

# Dermatitis neglecta in a patient with breast fibroadenoma: case report

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## ABSTRACT

Dermatitis neglecta, a condition that results from inadequate skin cleansing, is still little reported in the literature and underreported. Although benign, it is aesthetically uncomfortable. It is associated with conditions that lead to fear of sanitizing a given region and may be related to psychiatric and neurological disorders. This observational study consisted of the case report of a patient followed up in a University Hospital in northeastern Brazil, with the objective of demonstrating the rare association between dermatitis neglecta and breast fibroadenoma. A young patient with a history of depressive disorder had crusted and hyperpigmented skin lesions covering the left breast and massive tumor in the same breast. The patient was oriented regarding the cleaning and removal of crusts, resulting in good clinical response. She underwent excision of the tumor, and the anatomopathological study was compatible with fibroadenoma. Interdisciplinary follow-up, including treatment for psychiatric disorder, was fundamental for the patient's recovery, considering the improvement of her mood after establishing the therapy and successful final breast reconstruction. Dermatitis neglecta can resemble other types of dermatitis, in such a way that it is essential to establish a differential diagnosis to avoid unnecessary evaluation procedures, interventions, and therapies. In this exuberant case of dermatitis neglecta, the importance of comprehensive health care is emphasized."

**KEYWORDS:** skin care; dermatitis; fibroadenoma; depression.

## INTRODUCTION

Dermatitis neglecta is a condition related to inadequate skin cleansing, with accumulation of sebaceous secretion, sweat, corneocytes, and bacteria, forming a compact crust<sup>1</sup>. This benign skin alteration, although asymptomatic, is aesthetically uncomfortable. It is little reported in the literature, with underestimated prevalence and possibly underdiagnosed<sup>2,3</sup>.

As demonstrated in studies, it usually affects sites of hyperesthesia and previous traumas such as an area of previously excised skin neoplasia. It may also be related to neurological deficits, cognitive impairment, in which apathy and forgetfulness are typical, and psychiatric disorders, such as depression or other psychoses, i.e., it is a sign of self-neglect<sup>4,5</sup>.

It requires comprehensive clinical evaluation, including psychological and behavioral aspects, because the correlation between psychiatric and dermatological disorders is highly complex, considering the etiology, diagnostic procedures, and treatment<sup>3,4</sup>.

Due to the low number of cases reported in the medical literature, the need for attention to differential diagnoses and the importance of recognizing the correlation between psychiatric and dermatological disorders, this study aimed to describe a case of exuberant dermatitis neglecta in the breast of a young patient with a previous history of fibroadenoma excision at the same site and depression, seen at the Dermatology Outpatient Clinic of a University Hospital located in the northeast region of Brazil.

## CASE REPORT

A 19-year-old female patient, who had been followed up due to a nodule in the left breast for three years, with increased volume in the last year, reported the appearance of crusts in the same breast two years ago, but without pain or itching. Diagnosed with depressive disorder, she had been using Sertraline 50 mg a day for five months. Physical examination detected a significant increase

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Conflict of interests: nothing to declare. Funding: none.

Received on: 06/14/2022. Accepted on: 06/21/2022.



in the left breast, with thick hyperchromic crusts covering the entire areolar and periareolar region (Figure 1A). Breast ultrasonography showed a massive solid nodular formation of lobulated contours.

As diagnostic hypotheses for the dermatological condition, Paget's disease of the breast, hyperkeratosis of the nipple and areola, and eczema were suggested, and skin biopsy was scheduled. The patient was instructed to properly sanitize the area and apply oil with essential fatty acids to remove the crusts. A few days later, a reduction in crusts was observed, allowing the exposure of the nipple-areola complex, which was depigmented and deviated to the right side (Figure 1B).

The anatomopathological result showed, in a superficial fragment, keratin lamellae and, in a deep fragment, fibrous stroma permeated by mammary glands, suggestive of fibroadenoma. In view of the improvement with cleanliness alone, the diagnosis was then defined as dermatitis neglecta. When asked about her hygiene routine, the patient reported being afraid to sanitize the region. The importance of local asepsis and psychiatric follow-up was reinforced.

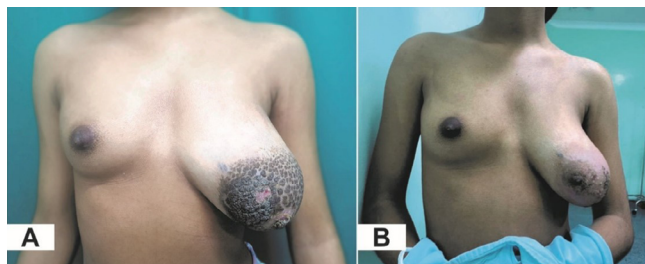
Subsequently, the patient was submitted to tumor removal and breast reconstruction, procedures performed by the mastology and plastic surgery team. The histopathological analysis of the surgical specimen showed, in the skin fragment, epidermis with hyperkeratosis, papillomatosis, orthokeratosis foci, and melanocytic hyperpigmentation of the basal layer (Figure 2A), and in the examination of the tumor fragment, the hypothesis of fibroadenoma was confirmed (Figure 2B).

During follow-up, we observed progressive improvement in the skin aspect as well as in the patient's mood (Figure 3).

