



CASE REPORT

Trichotemnomania in a Pre-School Child with Major Depressive Disorder

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ABSTRACT

Trichotemnomania is defined as obsessive compulsive behavior characterized by shaving or cutting off the hair in any region of the body, such as the scalp, eyebrows or eyelashes. Trichotemnomania does not appear under any classification in DSM-5, but does occur as 'dermatitis para artefacta' in dermatology guidelines. Childhood depression is a severe psychiatric disorder that significantly affects the child's psychosocial development, and that may be missed or not adequately treated in clinical practice. We encountered no previous reports or studies indicating a relation between depression and trichotemnomania. We report a case of a five-year old boy with depression and trichotemnomania. We think that our case will be of interest to clinicians since there have been no previous reports at that age, and due to its rarity in clinical practice, or maybe never being encountered at all.

Keywords: Alopecia, child, depression, trichotemnomania, trichotillomania

INTRODUCTION

Trichotemnomania is defined as obsessive-compulsive behavior characterized by shaving or cutting off the hair in any region of the body, such as the scalp, eyebrows or eyelashes (1). The term trichotemnomania derives from the Greek words 'thrix' (hair), 'temnein' (to cut) and 'mania' (madness) (2). Trichotemnomania does not appear under any classification in DSM-5, but does occur as 'dermatitis para artefacta' in dermatology guidelines (3). There have been few case reports of this rare condition (1,4-6). Trichotemnomania has been reported in a 26-year-old woman with trichotillomania (1), a 35-year-old man diagnosed with obsessive-compulsive disorder (5), a 22-year-old woman with stressful personal

experience (5) and a 28-year-old woman with psychogenic dysphonia (6). Some adolescent cases of trichotemnomania have been reported to be associated with obsessive-compulsive disorder (4). Mutluer et al. reported that three female cases with trichotemnomania were diagnosed with obsessive-compulsive disorder. Two of these were diagnosed with comorbid social anxiety disorder, and the third with comorbid general anxiety disorder and agoraphobia (4). In addition, trichotemnomania was reported in a 16-year-old adolescent girl with anorexia nervosa (5).

Childhood depression is a severe psychiatric disorder that significantly affects the child's psychosocial development, and that may be missed or not adequately treated in clinical practice (7). Symptoms of depression in pre-school children (3-6 years) include sleep disorders, irritability, lack of interest in their surroundings, social withdrawal, unprovoked crying, growth-development retardation, and weight loss (8). Cases of anxiety- and obsessive-compulsive disorder-related trichotemnomania have been reported in adolescents, but we encountered

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no case reports showing an association with depression. In addition, case reports frequently involve female patients and the adolescent-adult period. Here, we report a case of a five-year old boy with depression and trichotemnomania.

CASE PRESENTATION

A five-year-old boy presented to our polyclinic together with his mother due to 'short temper, nail-biting, and cutting his hair off with scissors'. We learned from his mother that the patient bit his nails and had exhibited unprovoked crying and irritability for the previous two months, and had experienced sleep problems for two weeks. She also reported thinning in his hair and eyebrows caused by cutting off the hair on the front of his head and eyebrows with scissors over the previous two weeks. The patient was the oldest of three siblings. At interview we learned that he thought that his mother was more interested in his siblings and did not love him enough, and that he felt despondent as a result. The mother also reported showing greater interest in her other two children and being unable to devote sufficient time to the patient. She also stated that they lived as a nuclear family far from her own relatives, for which reason she had little social support, and that she was unable to send her son to nursery school for material reasons. We also learned that the father always returned home late from work and was therefore of little help with the children. The patient had experienced difficulty in falling asleep and frequent waking for the previous two weeks. His appetite had also decreased. Unprovoked crying and withdrawal were also present. His history revealed that the pregnancy was normal, he was born on term weighing 3650 g, and no complications occurred during delivery. He was 108 cm tall and weighed 16 kg. In the family history, we learned that the mother had depressive symptoms. In his psychiatric examination; the patient appeared normal for his age and willing to be interviewed. His emotional state was depressive, and his mood was appropriate. The patient had experienced 'difficulty in falling asleep and frequent waking' for the previous two

weeks. His appetite had also decreased. 'unprovoked crying and withdrawal' were also present. No additional physical or mental pathology was present in his history. No perceptual disorder was determined. No abnormality was determined at blood biochemistry tests. The dermatology clinic was consulted due to the thinning in the hair and eyebrows, but no dermatological pathology was determined. The patient's clinical global impression-severity of illness (CGI-SI) score was 4. Following clinical evaluation (no compulsive hair pulling), the patient was diagnosed with depressive disorder and trichotemnomania. The treatment strategy was constituted as strengthening parent-child relations, support therapy, and recommending that the mother receive psychiatric support due to her depressive symptoms.

