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Original Article

Non-Healing Ulcers: A Curious Saga of Consultations

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ABSTRACT

Obsessive Compulsive Disorder remains on the upper strata of the pyramid of psychiatric disorders as far as prevalence and disability are concerned, but yet to gain the importance in reporting, diagnosis and awareness. Owing to the under reporting of OCD, the less common forms, like biting, picking, chewing etc, especially those where preceding intrusive thoughts remain unidentified, pass undiagnosed and untreated, often with, multiple referrals and unnecessary medical/surgical interventions. A 19-Year-old male, presented with a non-healing ulcer on the lower lip mucosa since 4 year duration, with a non-contributory medical history, past and family histories. Patient provided a vast Medical History of multiple referrals with ENT, OMFS, Dermatology & Onco-surgery Departments, with various interventions including biopsy and unremarkable reports. Patient was advised admission, and after thorough evaluation, a diagnosis of obsessive-compulsive disorder, predominantly compulsions was made and was started on Fluoxetine(20mg) and Psychotherapy sessions. Over follow-up with dose optimisation to 80 mg, behaviour therapy, reported healing of existing ulcers and no new lesions. Skin lesions may have many distinct clinical presentations, ranging from excoriations to ulcers and blisters; with many underlying pathologies. Few may present with underlying psychic causes and mechanism, like the complex mechanism of compulsive acts. Many patients& physicians might be unable to identify the preceding obsessions, or may have a lack of these thereof. A broader sense of awareness & attentiveness towards possible psychiatric basis for resistant skin manifestations like above needs to be developed.

Key Words: *Non healing ulcer, obsessive-compulsive disorder, Fluoxetine*

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INTRODUCTION

Obsessive Compulsive Disorder remains on the upper strata of the pyramid of psychiatric disorders as far as prevalence and disability are concerned, but are yet to gain the importance in reporting, diagnosis and awareness. This is valid for both, the patients as well as healthcare professionals. Often, the notion with OCD is that of actions associated with washing and/or checking. Current classifications include Obsessive Compulsive and Related disorders, along with Body Focussed Repetitive behaviours thereby broadening the spectrum[Nico MMS, Lourenço SV2015]**[1].**Owing to the under reporting of OCD, the less common forms, like biting, picking, chewing etc, especially those where preceding intrusive thoughts remain unidentified, pass undiagnosed and untreated. These patients are often subjected to multiple referrals and unnecessary medical and surgical interventions.

Case Details

19-Year-old male, presented with a non-healing oral ulcer on the lower lip mucosa. On inquiry, lesion was since 4 year duration, with a non-contributory medical history & unremarkable past & family history. Brief period of history of chewing tobacco occasionally in the first two years of the ulcers, claimedabstinence since then.Physical examination revealed, multiple ill defined, irregular ulcers with pale white coating and erythema.Patient was referred to the psychiatry department by the dermatology department with an inconclusive diagnosis and non response to any topical treatments that had been tried. After initial workup in the Out patientdepartment, patient was advised admission. On further evaluation, provided a vast History of multiple referrals with Otorhinolaryngology, OMFS, Onco-surgery Departments, with the sentinel visit with a dentist, followed by above. Multiple investigations were ordered, ranging from routine hematological investigations to Orthopantomogram, serology and to surgical interventions like biopsy.All of the above reports were inconclusive or within normal limits; and biopsy revealed a normal tissue study. Inpatient

evaluation revealed the compulsive nature of the act of biting/chewing lip and oral mucosa.(Refer to figure 1 A and 2Bfor lesions on presentation)

After ruling out of any medical causes and absence of other psychiatric diagnosis, a diagnosis of obsessive-compulsive disorder, predominantly compulsions was made. The YBOCS Score on admission was 17.

Patient was started onSSRI, Fluoxetine at a dose of 20mg, Benzodiazepines for a short period of 2 weeks and psychotherapy sessions. These sessions were spaced on every third day, and aimed at techniques of relaxation, habit reversal.Patient reported improvement in new lesions over 2 weeks of indoor stay.

Patient was discharged at a dose of Fluoxetine 40 mg, called for weekly Psychotherapy sessions with our Clinical Psychologist. (Refer to figure 1 B and 2B for lesions posttreatment and on followup)

Over follow-up of 3 months, with dose optimisation of Fluoxetine to 80 mg, and about 12 sessions of behaviour therapy, patient reported healing of existing ulcers and no new lesions. On our follow-up at 90 days, the calculated YBOCS was 7

Discussion

Skin lesions may have many distinct clinical presentations, ranging from excoriations to ulcers and blisters; with many underlying pathologies [Öztürk S, Karagoz H. 2015] **[2].** Few may present with underlying psychic causes and mechanism, like the complex mechanism of compulsive acts.OCD & OCRD, are often missed and lead to lasting socio occupational impairment along with exposure to multiple health care professionals.[Arnold P, Askland KD, Barlassina C, Bellodi L, Bienvenu OJ, Black DW, et al. 2017] [**3]** .Patients may have fair insight, yet be embarrassed to report these urges and symptoms, while others with absent insight or no obsessions might be unable to identify the nature.Thorough evaluation and examination is needed in cases such as ours; appearing with a different set of signs, and those where clinical correlation is not in concordance with objective findings.OCD & OCRD, are often missed and lead to lasting socio occupational impairment along with exposure to multiple health care professionals.Patients may have fair insight, yet be embarrassed to report these urges and symptoms, while others with absent insight or no obsessions might be unable to identify the nature.Thorough evaluation and examination is needed in cases such as ours; appearing with a different set of signs, and those where clinical correlation is not in concordance with objective findings.

