of fever or any significant findings in her general physical assessment or comprehensive medical and family history. Her dermatological assessment did reveal severe erythematous, edematous plaques with pustules, erosions, and honey-like crusts concentrated on her forehead, cheeks, and chin, with numerous comedones and some nodules present. No other body areas were involved. Elevated erythrocyte sedimentation rates hinted at an inflammatory process, but bacterial cultures and endocrine evaluations yielded no definitive pathology. An array of diagnoses was entertained, but clinical and laboratory assessments solidified the diagnosis of acne conglobata. The treatment with systemic isotretinoin and corticosteroids was met with little success, underscoring the necessity of considering psychological factors in treatment plans. Her enduring psychological struggle, manifested through her dermatological condition, underscores the need for an integrated approach to her care, embodying the tenets of liaison psychiatry to bridge the gap between physical symptoms and psychological well-being.

A psychiatric evaluation was suggested; a major depressive episode was the initial diagnosis. Due to the unsatisfactory outcome with the initial treatments, a referral to the infectious diseases department was deemed necessary.

In collaboration with infectious disease experts, it was speculated that continuous manipulation of the acne lesions may have resulted in a secondary infection, potentially accounting for the inadequate response to the standard acne therapies. Consequently, treatment with retinoids and corticosteroids was discontinued, and the patient commenced an antibiotic course with oral azithromycin at a dosage of 500 mg per day, alongside topical fusidic acid.

Two weeks into the antibiotic treatment, there was a significant improvement in the patient's skin condition. Following three months of dedicated azithromycin therapy, the inflammation was completely resolved, albeit with substantial atrophic scarring and post-inflammatory erythema evident in Figure 2. Thereafter, her treatment plan was adjusted to include antiandrogen hormonal therapy. During her hospital stay in the infectious disease department, a psychiatric evaluation was conducted in accordance with the revised DSM-V criteria. She was diagnosed with a major depressive episode with suicidal ideation, high levels of anxiety, and recurring panic attacks, although not amounting to a panic disorder. She also suffered from somatic symptoms and chronic insomnia. In response to these findings, the patient began receiving cognitive behavioral therapy (CBT) sessions twice weekly as part of her treatment protocol, providing her with psychological support to complement her medical care. She remains under our diligent care and supervision.

3. Discussion

Acne is a complex condition affecting the pilosebaceous units and is evidenced by the formation of comedones, papules, pustules, and at times, nodules. It predominantly emerges during puberty, affecting both males and females, but can manifest at any stage in life, thus ranking as one of the most common conditions treated in dermatology. Acne conglobata stands out as a particularly severe and infrequent form of acne that mainly affects males. It is characterized by classical acne lesions along with nodules, abscesses, draining sinuses, cysts, and fistulated comedones that are primarily found on the face, chest, back, and buttocks. The lesions are usually painful, but systemic signs and symptoms typically do not accompany them. The disease can suddenly afflict individuals with previously non-existent or only mild forms of acne. Notably, there is a high incidence of psychiatric comorbidity, including anxiety disorders, depression, and eating disorders, associated with this skin condition. Acne excoriée, is a psychodermatological condition marked by the compulsive picking and scratching of one's skin, targeting either real or perceived acne lesions. Psychodermatological disorders fall into two main categories: primary psychiatric disorders that precipitate real or imagined skin problems through the patient's actions, and primary dermatological conditions that cause psychological stress, such as depression and anxiety, thereby diminishing the quality of life. Within this spectrum, acne excoriée is considered a type of neurotic excoriation, where patients acknowledge inducing skin lesions on themselves through repetitive self-excoriation. Originally delineated by Brocq in the year 1898, acne excoriée is most frequently observed in adolescent girls and young women, though it sporadically affects males as well. Individuals afflicted with this condition often experience an irresistible impulse to tamper with their skin lesions. Hence, the presence of comorbid psychiatric disorders, including obsessive-compulsive disorder, body dysmorphic disorder, depression, or anxiety should be evaluated in these patients. Certain scholars theorize that acne excoriée may serve as a coping strategy to mask personal shortcomings or may act as a distress signal from those with an immature personality structure who are struggling with inadequate coping mechanisms. In clinical presentations, acne excoriée is typified by erosions blanketed with crusts, alongside excoriations, ulcerations, and scars that can be severely disfiguring. Research indicates that the severity of acne is not necessarily linked to the degree of self-excoriation in young women, suggesting that most women suffering from acne excoriée experience only mild acne. The personality profile of these patients is noteworthy, with those displaying

