



Pathologic Skin Picking Resulting in Successive Bilateral Transmetatarsal Amputation



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Background

- ❖ Excoriation disorder (skin picking disorder, or SPD) is characterized by repeated skin picking, causing tissue damage
- ❖ There are currently no FDA approved pharmacologic treatments for SPD
- ❖ Though estimated prevalence rate is 1.4-5.4%, SPD is under recognized and under researched
- ❖ Guilt, shame, and social embarrassment are commonly cited as barriers to treatment-seeking in SPD
- ❖ Ulceration and infection are common in SPD, with one study finding that 30% required oral or topical antibiotics due to infection because of picking and 5% required IV antibiotics due to bacteremia from picking.

Case

Mr. S is a 53 y/o male with history of bipolar I disorder (current episode depressed) and mixed personality disorder who has been followed in our clinic for years and consistently declined psychotherapy.

Psychiatric meds:
lumateperone 42mg daily
gabapentin 900mg TID for anxiety/neuropathy

Past psychiatric meds: lithium, valproate, lamotrigine, aripiprazole, asenapine, ziprasidone, lurasidone, cariprazine, quetiapine XL

Substance use: No alcohol use, 1ppd cigarette smoker, no illicit drug use

Medical history: HTN, DM2 w/ neuropathy, HLD, CAD w/MI (age 41), OSA, chronic back pain

Psychiatric

- Admitted for skin picking of feet leading to ulcers
- Started on N-Acetylcysteine (NAC)

Medical

R 5th toe ulceration w/osteomyelitis → 5th toe amputation

Dec 2022

Jan 2023

- New ulcers on R 1st and 2nd toes
- RTMA
- Fluconazole for fungal involvement
- Tedizolid for MDR bacteria

- Lumateperone switched to quetiapine XL due to DDI
- Self-discontinued NAC

Feb 2023

Restarted NAC

Mar 2023

- L great toe, 2-3rd toe & heel ulcerations w/ osteomyelitis
- LTMA and debridement
- Full contact cast until complete healing

Jun 2023

- L foot ulcer w/bone protrusion after blister unroofing
- Non-healing L heel ulcer → LTMA revision

Discussion

- ❖ SPD can lead to serious complications, particularly in patients with medical comorbidities that predispose to infection and poor healing
- ❖ Atypical antipsychotics, including lumateperone, have potential for significant drug-drug interactions with non-psychiatric medications
- ❖ Non-pharmacologic treatments, including CBT and Habit-Reversal Therapy (HRT) are first line for SPD, though traditional 'talk therapy' may be unacceptable to some patients
- ❖ SSRIs, lamotrigine, NAC, riluzole, and naltrexone have been studied for SPD, though only SSRIs and NAC have strong evidence for their use
- ❖ This case suggests a need for increased attention to SPD in medically complex patients

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