Conclusion

A broader sense of awareness & attentiveness towards possible psychiatric basis for resistant skin manifestations like above needs to be developed. And a liaison with psychiatrists by physicians/surgeons, at early stages must be developed to avoid unnecessary exposure to interventions, and non judicious use of resources.

List Of Abbreviations

OCD- Obsessive Compulsive Disorder
OCRD- Obsessive Compulsive Disorder and Related Disorders
OMFS- Oral and MaxilloFacial Surgery
SSRI- Selective Serotonin Reuptake Inhibtors

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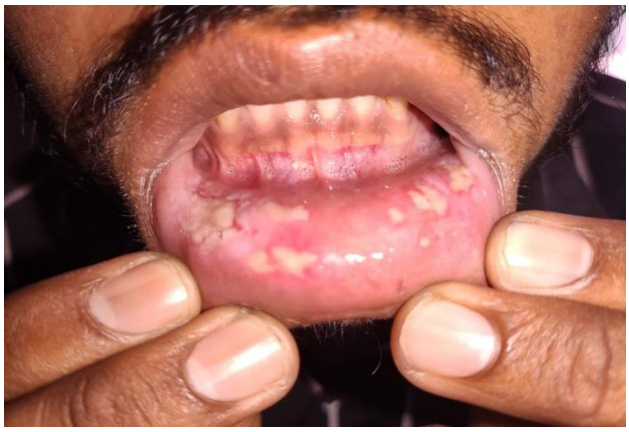
Supplemetary Materials



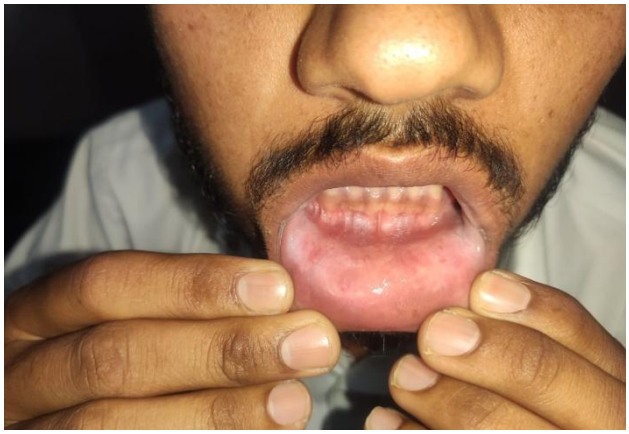


FIGURE 1 A & B- Pre and Post treatment lesion

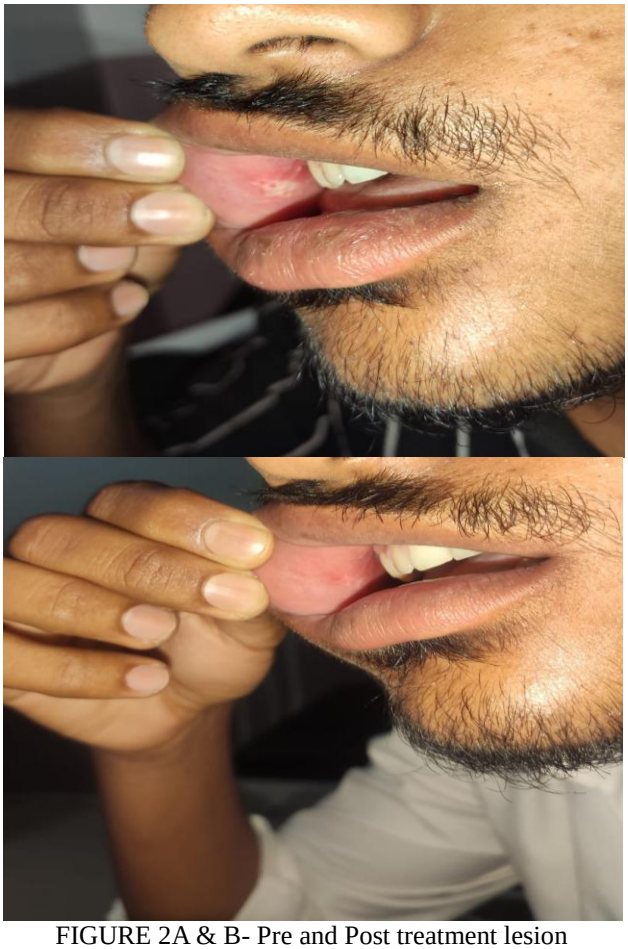


FIGURE 2A & B- Pre and Post treatment lesion

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