perfectionist or compulsive tendencies being more susceptible to this disorder. Conversely, a study by Gupta et al. on males with acne found that self-excoriative actions are associated with depression and anxiety but not with body dysmorphic disorder or obsessive-compulsive disorder. The study also noted that in males, while the severity of acne is related to self-excoriative behavior, it is typically not severe enough to lead to acne excoriée. The subject of our report exhibited comedones and erythematous, edematous plaques with pustules and crusts, along with a few nodules, all confined to the facial area and described as painful. The patient had mild acne that experienced a rapid exacerbation following the end of a romantic relationship. She acknowledged her uncontrollable compulsion to scratch and pick at her skin lesions. The appearance of the lesions pointed toward a diagnosis of acne conglobata. The rarity of such severe facial lesions in a female patient, coupled with the absence of lesions on other parts of the body and the ineffectiveness of standard treatments, necessitated the consideration of alternative conditions. We therefore expanded our differential diagnosis to include acne fulminans, rosacea fulminans, acne excoriée, and impetigo. Acne fulminans, also referred to as acne maligna, is an uncommon and acute variant of acne marked by the abrupt emergence of pustules, intensely painful hemorrhagic nodules with crusts, primarily affecting the face and trunk, and occasionally the thighs. This aggressive form typically occurs in young men and can be accompanied by systemic symptoms like fever, chills, diminished appetite, weight loss, anorexia, joint pain, musculoskeletal discomfort, and enlargement of the liver and spleen. The healing process of these lesions often results in severe scarring. In the case we are discussing, the patient exhibited severe facial lesions with rapid development but lacked systemic symptoms, leading us to rule out acne fulminans as a diagnosis. Rosacea fulminans, known as well as pyoderma faciale, is a severe and infrequent manifestation of rosacea that predominantly affects young women. It presents suddenly with erythematous plaques, pustules, and nodules, mostly on the face. This condition differs from acne as it does not feature comedones, and systemic symptoms are typically not present. It also tends to heal with scarring. Considering the patient's age, sex, the rapid onset, and the facial distribution of the lesions, rosacea fulminans was a potential diagnosis. However, the presence of comedones and an inadequate response to oral prednisone led to the exclusion of this diagnosis as well. Impetigo is a common superficial bacterial infection predominantly caused by Staphylococcus aureus or Streptococcus pyogenes. Newborns and infants are typically affected by the bullous form, while the non-bullous type can occur in both children and adults. It usually presents as vesicles or pustules that develop into plaques covered by honey-colored crusts, frequently seen on the face. In the case we are reviewing, the lesions exhibited by the patient were not typical of impetigo. However, we do consider the possibility of impetiginization of the acne lesions due to persistent scratching and the effects of prednisone treatment. The lack of improvement with retinoid and corticosteroid treatment, contrasted with the swift response to antibiotics, lends weight to this hypothesis. Acne excoriée is a self-inflicted skin condition most commonly observed in girls and young women, characterized by erosions and ulcerations that are covered by crusts, with scars often resulting from healed lesions. This disorder is marked by the act of scratching at either imagined or actual acne blemishes and is frequently linked to underlying psychiatric issues. The patient in our report confessed to scratching her skin and described an overpowering need to do so. However, the severity of the lesions surpassed what would typically be expected from skin picking alone. The patient was experiencing depression following a recent breakup with her boyfriend, but the psychiatric evaluation did not identify any specific mental disorder. The self-excoriating behavior might have been a call for help or a search for attention during a period of significant stress for the young woman. The European evidence-based guidelines for acne treatment advocate for oral isotretinoin as the primary mono-therapy in severe nodular and conglobate acne cases. Alternative moderately recommended options include systemic antibiotics like doxycycline and lymecycline, often paired with a fixed dose of adapalene and benzoyl peroxide, or azelaic acid. Additionally, there's limited evidence supporting the efficacy of hormonal antiandrogens in conjunction with topical treatments for patients with severe forms of acne. In our patient's case, initial treatments with oral isotretinoin and corticosteroids did not yield any clinical improvement. This led us to speculate that self-excoriative behavior might have resulted in a superinfection of the lesions. In collaboration with an infectious disease specialist, we commenced treatment with azithromycin despite inconclusive bacterial cultures. Marked improvement was observed after two weeks, with full resolution occurring over three months. Concurrently, the patient's mental state improved significantly; she reported only infrequent picking at the lesions. This coincided with the psychiatric care she received, which included an antidepressant known for its lack of adverse interactions with retinoids, highlighting the importance of integrated liaison care between psychiatry and other medical specialties. Azithromycin, a broad-spectrum macrolide antibiotic, while not a standard treatment for acne, has been recognized as a viable alternative to conventional antibiotics. Rafiei and Yaghoobi investigated its effectiveness in a study with 290 patients suffering from moderate to severe acne and found azithromycin to be a safe and effective alternative treatment. Babaeinejad and colleagues conducted a double-blind clinical trial comparing azithromycin and doxycycline, concluding that azithromycin was equally effective for patients under 18, whereas doxycycline was superior for those over 18.

4. Conclusions

In this report, we detail a case of acne conglobata that was significantly influenced by the patient's self-induced skin trauma. This case stands out for several reasons. Notably, the patient exhibited exceptionally severe facial lesions, yet

none were present in regions commonly afflicted by acne. The patient's depressive state, already in place before her skin condition worsened, may have been exacerbated by her dermatological issues. This emotional distress could have prompted the skin picking, which potentially hindered the effectiveness of conventional therapies. The self-inflicted damage to the skin might also be interpreted as a cry for assistance. An atypical lack of improvement with isotretinoin, a primary treatment for acne conglobata, contrasted with a swift and positive reaction to azithromycin, adds another layer of complexity to the case. For future cases of a similar nature, the incorporation of anti-anxiety or antidepressant medication should perhaps be contemplated.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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