

Neglecta Dermatitis: Four Cases Series

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Abstract

Observation: Neglecta Dermatitis (ND) is an acquired, long-standing, non symptomatic dermatosis consists of dark verrucous plaques of dirt simulating verrucous nevi. The disease results from the accumulation of sebum, sweat, corneocytes and bacteria in a localized area of skin, forming a compact and adherent crust of dirt. Although it is considered to be very rare, ND should be recognized in order to put the right diagnosis along with its simple treatment, and to avoid aggressive unnecessary diagnostic and therapeutic procedure. We reported here a series of 4 cases of Syrian patients who were referred to our Dermatology Department with ND.

Introduction

Neglecta Dermatitis (ND) is an acquired, long-standing, non symptomatic dermatosis consists of dark verrucous plaques of dirt simulating verrucous nevi. Although it is considered to be very rare, ND should be recognized in order to put the right diagnosis along with its simple treatment, and to avoid aggressive unnecessary diagnostic and therapeutic procedure. We reported here a series of 4 cases of Syrian patients who were referred to our Dermatology Department with ND.

Case Reports

Case 1: A 17-year old Syrian female had asymptomatic dirty crusts simulating Verrucous Nevi on the face since few months (**Figures 1 and 2**), she had been treated with acne cream without benefit. Physical examination revealed greasy crusts on her face particularly on forehead and malar region. When one part of lesion was rubbed with alcohol-soaked gauze cotton the lesion disappeared completely while the underlying skin was erythematous (**Figure 3**). Otherwise, the patient looked in a good health but stressed because of her terminal school exam. Laboratory findings were also within normal ranges, so the diagnosis of Neglecta

Dermatitis was established. A treatment with topical ketoconazole 2% cream as long as a regular salicylic acid containing facial cleanser were added, and she has been educated about her disease.

Case 2: A 55-year old Syrian male had asymptomatic verrucous plaque on the chest since few months (**Figure 4**). Physical exam revealed verrucous plaque on the chest which disappeared completely when rubbed with alcohol-soaked gauze leaving normal-appearing skin (**Figure 5**). the patient looked normal on general examination apart from a history of generalized psoriasis that had been treated with methotrexate 10 mg/ weekly for five years without any problem. The diagnosis of Neglecta Dermatitis had been established on clinical basis and he was treated with topical ketoconazole 2% cream and was advised to clean the area regularly with a complete clearance.

Case 3: A 70 – year old Syrian female was presented with one month history of an adherent crust on her right palm (**Figures 6 and 7**). On physical examination, waxy adherent crusts were localized at the right palm. When rubbed with alcohol-soaked gauze, the lesion disappeared totally leaving normal-appearing skin (**Figure 8**). The patient looked otherwise normal apart from restriction of her right upper extremity motion due to post her-



Figure 1 . Dirty crusts simulating verrucous nevi



Figure 2 . Close-up view



Figure 3. After rubbing with alcohol-soaked gauze cotton



Figure 4. Verrucous plaque on the chest

petic neuralgia since 3 months ago. The diagnosis of neglected dermatosis was established clinically and she treated with regular hand washing along with some analgesic to improve her sensory pain which prevents her hand washing with complete regression.

Case 4: A 17-year old Syrian male had been referred to us with a complain of an asymptomatic verrucous plaque on his face since 2 months ago (**Figure 9**). Physical exam revealed crusted plaque on the left cheek that disappeared completely when rubbed with alcohol-soaked gauze, leaving normal-appearing skin (**Figure 10**). There was no other abnormality on full body exam except of severe cheilitis and xerosis of skin all over the body due to 6 months high dose isotretinoin therapy for his acne conglobate. The diagnosis was Neglecta Dermatitis due to avoided washing the dry skinned face, and the treatment consisted of frequent face washing with immediate moisturizing could eliminate the lesion totally.