The mother was examined in the adult psychiatric clinic on the same day. She was diagnosed with depression and placed under observation by the psychiatrist (her Beck Depression Inventory score was 26, indicating moderate depression). We also learned that the family moved to the city where our outpatient clinic operates for only a short time, that they would therefore be unable to attend follow-ups, but that they would attend a clinic in their city of residence.

DISCUSSION

This report describes a pre-school child with trichotemnomania and depressive disorder.

The reported prevalence of depressive disorder in pre-school children is approximately 1% (9). Trichotemnomania has to date been more commonly associated with obsessive compulsive disorder in the literature (4,5), while in our case it was observed together with depression. In our case, in contrast to previous reported cases of trichotemnomania, no obsessive compulsive behavior was determined. However, the depressive process in the mother suggested that this might be a factor triggering depression and trichotemnomania in the child. According to one research finding supporting this, emotional symptoms in children have been shown to be associated with continuous

stressor exposure, the behavior of mothers with depression symptoms, and, most importantly, interaction between these two (10). One similar study showed that neurophysiological perturbation begins early in the babies of depressive mothers, that interaction between mother and baby is of critical importance to the development of emotional regulation, and that in particular insufficient communication between mother and child in association with major depressive disorder leads to physiological and emotional disorders (11). Body-focused behaviors (chronic hair pulling, skin-picking, nail-biting, cheek-biting, and thumb-sucking) typically manifest during childhood or adolescence (12,13). Studies have observed moderate psychological difficulties (e.g., depression, anxiety, and stress) in children and adolescents exhibiting hair-pulling and skin-picking (14-16). However, we encountered no information in the literature reporting a relation between psychological status and trichotemnomania in the preschool period. In addition, since the mother did not cut her own hair during the depressive period, we did not think that the child had adopted her as a model in terms of trichotemnomania. Case reports of adolescents diagnosed with trichotemnomania have described sertraline therapy as beneficial (4). However, studies concerning the treatment of trichotemnomania are clearly needed.

Although trichotemnomania patients exhibit this behavior in a conscious manner, they are reported to generally deny it, due to feelings of shame and guilt (3,5). In our case, when asked whether the patient performed this behavior himself, no response could be elicited, probably for the reason described above. Indeed, since most patients deny this behavior at initial clinical interview, trichotemnomania frequently risks being misdiagnosed as alopecia or trichotillomania. In our case, however, definitive information that the patient cut off his own hair and eyebrows was obtained from the family at interview.

Differential diagnosis of trichotemnomania and trichotillomania is very important. Compulsive hair pulling can result in clinical characteristics such as lack of hair or irregular hair length (17). In addition, trichotillomania is characterized by different histopathological changes, while trichotemnomania exhibits entirely normal

histological structures (17). Another obsessive compulsive condition resulting in hair loss is 'trichoteiromania', characterized by fracturing of the hair shafts by rubbing the scalp in a repetitive manner (18,19). Differential diagnosis can be established by the presence of a brush-like appearance in the hair shafts under light microscopy (18). In practical terms, it is easy to distinguish these three artificial diseases characterized by hair loss. It may also be necessary to differentiate these from 'trichodaganomania', which also appears in the literature and is associated with psychiatric disorders. Trichodaganomania is a disorder involving a compulsion to bite one's own hair, but in which no hair loss is observed (20). Both trichotillomania and trichoteiromania are more common in women (17-19).

We think that our case of trichotemnomania in a five-year-old patient will be of interest to clinicians since there have been no previous reports at that age and due to its rarity in clinical practice.

