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The Case Of Vitiligo Genital Localization: Psychosomatic Aspects.

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ABSTRACT

Purpose and objectives: Vitiligo is a disease characterized by breakdown of melanocytes, symptomatic of depigmentation areas and frequently with psychosomatic disorders. Research objective –identifying relationships between dermatologic manifestation of vitiligo and psychomatic status of a patient, and therapy optimization. Material and methods: A woman at the age of 31 was admitted to a skin and venereal disease clinic with complaints of a rash in the genital area, represented by white spots. Based on clinical evidence, diagnosis of vitiligo was determined. Methods – dermatologic, psychopathologic, with the use of scales: VASI (Vitiligo Area and Severity Index), DLQI (Dermatology Life Quality Index). Conclusions: VASI was 1%; DLQI was 16 scores, being illustrative of strong disease impact on patient's life under minimum affect of skin integument. Revealed clinical dissociation between intensity of somatic manifestations and psychogenic reaction is conditioned by patient's personality structure together with certain somatic-perceptual accentuation.

Keywords: vitiligo, psychosomatics, psychogenic reactions, hypochondriasis, somatic-perceptual accentuation.

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INTRODUCTION

Vitiligo is both evoked and hereditary skin disease provoked by selective breakdown of melanocytes, symptomatic of depigmented spots and frequently with psychosomatic disorders. [1,2] The disease affects both sexes, however, the appealability of women is significantly higher than that of men. [3] Vitiligoisone of few skin diseases progressing in most cases without subjective perception in the area of rashes, as well as without objectively severe deconditioning and disabling clinical manifestations. Therewith, patients note negative impact of the disease on self-appraisal, interpersonal relationships, body image and quality of life [4-9], which contribute to development of psychogenic mental disorders. [10]

Medical case

Slavic appearance 31 year old woman with II Fitzpatrick type of skin applied to skin and venereal disease clinic I.M. Sechenov First Moscow State Medical University (Sechenov University) with complaints of a rash in the genital area.

***From antecedent history*:** No psychopathologic hereditary tainted. The patient was born from the second normal pregnancy and childbearing, was growing a calm, homely child. She was distinguished by hesitancy, fearfulness, anxiety proneness. The patient was afraid of the dark, was falling asleep only with lights on. From childhood, noted faintness, presyncope, sickliness when agitated and in stuffy premises. She was getting good grades due to insistence and sense of responsibility. After high school, graduated Institute of Linguistics. Then, pursued the profession.

In April 2012 (25 years old), in the setting of stress situation (break up with boyfriend, death of grandmother) the patient had an attack with hot flash, pyknocardia, hidrosis, shaky hands, death anxiety. She called an ambulance, the condition was stabilized and examination was performed in the hospital, somatic pathology was not found. Attacks repeated every night. The patient consulted neurologist, she had been taking fluvoxamine for 2 years with favourable evolution.

The patient is ill since March 2018, when she first noted depigmentation area in inguinal region. Certain disease: “Circumscribed vitiligo. Advanced stage”, with this background she broke down in tears in the clinic, could not stop and get her act together. She experienced fear of “becoming spotty”, anxiety for health. The patient yielded a ready consent to psychiatrist consultation.

On examination, rash is localized on skin ingenital area in the form of depigmented spots in the area of labia majora. (Fig.1) VASI was 1%; DLQI was 16 scores, being illustrative of strong disease impact on patient’s life under minimum affect of skin integument.

***Mental Status*:**

The patient behaves anxiously; distressing face. The patient answers wordily, responses abound with a large number of details. She complains of vitiligospots in genital area, fears of further spread of loci. She believes that her relatives cannot understand her, they do not realize the real threat of the disease, because it does not happen to them. The patient is afraid of vitiligoprogression on body and face skin, leading to disfiguring defect. She feels bitter that she cannot influence it. The patient is agreeing to pass any examinations to determine the cause of vitiligo. She complains of physical condition in general and herliability to different diseases. The patient fears of getting hidebound disease, as she read on the Internet about connection of vitiligo and hidebound disease. She fears that she will inherit paternal diabetes mellitus, for which reason constantly monitors blood glucose level, that children will inherit vitiligo and her other diseases. Panic attacks lately do not disturb, but she is afraid to ride the elevator, experiences fears of heights and darkness. Difficulties in falling asleep. From an early age, she notes meteosensitivity, kinesia, slight faintness in public transport, presyncope in stuffy room.

Psychiatrist Conclusion: Psychogenic anxiety and hypochondriac reaction of avoidant personality with neuropathic somatic-perceptual accentuation.

Treatment:

Based on the antecedent history data and clinical presentation, allocated therapy is: protopic 0.1% twice a day on to rash loci. Psychocorrective therapy included: fabomotizole30 mg/day, mirtazapine 30 mg before bed, mental healing.

On the top of already administered therapy, in a month there was noted stabilization of the skin process, together with normalization of psychomatic status. It is recommended to continue administration of protopic 0.03% and fabomotizole 20 mg/day up to 6 months.

Informed consent was obtained at admission.

DISCUSSION

Psychomatic aspects of the case: paradoxical is harmony (confirmed by clinical scale data) of insignificant somatic manifestations (circumscribed vitiligo of genital localization with coexisting vaginal candidiasis) and level of psychogenic anxiety and hypochondriac reaction. Such dissociation, in accordance with the modern concept of psychosomatic disorders, may be mainly conditioned by the patient's avoidant personality structure (having reactively provoked anxious disorder in antecedent history), together with neuropathicsomatic-perceptual accentuation, turned out to be in emotionally stressful situation of chronic skin disease.

Delivery of health care includes complex approach within a framework of interdisciplinary interaction of dermatologist and psychiatrist/psychotherapist, with the use of safe first-line psychotropic medication along with mental healing and basic dermatologic treatment.

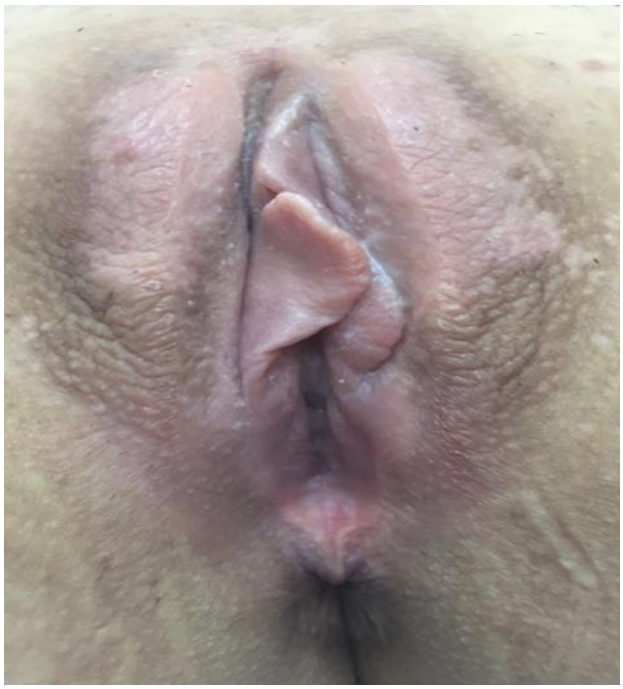

Fig 1: Patient with depigmented patch on the labia and perineum

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