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Case Report

Diogenes syndrome in a patient suffering from neurodegenerative disease

Saelah Batool, Ijaz Hussain

Department of Dermatology, Services Hospital/Services Institute of Medical Sciences, Lahore

Abstract Discontinuation of the normal skin cleansing in geriatric or self-neglected patients can result in accumulation of keratinous scales, crusts on the skin and its most severe form has been named as Diogenes syndrome. The usual affected sites are upper central chest, back and the groins. These patients may have psychiatric or mood disorders or temporofrontal dementia. Alcohol abuse is a co-factor. Subjects are mainly the elderly, but a few cases in younger age group of patients have also been recorded who showed lesions on the scalp, face or arms. We report a case of Diogenes syndrome in a 20-year-old girl who was suffering from familial neurodegenerative disease.

Key words
Diogenes syndrome, neurodegenerative disease.

Introduction

The cessation of normal skin cleansing will produce an accumulation of keratinous crusts. This is commonly seen in geriatric or demented patients who suffer from self-neglect and its extreme form has been called the Diogenes syndrome.[1,2] The lesions are the result of self-neglect and comprise cumulative accretions of keratin and dirty debris which forms a thick carapace with time. Significant psychopathology was schizoid thought disorder and social withdrawal. Specialist psychological therapy was usually necessary either as day care or community psychiatric support.[2,3,4]

Case report

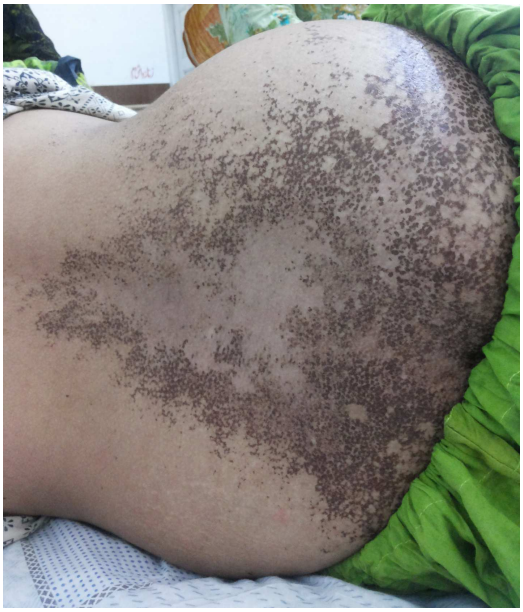
A 20-year-old pale-looking girl sent to us for dermatological opinion who was admitted in neurology department for investigations and treatment of familial neurodegenerative disease. She had multiple hyperkeratotic and hyperpigmented reticulate plaques in all flexures of the body including neck, axillae, cubital fossae, inter- and submammary folds, groin, intergluteal region and popliteal fossae, on all limbs and lower back (**Figure A-F**). All the lesions were non-blanching and there was no induration. There was no history of itching or pain in the lesions.

The patient was bedridden for last one year due to progressive familial neurodegenerative disease. MRI showed neurodegeneration. Her Hb and serum proteins were low. She left schooling at the age of 15. She had a low IQ. Her oral hygiene was poor. She had pediculosis. There was history of infrequent bathing i.e. once in a month. Patient was alert and cooperative but was severely depressed. With regular washing and treatment with cleansers, moisturizers and scrubbing the improvement was satisfactory.

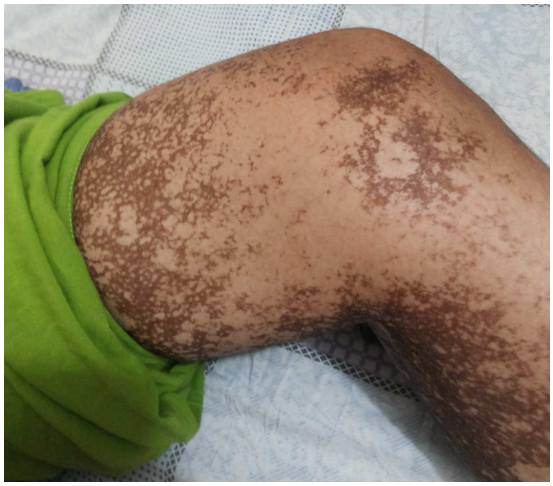
Discussion

Diogenes syndrome (DS), also known as

Address for correspondence
Dr. Saelah Batool,
Department of Dermatology,
Services Institute of Medical Sciences/
Services Hospital, Lahore
Email: saelahbatool@rocketmail.com



A.