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REFERENCES

1. Gallouj S, Rabhi S, Baybay H, Soughi M, Meziane M, Rammouz I, et al. Trichotemnomania associated to trichotillomania: a case report with emphasis on the diagnostic value of dermoscopy. *Ann Dermatol Venereol* 2011;138(2):140-141. [French] [\[CrossRef\]](#)
2. Braun-Falco O, Vogel P. Trichotemnomania: a special skin manifestation of a cerebral-organic psycho-syndrome. *Hautarzt* 1968;19:551-553.
3. Chiriac A, Brzezinski P, Pinteala T, Chiriac AE, Foia L. Common psychocutaneous disorders in children. *Neuropsychiatr Dis Treat* 2015;11:333-337. [\[CrossRef\]](#)
4. Mutluer T, Ates B, Nasiroglu S, Eray S. Three adolescent cases of a very rare disorder: Trichotemnomania. *Psychiatry and Clinical Psychopharmacology* 2019;29(2):212-215. [\[CrossRef\]](#)
5. Orgaz-Molina J, Husein-ElAhmed H, Soriano- Hernández MI, Arias-Santiago S. Trichotemnomania: hair loss mediated by a compulsive habit not admitted by patients. *Acta Derm Venereol* 2012;92(2):183-184. [\[CrossRef\]](#)
6. Happle R. Trichotemnomania: obsessive-compulsive habit of cutting or shaving the hair. *J Am Acad Dermatol* 2005;52(1):157-159. [\[CrossRef\]](#)

7. Charles J, Fazeli M. Depression in children. *Aust Fam Physician* 2017;46(12):901–907.
8. Tamar M, Ozbaran B. Çocuk ve ergenlerde depresyon. *Turkish Journal of Clinical Psychiatry* 2004;7(2):84–92.
9. Rey JM, Bella-Awusah TT, Jing L. Depression in children and adolescents. In Rey JM (ed), *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions 2015.
10. Hammen C, Burge D, Adrian C. Timing of mother and child depression in a longitudinal study of children at risk. *J Consult Clin Psychol* 1991;59(2):341–345. [\[CrossRef\]](#)
11. Field T. The effects of mother's physical and emotional unavailability on emotion regulation. *Monogr Soc Res Child Dev* 1994;59(2):208–227. [\[CrossRef\]](#)
12. Bohne A, Keuthen N, Wilhelm S. Pathologic hairpulling, skin picking, and nail biting. *Ann Clin Psychiatry* 2005;17(4):227–232. [\[CrossRef\]](#)
13. Woods DW, Flessner CA, Franklin ME, Keuthen NJ, Goodwin RD, Stein DJ, Walther MR. The trichotillomania impact project (TIP): Exploring phenomenology, functional impairment, and treatment utilization. *J Clin Psychiatry* 2006;67(12):1877–1888. [\[CrossRef\]](#)
14. Franklin ME, Flessner CA, Woods DW, Keuthen NJ, Piacentini JC, Moore P, et al. The child and adolescent trichotillomania impact project: Descriptive psychopathology, comorbidity, functional impairment, and treatment utilization. *J Dev Behav Pediatr* 2008;29(6):493–500. [\[CrossRef\]](#)
15. Tucker BT, Woods DW, Flessner CA, Franklin SA, Franklin ME. The skin picking impact project: Phenomenology, interference, and treatment utilization of pathological skin picking in a population-based sample. *J Anxiety Disord* 2011;25(1):88–95.
16. Walther MR, Snorrason I, Flessner CA, Franklin ME, Burkel R, Woods DW. The trichotillomania impact project in young children (TIP-YC): clinical characteristics, comorbidity, functional impairment, and treatment utilization. *Child Psychiatry Hum Dev* 2014;45(1):24–31. [\[CrossRef\]](#)
17. Hautmann G, Hercogova J, Lotti T. Trichotillomania. *J Am Acad Dermatol* 2002;46(6): 807–821. [\[CrossRef\]](#)
18. Freyschmidt-Paul P, Hoffmann R, Happle R. Trichoteiromania. *Eur J Dermatol* 2001;11(4):369–371.
19. Reich S, Trueb RM. Trichoteiromanie. *J Dtsch Dermatol Ges* 2003;1(1):22–28. (German) [\[CrossRef\]](#)
20. Jafferany M, Feng J, Hornung RL. Trichodaganomania: the compulsive habit of biting one's own hair. *J Am Acad Dermatol* 2009;60(4):689–691. [\[CrossRef\]](#)