

Case Report

Dermatosis neglecta: a case report

Yogesh Devaraj*, Ranga Swaroop Mukunda, Mouryabha Shale, Nikitha Reddy Mittamedi, Priyanka Yogananda Yadav, Premika Meenakshi Sundaram

Department of Dermatology, Adichunchanagiri Institute of Medical Sciences, Adichunchanagiri University, B G Nagara, Nagamangala taluk, Mandya, Karnataka, India

Received: 20 June 2020

Accepted: 29 July 2020

***Correspondence:**

Dr. Yogesh Devaraj,

E-mail: yogeshdevaraj86@gmail.com

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ABSTRACT

Dermatosis neglecta or dermatitis neglecta is a condition which occurs due to inadequate cleansing of a localised area of skin resulting in the accumulation of dirt, sebum, sweat, corneocytes and bacteria. These patients do not clean the area due to various reasons like pain at the site, prior surgery, physical disability, neurological deficit, or psychiatric illness. Vigorous rubbing of the lesion with alcohol soaked gauze results in removal of the lesion. We report a case of dermatosis neglecta in a 50 year old lady with carcinoma breast following mastectomy on the right side. She did not clean the area adequately as she was scared that the area of suture after mastectomy would give way, thus resulting in hyperkeratotic lesions.

Keywords: Dermatosis neglecta, Verrucous lesions, Diagnostic challenge

INTRODUCTION

The term dermatosis neglecta was coined in 1995 by Poskitt et al.¹ This condition occurs as a result of inadequate cleansing of a localized part of the body due to various factors like psychiatric illnesses, neurological disorders, recent surgery or radiotherapy involving that part of the body. This leads to progressive accumulation of sebum, dirt, corneocytes and keratin material. It is characterized clinically by hyperpigmented and verrucous lesions over the affected area. Rubbing with alcohol soaked gauze or washing with soap and water removes the debris revealing the underlying normal skin.

CASE REPORT

A 50-year-old woman presented with a one month history of blackish raised lesions on anterior aspect of chest on the right side and right axillary region. She was a known case of carcinoma of right breast and had undergone mastectomy of right breast 7 months back along with chemotherapy. On examination multiple hyperpigmented,

waxy and verrucous papules were seen on right side of chest over the site of mastectomy (Figure 1) and right axilla (Figure 2). Seborrheic dermatitis and Darier's disease were kept as differential diagnosis. Seborrheic dermatitis was ruled out due to absence of similar lesions in other seborrheic areas. Darier's disease was ruled out due to absence of other features of Darier's disease. Upon further questioning she revealed that she had not washed the area with soap for fear of injury to the operated site. On suspicion we rubbed the lesion with spirit and cotton bud which resulted in removal of the lesion revealing the underlying normal skin (Figure 3). The patient was then advised to cleanse the operated area regularly with soap and water.

DISCUSSION

Dermatitis neglecta (DN) also known as unwashed dermatosis is a condition secondary to the accumulation of sebum, sweat, corneocytes and bacteria forming a hyperkeratotic plaque. Due to absence of inflammation, the terminology was changed in 1999 to dermatoses

neglecta by Ruiz-Maldonado et al.² It is an underdiagnosed condition in which there is progressive accumulation of keratin, debris, dirt leading to characteristic skin lesions.³ It usually occurs in patients with poor hygiene due to inadequate cleansing of a part of the body. Inadequate cleansing may be due to various reasons such as pain (following surgery), paraesthesia, physical disability (due to hemiplegia or loss of limb), psychiatric illnesses, keloidal scars, site of pacemaker insertion.⁴ Dermatoses neglecta should be kept in mind in all cases that present with verrucous papules. Differential diagnosis includes dermatitis artefacta, verrucous naevi, acanthosis nigricans, Vagabond's disease, hyperkeratotic Malassezia dermatosis as well as confluent and reticulated papillomatosis of Gougerot and Carteaud, frictional asymptomatic darkening of the extensor surfaces, idiopathic decidual skin, post-inflammatory hyperpigmentation.³ Terra Firma Forme Dermatitis (TFFD) is a condition with similar clinical presentation. Differences between these two conditions are given in (Table 1).⁵



Figure 3: Rubbing of lesions with spirit soaked cotton bud resulted in removal of the lesion revealing the underlying normal skin.



Figure 1: Hyperpigmented, waxy, verrucous papules on right side of chest(site of mastectomy).



Figure 2: Hyperpigmented, waxy, verrucous papules on right axilla.

Table 1: Difference between TFFD and DN.

Features	TFFD	DN
Age of presentation	Children, adolescents	All age groups
Hygiene	Well maintained	Poor hygiene
Sites affected	Face, neck and ankle	Where patients fear cleansing
Morphology	Dirt-like brownish black plaques	Waxy, verrucous papules and plaques with 'cornflake-like' scales
Clinical characteristics	Resistant to washing with soap and water, can be removed with isopropyl alcohol	Easily removed with soap and water
Histopathology	Compact orthokeratoses, hypermelanosis, keratin globules in stratum corneum (toluedine blue), lack of inflammation	Hyperorthokeratoses, acanthoses, papillomatoses, absent or sparse inflammation. PAS positive fungi may be present

In difficult to diagnose cases, biopsy of the lesion may be performed. Histopathology shows orthokeratosis, papillomatosis, acanthosis, and anastomosing rete ridges without lymphocytic infiltration.⁶ Other causes with similar presentation can be ruled out with biopsy. Although not many studies have been conducted about this condition, several cases have been reported from different parts of the world in recent times. Rasool Quadir SN reported a case of DN in a patient with multiple traumatic injuries.⁴ Moon J et al. described Dermatoses neglecta in a patient with rosacea who habitually applied

excessive moisturiser and cleaned her face too softly. Consequently the lesions were glistening with whitish scales instead of the usual dirt like brown lesions.⁶ Saha A. reported three cases of dermatoses neglecta one on the chest of the patient with right breast mastectomy. The second patient was a 60-year-old lady with lesions on sternal area which developed as a result of not washing the area following open heart surgery and with pacemaker insertion. The third case was a 52-year-old female patient of pityriasis rubra pilaris with lesions on the face.⁷ Perez Rodrigues et al. reported a case of 18-year-old lady with dermatoses neglecta over face as a result of inadequate cleansing due to depression.⁸

Treatment of dermatosis neglecta includes counseling and encouraging the patient to maintain appropriate hygiene of the affected region.⁴ If the patient is unable to keep himself clean due to disability, the care taker has to make sure to cleanse the areas regularly. Daily light scrubbing of the affected area with soap and water or alcohol is effective in most cases. If lesions are resistant or hyperkeratotic, salicylic acid or glycolic acid containing cleansers can be used. Topical keratolytic agents like urea, lactic acid or salicylic acid can be used along with moisturisers.⁸

CONCLUSION

Dermatosis neglecta is frequently misdiagnosed mainly because of the lack of familiarity with the condition among the physicians. Dermatologists have to be aware of this entity and suspect it in appropriate case scenarios. This will avoid unnecessary investigations and provide great relief to the patients, his family members and the treating doctor.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Devaraj Y, Mukunda RS, Shale M, Mittamedi NR, Yadav PY, Sundaram PM. Dermatitis neglecta: a case report. Int J Res Dermatol 2020;6:696-8.