## DISCUSSION

Dermatitis neglecta is a condition related to inadequate hygiene of a certain region of the skin, which may be associated with psychiatric and neurological disorders<sup>6</sup>.

Also known as dermatosis neglecta, it was first described by Poskitt et al. in 1995. It affects people of both sexes and all ages.

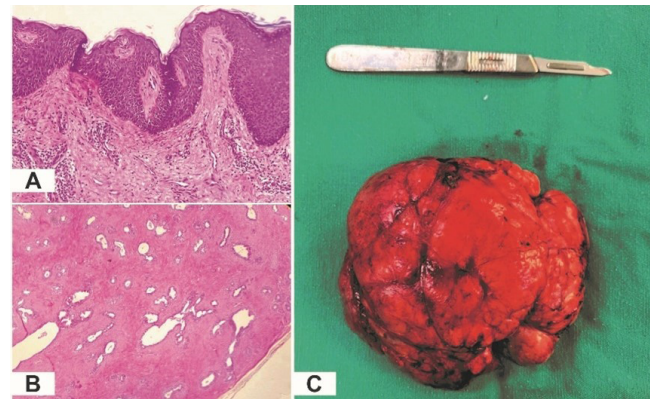


**Figure 1.** (A) Breast asymmetry due to tumor in the left breast, with thick crusts covering the areolar and periareolar region. (B) Reduction of crusts, with exposure of the nipple-areola region, which is deviated to the right due to tumor.

Clinically, there are asymptomatic hyperkeratotic, hyperpigmented squamous plaques<sup>1,2</sup>.

Previously published studies<sup>1,3,7,8</sup> demonstrate varied historical antecedents, drawing attention to the multiplicity of forms adopted by dermatosis lesions. Most cases resulted from inadequate hygiene of surgical scar, previous dermatosis, sunburn, or trauma. There are also reports of patients with psychiatric conditions, including depression and schizophrenia, or related to religious beliefs. Lack of access to basic sanitation and cultural issues may also be factors associated with the pathology, whose higher prevalence is recorded in adults, but it may affect children<sup>9-11</sup>.

Considering the nonspecific anatomopathological findings of the skin fragment, the history of depression, the report of inadequate hygiene, and the improvement of the condition with



**Figure 2.** On the left, histological sections in hematoxylin-eosin staining visualized at 40x magnification: (A) skin fragment, noting hyperkeratosis and papillomatosis; (B) result from quadrantectomy with fibrous breast stroma permeated with glands without atypia, sometimes with reduced lumen, confirming the diagnosis of fibroadenoma; on the right (C), anatomical specimen corresponding to the giant fibroadenoma, measuring 11 cm.



**Figure 3.** Post-surgical follow-up, demonstrating partial repigmentation of the areolar and periareolar region.



cleanliness alone, we concluded that this was an exuberant case of dermatitis neglecta caused by the patient's fear of cleaning the breast that had a giant fibroadenoma.

Fibroadenomas are common benign lesions of the breast, usually found in patients under 20 years of age. Lesions measuring >5 cm, which are uncommon, representing less than 4% of cases, are defined as giant lesions<sup>12</sup>. They present themselves as a unilateral, circumscribed mass of rapid growth. Histologically, the tumor is composed of ducts and fibrous connective tissue, and can be treated with simple enucleation. Differential diagnosis of giant fibroadenoma includes *Phyllodes* tumor, inflammatory processes, and benign proliferative lesions<sup>13,14</sup>.

Dermatitis neglecta has as differential diagnosis the terra firma-forme dermatosis; however, in the latter, simply cleaning the site with soap and water does not improve the condition<sup>15</sup>.

Although the distinction of psychiatric conditions may represent a challenge, the diagnosis is still clinical. Patients should be properly instructed to maintain good personal hygiene, and keratolytic agents and emollients should be judiciously used when necessary<sup>16</sup>.

The patient's mood improvement after breast reconstruction is highlighted, positively impacting her self-esteem. With a view to the integrality of care, the therapeutic approach of psychodermatological disorders should be multidisciplinary, including primary care physicians, dermatologists, psychiatrists, psychologists, and nurses.

Despite being a relatively simple clinical condition with low-cost treatment, it is still underdiagnosed<sup>11</sup>. Therefore, the early

recognition of clinical and psychosocial manifestations and the underlying cause is essential to avoid unnecessary diagnostic and therapeutic interventions.

## CONCLUSIONS

A case of dermatitis neglecta in the breast of a young patient with breast fibroadenoma and depressive disorder was reported. The case is relevant due to the exuberant presentation, coexistence with psychiatric disorder, in addition to evidencing the need for comprehensive clinical examination, involving psychological, social, and behavioral aspects of the patient, which requires an interdisciplinary approach.

Better awareness of physicians and patients can avoid incorrect diagnoses and, consequently, unnecessary invasive examinations and procedures.

## AUTHOR'S CONTRIBUTION

ACSL: Conceptualization, Methodology, Investigation, Writing – review & editing. JPF: Supervision, Visualization, Writing – original draft. RSCP: Methodology, Investigation, Writing – review & editing. ISMT: Methodology, Visualization, Writing – original draft. JSD: Conceptualization, Methodology, Investigation, Writing – review & editing. ALQ: Methodology, Visualization, Writing – original draft. ISIF: Methodology, Visualization, Writing – original draft. JEF: Supervision, Methodology, Investigation, Writing – original draft.

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