



Clinical Image

Dermatitis neglecta



Fig. 1. Greasy, hyperpigmented loosely adherent crusts and scales on the left cheek.



Fig. 2. Clear left cheek after wetting and rubbing the crusts with saline-soaked cotton swab.

A 22 year old girl[†] presented to the department of Dermatology, Apollo Hospital, Noida, India, in October 2016, with hyperpigmented crusted plaques on her cheeks for two months. Believing that frequent washing of the face is skin protective, she used to splash water on her face 12-15 times a day, albeit without mopping. Dermatological examination revealed greasy, hyperpigmented loosely-adherent crusts and cornflake-like brownish scales on cheeks (Fig. 1), which completely cleared on wetting and rubbing with saline-soaked cotton (Fig. 2). She was referred for psychiatric counselling with a clinical diagnosis of dermatitis neglecta (DN) with associated obsessive-compulsive disorder (OCD). She was advised to scrub and mop-dry her face with soap water 3-4 times a day and use a moisturizing lotion at least twice a day. Capsule fluoxetine 20 mg/day was started with a gradual increase to 60 mg/day over three months. Review at four months revealed considerable improvement and

fluoxetine was stopped. DN stems from the progressive accumulation of sebum, sweat and keratinous debris due to inadequate cleaning or scrubbing of the skin. Its closest differential, terra firma-forme dermatosis is distinguished arbitrarily by the presence of adequate hygiene and the absence of typical scales of DN. A considerable clinical overlap exists between the two.

Conflicts of Interest: None.

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[†]Patient's consent obtained to publish clinical information and images.