

# A case report of concurrent mania and severe excoriation disorder resulting in skull osteomyelitis and pachymeningitis.

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## Background/Significance

Excoriation disorder (ED) is listed as one of the obsessive-compulsive and related disorders, and is described as a compulsive picking of the skin leading to secondary lesions and significant distress or functional impairment.<sup>1</sup> ED has an overall prevalence of 3.45%.<sup>3</sup> We describe a case of excoriation disorder with concurrent mania that led to a severe scalp wound requiring a craniotomy.

## Case Report

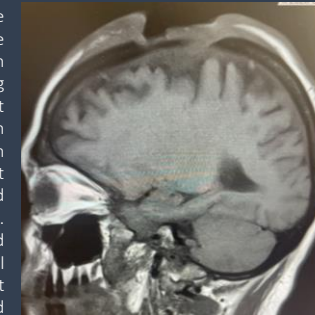
A fifty-year-old woman was hospitalized with suicidal ideation and an open scalp wound.

- **Past psychiatric history:** Unspecified mood disorder, excoriation disorder with consequent chronic head wound, previous alcohol abuse. No current substance use disorder.
- **Past medical history:** Iron deficiency anemia, gastric bypass surgery.
- **Social History:** Unemployed. Lived with long-term partner. Had one daughter.
- **Family History:** No known psychiatric illnesses.
- **Mental status exam:** Notable for restlessness and frequent manipulation of scalp bandage, rapid speech, labile affect, paranoia about doctors implanting objects into her scalp, and passive suicidal ideation. No signs of delirium.

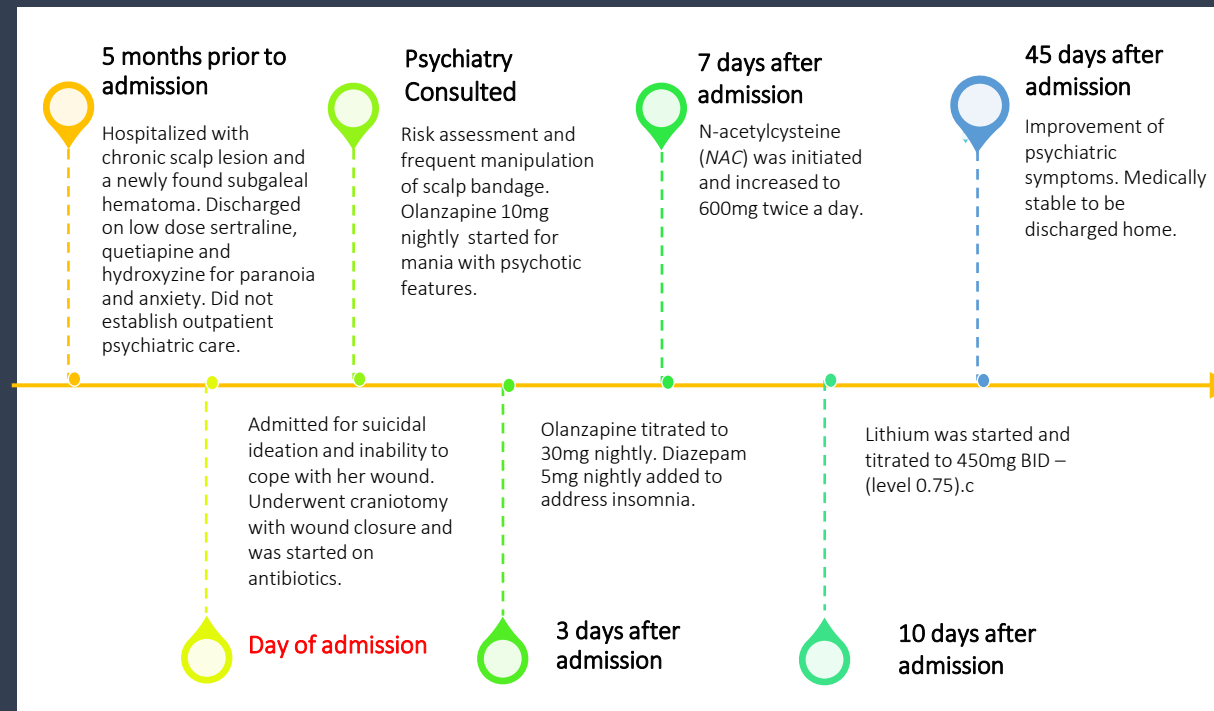
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**Figure 1:** Full thickness defect of the scalp, approximately 5x3cm. The center appears firm with concerns for exposed bone, circumferentially a depression with possible loss of bony surface. There is mild erythema. No drainage. No acute signs of an active infection seen.



**Figure 2:** Sagittal brain MRI with large soft tissue and osseous defect of the left frontoparietal scalp with underlying pachymeningeal thickening and enhancement overlying the left cerebral hemisphere, compatible with pachymeningitis. Additional 4 mm subdural collection along the left parieto-occipital lobe which is favored to represent a subdural empyema. Extensive soft tissue thickening and local regional calvarial edema/enhancement defect compatible with cellulitis and osteomyelitis.



## Discussion

Current management options for ED include behavioral therapy, as first line, and antidepressants or NAC.<sup>2</sup> Patients with ED have an odds ratio of 7.5% for bipolar disorder.<sup>4</sup> We present a rare case of a patient with severe ED. Her manic symptoms posed a challenge in the implementation of behavioral techniques and utilization of antidepressants. Addressing underlying mania with mood stabilizers, in addition to NAC, resulted in mitigation of ED symptoms.

## Conclusion

Untreated severe ED with simultaneous mania may increase the risk of significant medical complications which can be life-threatening.

## References

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