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## Neurotic excoriation and acne excoriée

*Synonyms: neurodermatitis, psychogenic excoriation, pathological or compulsive skin picking, dermatillomania*

See also the separate [Acne Vulgaris](#) article.

### What is neurotic excoriation<sup>[1]</sup>

Neurotic excoriation (skin-picking), also known as excoriation disorder, psychogenic excoriation, or dermatillomania, is described as recurrent picking of skin, often leading to scarring and inflammation, and significant distress or functional impairment.

### Neurotic excoriation epidemiology<sup>[2]</sup>

- It is seen in about 2% of dermatology clinic patients.
- One study using a community-based questionnaire found that 62.7% of 354 respondents confirmed some form of skin picking and 5.4% reported clinical levels of skin picking and associated distress/impact.<sup>[3]</sup>
- It is more commonly seen in women.
- Onset tends to occur between adolescence and early adulthood.
- It is the most common factitial skin disease of childhood.<sup>[4]</sup>

### Neurotic excoriation symptoms<sup>[2]</sup>

- There is a history of picking, digging or scraping of the skin. There may or may not be an obvious inciting incident. The patient may be unaware of the self-inflicted trauma at the time and may only notice the resulting lesions.
- Picking continues until material can be pulled from the skin.

- Nasal ulceration can occur; trigeminal neuralgia can be a predisposing condition.
- Psychological comorbidities are common (for example, depression, anxiety, obsessive-compulsive disorder, body dysmorphic syndrome, eating disorders, kleptomania or borderline personality disorders).
- Right-handed patients generally tend to produce lesions on the left side and vice versa. The lesions tend to have angulated borders and consist of erosions and older scars. The number can vary from a few to several hundred.
- Consider the diagnosis when lesions do not conform to any other known dermatological condition and are confined to areas which can be reached by the patient.

## Neurotic excoriation differential diagnosis<sup>[1]</sup>

- [Scabies.](#)
- [Dermatitis herpetiformis.](#)
- Renal disease and uraemia.
- [Cocaine/opiate/amphetamine use.](#)
- Lymphoma.
- Diabetes mellitus.
- Thyroid disease.
- [Iron deficiency.](#)
- Delusions of parasitosis.
- [Dermatitis artefacta.](#)

## Neurotic excoriation investigations<sup>[5]</sup>

These are primarily to exclude other diagnoses and may include:

- FBC.
- Chemistry profile including fasting glucose.

- TFTs.
- Tests for cancer if indicated by presentation (eg, CXR for lymphoma).
- Tests for food allergy and contact dermatitis.
- Skin biopsy.

## Neurotic excoriation treatment and management<sup>[1]</sup> <sup>[2]</sup>

- Underlying psychopathology should be addressed. Cognitive behavioural therapy, habit reversal therapy and hypnosis have been used to good effect.
- Topical corticosteroids may help to reduce inflammation.
- Medications found useful include selective serotonin reuptake inhibitors (SSRIs), doxepin, clomipramine, naltrexone and pimozide. Reports suggest that olanzapine (2.5–5 mg daily for 2–4 weeks) may also be helpful.
- Pulsed dye laser therapy may be helpful in the management of scarring.<sup>[6]</sup>

## Neurotic excoriation complications<sup>[1]</sup>

- Scarring.
- Worsening anxiety.

## Neurotic excoriation prognosis

This depends on the underlying psychological condition and how responsive it is to treatment. Natural resolution without therapy is unusual.

## What is acne excoriée?

Acne excoriée is a type of neurotic or psychogenic excoriation. It can be classified as a factitial skin disease in that it is consciously or subconsciously fabricated by the patient. It is a condition in which patients pick at their acne lesions. Because the condition was first detected in young girls, it was called 'acné excoriée des jeunes filles'.<sup>[7]</sup> The picked lesions become scarred and infected, causing itching which leads to further picking. Sometimes the picking continues long after the original acne has healed. There appear to be two subgroups – patients in whom there are primary acne lesions and those who have virtually no lesions at all.

## Acne excoriée epidemiology<sup>[8]</sup>

- There is no epidemiological information concerning the prevalence of acne excoriée *per se* but it is thought to be relatively rare, particularly with the advent of more effective forms of acne treatment.
- It is more commonly seen in women with late-onset acne.

## Acne excoriée symptoms<sup>[7]</sup>

- Always consider diagnosis in acne not responding to treatment, atypical presentations and where scarring is predominant.
- Most of the lesions are excoriated papules with few obvious comedones. Erosions can become frank ulcers.
- Lesions occur where the patient can scratch: face, trunk, extensor extremities and upper back.
- Scars tends to be:
  - Round, oval or stellate in shape.
  - Hypopigmented or hyperpigmented.
  - With angulated borders.
  - Approximately the same size and shape.

## Acne excoriée differential diagnosis<sup>[7]</sup> <sup>[9]</sup>

- Scabies.
- Dermatitis herpetiformis.
- Psoriasis.
- Dermatitis (eczema).
- Gram-negative folliculitis.
- Acneiform eruptions.
- Delusions of parasitosis.
- Dermatitis artefacta.

## Acne excoriée treatment and management<sup>[8]</sup>

- Trial of systemic antibiotics for six months, as for acne vulgaris; however, frequently response is poor.
- Medication options are as for neurotic excoriation.
- If skin picking is a problem, psychological therapies and psychoactive drugs may be indicated.
- Therapies other than the treatment of the underlying acne are often best instituted in conjunction with a specialist.

## Acne excoriée complications

As for neurotic excoriation.

## Acne excoriée prognosis<sup>[8]</sup>

The prognosis is similar to other forms of neurotic excoriation - ie it has a tendency to become chronic, although improvement can occur with treatment of underlying psychological illness.

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## Further reading

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- Maraz A, Hende B, Urban R, et al; Pathological grooming: Evidence for a single factor behind trichotillomania, skin picking and nail biting. PLoS One. 2017 Sep 13;12(9):e0183806. doi: 10.1371/journal.pone.0183806. eCollection 2017.

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