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Cutaneous lesions in an 11-year-old adolescent

Lesões cutâneas em adolescente de 11 anos

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Keypoints

What is known
- Nonsuicidal self-injury (NSSI) is relatively prevalent among adolescents.
- There are gender differences regarding the used method and location of NSSI.
- NSSI is a significant risk factor for suicidal behavior.

What is added
- Despite growing mental illness awareness, NSSI is still not recognised as a diagnostic entity itself; however, it is mentioned in DSM-5-TR chapter "Conditions for further study".
- NSSI behavior may be triggered by simple and common aspects of daily life.
- Adolescents with NSSI behavior have a 4 times greater risk of committing suicide, thus its early diagnosis is imperative to prevent a more serious outcome.

Introduction

An 11-year-old girl was referred to the Adolescents consultation with a one-month history of pruritic and erythematous abrasions-like lesions, initially restricted to the face (Figs. 1 and 2), with subsequent spreading to the cervical, thoracic, and limb regions. The lesions proved to be refractory to various therapies instituted in multiple visits to Health Services, namely, oral antibiotics, systemic and topical corticosteroids, antihistamines, and topical antiviral agents. Personal history revealed previous follow-up in Psychology consultation due to an anxiety disorder. No relevant family history was found.

Physical examination showed several lesions in the healing phase on the face, trunk, and limbs (only areas reachable with the hands), sparing the dorsal region and buttocks. Psychosocial assessment showed a very close and dependent relationship with her older sister who was 21-years-old and planning to leave home. Alone, she ended up admitting that the injuries were self-inflicted, triggered by the imminent departure of her sister from home, in an attempt to control her anxiety and fears inherent in change, but with no intention to die. She was referred to Child and Adolescent Psychiatry consultation and began psychotherapy sessions. The adolescent was reevaluated in the Adolescents consultation one month later and presented complete resolution of the lesions. Given the contingencies of the pandemic situation, physical separation from the sister was imposed, which presented itself as a facilitating element regarding her autonomy and control of the anxiety disorder. The teenager maintains regular clinical follow-up in both consultations.

Nonsuicidal self-injury (NSSI) refers to the deliberate bodily harm inflicted by oneself in the absence of an intention to die and is very prevalent in adolescents, with an estimated prevalence of 17-18%[1-9]. In adolescents with mental disorders, NSSI prevalence can be as high as 70%[1,7-9]. Onset of the behavior typically occurs between 12

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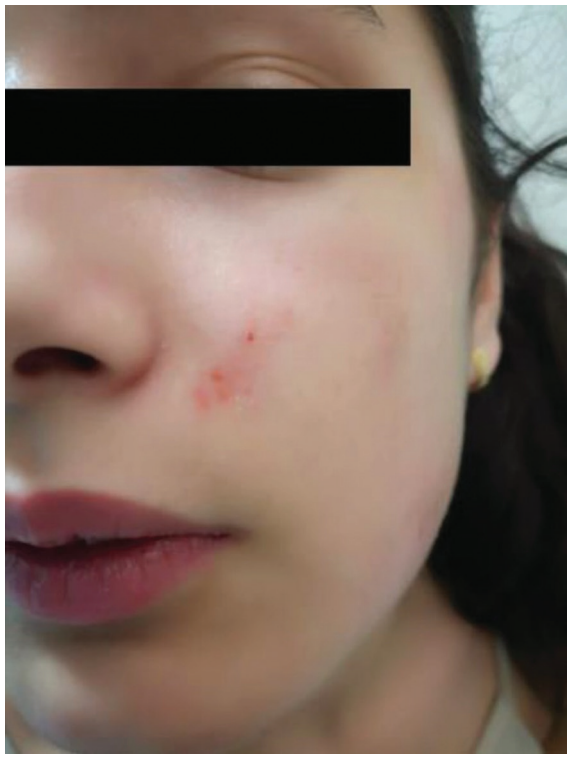

Figure 1. Abrasion-like self-inflicted injury to the cheek.

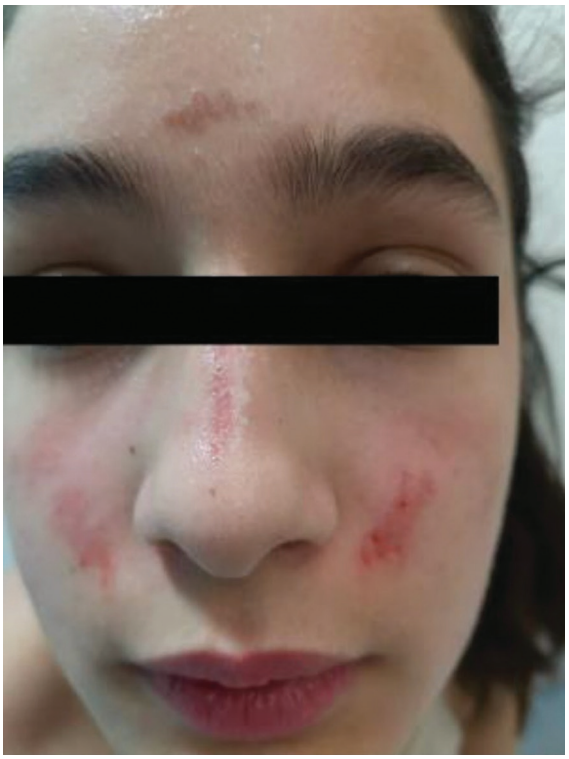

Figure 2. Abrasion-like self-inflicted injury to the nose, cheeks and forehead.

and 14 years-old. Onset below 5 years-old is extremely rare and is associated with a worse outcome. It is more prevalent in females and in adolescents who question their sexual orientation or identify as gay, lesbian or bisexual[1,8,9].

The pathogenesis of NSSI remains unknown but may encompass psychological, social and biological factors[2,7,9]. Risk factors for NSSI include: negative or stressful life events, anxiety disorder, prior history of NSSI, cluster B personality disorders, parental psychopathology, among others[1-3,7-9].

Clinical features of NSSI are very variable depending on several aspects: definition of the behavior, setting in which the self-harm occurs, duration and methods utilized to assess the behavior[3]. The most concordant clinical feature and the one essential for the diagnosis is the intentional self-inflicted injury without intention to die. There is a variety of methods used to inflict self-harm including cutting or stabbing the skin with a sharp object, carving words or symbols into the skin, burning, hitting or banging body parts, breaking bones, scratching self to the point of bleeding, etc[3,7,8]. The same person may use various methods over their lifetime and the method used and place of injury are different between genders. Females resort more to cutting, wound picking or biting their arms, wrists and thighs, while males usually resort to banging or hitting their chest, face, genitals or hands. The inflicted injury is mostly mild, with no medical treatment required, although, sometimes, it might be unintentionally more serious[3].

NSSI should be suspected in the presence of unexplained frequent injuries or accidents to particular body parts and inappropriate clothing that may hide some injuries[4]. Assessment and treatment often require a multidisciplinary approach. Concerning prognosis, adolescents with NSSI behaviors have a four times greater risk of committing suicide, compared to the general population[4-5,7-8].

Previous presentations

This case was presented at the 6th International Conference on Childhood and Adolescence, 2022, digital event.

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Conflicts of interest

None.

Ethical disclosures

Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

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