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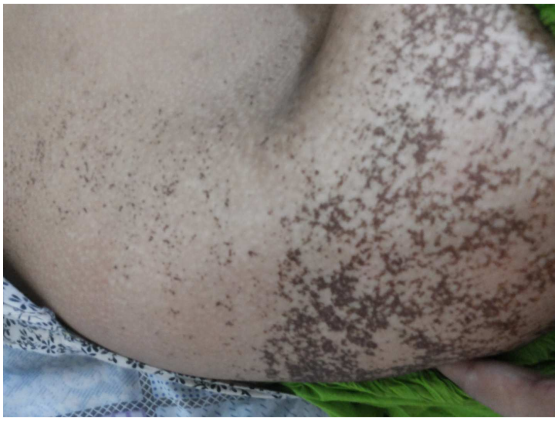

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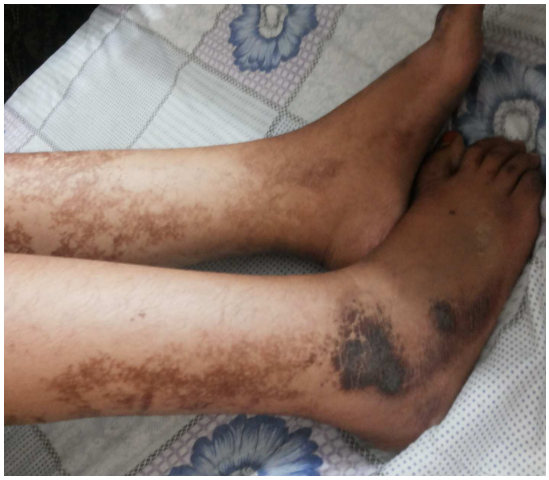

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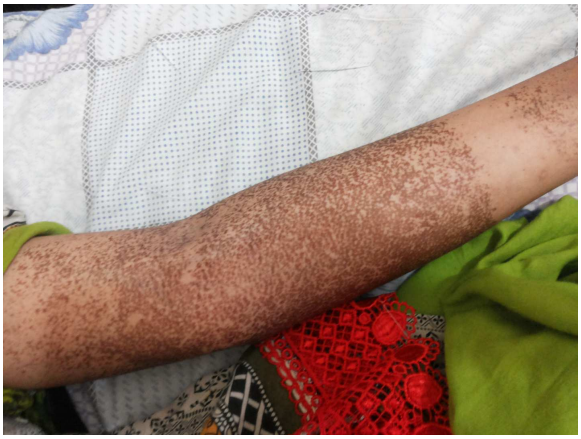

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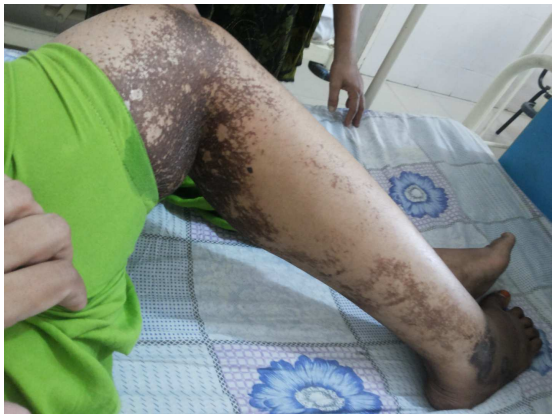

F.

Figure (A-F) Hyperkeratotic and hyperpigmented, reticulate plaques on lower back (A), thigh and knee region (B), right gluteal region (C), lower legs (D), upper limbs (E) and popliteal fossae.

dermatitis passivata, was coined in 1975 by Clark *et al*.[1] This usually affects elderly persons and there is no sex predilection. The disorder follows a distinct sociodemographic profile where it is found that persons are usually single, aged, and having average intelligence.[4] DS has been classified as primary which is not associated with mental illness and secondary or symptomatic. Secondary DS is related to mental illness like schizophrenia, depression and dementia.[4] Alcohol abuse has been identified as a co-factor.[6] Certain characteristics of the DS have been recognized. These include social withdrawal, filthy home, neglected self-care, squalor syndrome, collection of useless objects or hoarding shameless attitude and stubborn refusal of help.[4] At least four of them are almost permanent symptoms: patients do not ask for any help; unusually fond of objects; unusual behaviour with other people and extreme self-neglect.[5]

Though principally affecting the elderly, young persons have been diagnosed with this condition. Multiple deficiency states have been associated with DS including iron, folate, vitamin B12, vitamin C, calcium and vitamin D and serum proteins.[1]

Skin lesions are mainly due to uncleanliness which may result in various infestations and infections. These are ignored by the patient. Dirt, dust, bacterial, fungal and parasitic debris accumulate to form thick crusts and scales over various parts of the body.[6]

The case has been reported to increase medical awareness and to highlight that young individuals with self-neglect may suffer from this psychological impairment with suggestive cutaneous manifestations.

Differential diagnosis of reticular purpura, vasculitis and erythema ab igne were made. Investigations were advised and these conditions were excluded. Points in favour of our diagnosis were: young self-neglected patient of chronic neurodegenerative disease who was bedridden for a long period of time. There was history of very infrequent bathing. She had pediculosis and was anemic as well. Her neurological illness was progressively increasing. Simple measures of cleansing, scrubbing and moisturizing improved the condition very rapidly and effectively.

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