Body Dysmorphic Disorder of Twins with Facial Illness after Successful Isotretinoin Therapy

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Sir,

Long-standing dermatological conditions are commonly associated with psychiatric problems. The onset and the course of a dermatological disorder may be significantly influenced by stress, emotional disturbances or psychiatric disorders. According to Folks & Warnock (1), in some cases, skin conditions are self-induced or reflect signs or symptoms of an underlying psychiatric disorder, including psychosis or obsessive-compulsive disorder.

Isotretinoin is indicated for the treatment of severe acne. It has been shown (2–4) that successful acne therapy reduces anxiety and depression significantly in patients with acne. In recent years, isotretinoin therapy and adverse psychiatric effects have received considerable attention. Despite the fact that there are reports of cases where isotretinoin has led to depression, recent findings (5, 6) indicate that there is no evidence that the use of isotretinoin is associated with an increased risk for depression, suicide or other psychiatric disorders.

In this case, we assessed male twins with similar kind of persistent facial dermatological problems. They had been treated with isotretinoin for acne successfully, but their skin-related problems persisted.

CASE REPORTS

Two dizygotic male twins aged 21 were referred to the Adolescent Psychiatric Clinic at the university hospital by their dermatologist for evaluation and advice on psychiatric management. The isotretinoin treatment for acne had ended 2 years prior to the consultation. For Case 1, the medication began at the age of 17 years. The dosage was 20 mg daily for the first 3 months, then the medication was discontinued for 3 months, and after that it was resumed using 40 mg daily for 8 months. Case 2 received isotretinoin medication at the age of 18 for 5 months at a dosage of 60 mg/day. In both patients, acne was cured, leaving some teleangiectasia and mild erythema of the malar facial skin, with a mild tint of pigmentation. Objectively perceived, the skin condition was well within the range of normal looks, but both patients expressed severe concerns, and demanded additional treatment options. Both patients received pulsed light treatment (PhotoDerm) of the teleangiectasias, with some objectively perceived effect, nevertheless satisfying neither of the patients. On their own, the patients sought and received many kinds of homeopathic treatments.

The twins were concerned about their looks and the responses of other people. They believed that people considered their facial skin deviant. Cleaning and peeling the facial skin changed to obsessive and compulsive kind of behaviour. Gradually they isolated themselves from most of their social relations outside home.

The twins' parents belong to the upper middle class. Both parents are Caucasian. The twins were the only children in the family. The twin brothers were born in the 36th week of pregnancy by a Caesarean section because the heartbeat of case no. 1 was irregular, suggesting fetal distress due to their mother's toxaemia. Their growth and development was normal. During compulsory school they were outstanding athletes and their school reports were excellent. Both young men lived with their parents at the time of the referral. The mother was somewhat depressed, and the father refused to come to the consultation.

Case 1 weighed 1980 g at birth. The twins had separate placentas and there was an infarction in the placenta of this twin. He entered puberty at the age of 10, almost a year earlier than his twin brother. In his teens, he was concerned about his acne and the shape of his nose. He was unable to finish high school.

Psychiatric interview: He mentioned feelings of anxiety and depression whenever he started to think about his skin problems, which he blamed for his withdrawal from society. He did not expect any psychiatric treatment to alleviate his suffering. He was in good physical health. The diagnostic interview gave the DSM-IV diagnosis of body dysmorphic disorder (DSM-IV 300.7) with an additional diagnosis of delusional disorder, somatic type (DSM-IV 297.1) and depressive disorder NOS (DSM-IV 311).

Psychological assessment: The WAIS-R performance yielded a full-scale IQ of 115 for this boy. Psychological functions were assessed via the Rorschach Comprehensive System by Exner (7). The Depression Index (DEPI) had a value of 7/7. This provided a strong basis from which to hypothesize that a major depression was present. The relatively high number of perceptually inaccurate responses (X-% = 0.25) signified that many of his translations involved considerable distortion of the input. This suggests the likelihood of some significant reality testing problems.

Treatment: The patient was offered antipsychotic and/or antidepressive medication, which he refused. He was also recommended intensive psychotherapy. He

decided to start seeing his psychotherapist twice a week. After 1 year of psycho-dynamically oriented psychotherapy, he has moved from home to live on his own and restarted sport activities, which has helped him to reintegrate socially. He had some complaints about his facial skin still but they did not disturb his daily life.

Case 2 weighed 2350 g at birth. He had been very happy with his own appearance until the age of 18, when he suddenly started claiming that the colour of his face was unpleasantly dark red. He started to skip classes, but was able to graduate from high school 2 years later than his age group.

Psychiatric interview: The only reason for attending psychiatric consultation for this patient was to persuade his dermatologist to treat him again. There were no signs of depression. His physical health was good. The diagnostic interview gave the DSM-IV diagnosis of body dysmorphic disorder (DSM-IV 300.7) with an additional diagnosis of delusional disorder, somatic type (DSM-IV 297.1).

Psychological assessment: The WAIS-R performance yielded a full-scale IQ of 110 for this twin. The DEPI value (2/7) was not significant. Instead, his elevated reflection responses ($Fr+rF>0$) indicated marked tendencies to overvalue personal worth. He characteristically externalized responsibility for his failures and blamed any difficulties he encountered on events beyond his control. The relatively high number of perceptually inaccurate responses (X-% = 0.29) signified that many of his translations involved considerable distortion of the input. This suggests the likelihood of some significant reality testing problems.

Psychiatric treatment was recommended but he refused and was lost for follow-up. The only knowledge we have about him is that he had started his service in the Defense Forces.

DISCUSSION

Long-standing dermatological conditions are commonly associated with psychiatric problems, and the patients may thus need psychiatric consultation. Understanding the psychosocial context of skin diseases is critical to the optimal management of psychodermatologic disorders, as stated by Koo & Lebwohl (8). Like some other recent studies (5, 6), isotretinoin was shown not to be the cause of the depression or other psychiatric symptoms in our study.

The main diagnosis for both twins was a body dysmorphic disorder with delusional intensity. Case 1 was also diagnosed as having atypical depression. Case 1 developed his delusional symptoms a year before Case 2. He had also had more perinatal problems, which may increase the risk for psychotic disorder as described by Rosa et al. (9).

Case 1 refused all psychopharmacological treatment but accepted psychotherapy after persuasion. Case 2 did not accept any kind of psychiatric treatment. However, the psychiatric consultation and evaluation proved to be a therapeutic intervention, giving the patients alternative approaches to deal with their problems and contributing to their separation-individuation process.

The management of psychodermatologic disorders requires a dual approach, addressing both dermatologic and psychiatric aspects. Patients with psychodermatologic disorders frequently resist referral to mental health professionals but acceptance of psychiatric treatment may be enhanced through support from the dermatologist (8). Our findings highlight the importance of recognizing psychiatric comorbidity among dermatology patients.

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