Discussion

Dermatitis Neglecta is an acquired, long-standing, non-symptomatic, dark, verrucous plaques of dirt simulating verrucous nevi [1]. It was first described in 1995 by Poskitt et al [1] with only 8 case-reports in the medical literature up to now. The lesional plaque results from accumulation of sebum, sweat, corneocytes and bacteria in a localized area of skin, forming a compact and adherent crust of dirt as a result of a patient's willful or subconscious self-neglect [2, 3]. Recognition of this condition and its causes is important in order to avoid aggressive unnecessary diagnostic and therapeutic procedure. The lesion can be easily rubbed off using soap and water or an alcohol soaked swab [4], and lesion removal with alcohol swabbing serves as a diagnostic and therapeutic too [5].

The pathogenesis centers on insufficient exfoliation in a particular area leading to accumu-



Figure 5. After rubbing with alcohol-soaked gauze cotton



Figure 6. Adherent scale on right palm



Figure 7. Adherent scale on her palmar region



Figure 8. After rubbing with alcohol-soaked gauze cotton

lation of corneocytes, sebum, sweat and bacteria. The longstanding asymptomatic accumulation of dirt may lead to verrucous plaques simulating verrucous naevi [3]. *Pityrosporum orbiculare* has been isolated from some lesions, but it may represent yeast overgrowth in a conducive environment rather than a causative factor [5].

There are usually other medical problems that lay behind this disease. The site of trauma, surgery, medical instrument are borne to ND because of the lack of cleanliness.

Qadir et al [4] described a 35-year-old male Caucasian of Pakistani origin, with multiple fractures, neurological deficit and immobility sustained in a fall, leading to the development of Dermatitis Neglecta of the left hand.

Lucas et al [5] described 5 cases of ND, 3 of them were associated and resulted from medical problem. The first case was around the site of a pacemaker in an 84-year-old man, the second case was due to previous mastectomy on the chest in a 77-year-old woman, while the third case was presented in a 52-

year-old man with a history of a brain tumor presented on the left forehead overlying the area of prior surgery and radiation. Because the area was hyperesthetic and because he feared damaging his brain he was afraid to wash or even touch this skin [5]. For our 4 cases, we reported two medical causes were first described in the lectures. The post herpetic neurological prevented the patient in the third case from washing her affected hand leading to ND, while the severe facial xerosis in the fourth case prevented the patient from washing his face leaving the ND plaque.

Terra firma forme TFFD has also been used to describe a condition with similar clinical features but which is not amenable to soap and water cleansing and can only be rubbed off with vigorous alcohol swabbing [6, 7, 8]. There are clear overlaps between TFFD and DN, and they may be two ends of the same disease, rather than to be separated entities with the TFFD in the severe end because of the long resistance to routine hygiene points [9].



Figure 9. Verrucous plaque on the face



Figure 10. After rubbing with alcohol-soaked gauze cotton

Cutaneous Dirt-Adherent Disease CDAD was first described by *Shan* and coworkers [10] for a 23-year-old Chinese woman presented with thick, asymptomatic, dark brown adherent crusts on her face of 2 years duration. *Burgdorf* and *Duncan* [11] said it is the same entity reported by *Poskitt* et al [1] 15 years ago as dermatitis neglecta DN. CDAD is a general term that Chinese dermatologists preferentially apply for pigmented keratotic lesions. A retrospective review of the Chinese literature revealed 97 reports of CDAD cases since its first report in China in 1985. Among them, 4 can now be more precisely diagnosed as TFFD; 16 as DN; and 9 as head and neck *Malassezia* dermatosis [12]. No revised diagnosis is possible in the remaining 68 cases owing to incomplete clinical data, but I believe that, given sufficient data, more precise diagnoses might be applied to them as well [10].

Treatment include educating the patient or their accompanying family members how to clean the skin, daily lightly scrubbing of the affected area with soap and water, or alcohol cleansing is effective in most cases. For more resistant and verrucous lesions, application of a keratolytic cream or cleanser may be required. Ketoconazole containing creams may add another benefit against *Malassezia*. The result of treatment usually surprises patients.

Conclusion

Dermatosis Neglecta should be kept in mind in the differential diagnosis of all hyperpigmented or verrucous localized lesions, especially in a patient with some accompanying disability. The treatment is very simple and easy depending on educating the patient or the accompanying family members about how to clean skin at home using isopropyl alcohol or water and soap. The correct early diagnosis will save an extensive amount of time and many unsuitable ineffective treatments.

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