



# A case of dermatosis neglecta in an elderly female patient with suspected Ogilvie syndrome

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## Introduction

Dermatosis neglecta presents as painless brown-grey hyperkeratotic plaques with minimal inflammation on areas of unwashed skin and poor hygiene.<sup>1</sup> These plaques are often easily treated within a few days to weeks with a simple soap and water scrub or an alcohol cleanse.<sup>2</sup>

## Case

**History:** 89 y/o F was admitted inpatient after being found living in deplorable conditions with significant hoarding.

- No past medical history, was not taking any medications, and had no allergies.
- Had avoided medical care and was unable to bathe for many years due to physical limitations

### Physical examination:

**Abdomen:** Diffusely distended, tympanic, non-tender, reduced bowel sounds

**Skin:** Bilateral brown-grey hyperkeratotic plaques extending circumferentially from the toes to the tibial tuberosities. There was no exudate, no malodor, no pain on palpation or movement, no pruritus, and decreased distal sensation. She had no other notable lesions.

*The remainder of the patient's physical exam was not pertinent.*

Application of topical amlactin resulted in clinical improvement in cutaneous lesions. The patient was diagnosed with Ogilvie syndrome but continued to deny any medical treatment during her stay in the hospital.



Fig 1. Plaques shown before (left) and after (right) treatment. Diminished coverage of hyperkeratotic lesions are noted.



Fig 2. Coronal and transverse sections of abdominal CT scan demonstrating multiple distended colonic loops with moderate to large amounts of gas. Results were found to be consistent with Ogilvie syndrome.

## Discussion/Conclusion

Dermatosis neglecta, was only recently described in 1995.

In the case described herein, factors contributing to her presentation included physical limitations, deplorable household conditions, and avoidance of care<sup>3</sup>

The presence of Ogilvie Syndrome in this patient is significant due to her physical limitations and living situation. As Ogilvie syndrome has been associated with low mobility it can be noted that the patient's own impairments may have precipitated her dermatosis as well as her Ogilvie syndrome.<sup>4</sup>

Dermatosis neglecta can be differentiated from other similar disorders by patient history such as:

**Terra firme-forme dermatosis:** similar brown-grey patches and plaques; however, it occurs in patients with good hygiene.<sup>5</sup>

**Dermatosis artefacta:** occurs due to self-infliction of damage to the skin.<sup>5</sup> This was inconsistent with our patient's presentation.

Of note is the ease of treatment of dermatosis neglecta which includes: a simple, cost effective, soap-water wash, 0.5% salicylic acid and petroleum jelly if needed, and in severe cases, keratolytics.<sup>2</sup>

## Contact/Resources

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