TRICHOTILLOMANIA IN A 10 YEAR OLD GIRL: A CASE REPORT

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INTRODUCTION

Trichotillomania is characterized by recurrent body-focused repetitive behavior (hair pulling) and repeated attempts to decrease or stop the behavior. The behaviour can occur during both relaxed and stressful times, but there is often a mounting sense of tension before hair pulling occurs or when attempts are made to resist the behavior. It most commonly presents in early adolescence, with peak prevalence between the age of 4 and 17 years. (1)

AIMS AND OBJECTIVES

Our goal in presenting this case report is to highlight the importance of referring the patient to psychiatrist at the right time when a young patient presents to the dermatologist with patchy baldness for a proper psychiatric evaluation.

MATERIALS AND METHODS

An 8 year old female (10 year old currently) patient presented to the dermatology department with her parents due to complaints of hair loss resulting in patchy baldness on her scalp for the last 5-6 months. She was given a topical solution for the same and a psychiatry reference was not done during this time and the patient was diagnosed as alopecia areata. The patient was then lost to follow up as the relatives observed hair growth after using the topical solution. However, the relatives did not report a decrease in hair pulling behaviour. She was then again brought to the dermatology department for the same complaint after 2 years and this time the patient was referred to the psychiatry department. Her parents then mentioned that whenever she was nervous her hair plucking behaviour increased and also there were many instances throughout the day when she was reported to be subconsciously plucking her hair. The patient herself reported complaints of feeling sad throughout the day and sleep disturbances due to multiple stressors in her life. The main one being her father's chronic alcohol abuse. She had grown up witnessing her father abusing her mother in an intoxicated state. Along with the counselling, the patient was started on Capsule Fluoxetine (20 mg) 1-0-0 and Tablet Clonazepam (0.25 mg) 0-0-1 and was called for follow up.

RESULTS AND CONCLUSION

Parents reported improvement in the form of decrease in her hair plucking behaviour and sadness. She mentioned that she still sometimes had the urge to pull out her hair but she scratches over scalp instead of pulling hair.

It is important to refer the patient on a timely basis for psychiatric evaluation as a psychiatric illness can present in any form.

Faced with a child with nonscarring alopecia of uncertain etiology, the differential diagnosis must be explored for other underlying causes of hair loss. There is a need for a simple and easily applicable diagnostic and management approach that can be utilized in the clinic when confronted with such a scenario. (2)

REFERENCES AND ACKNOWLEDGEMENT

1. American Psychiatric Association, editor. *Diagnostic and Statistical Manual of Mental Disorders.* 5. Washington DC: American Psychiatric Publishing; 2013.

2. Chandran NS, Novak J, Iorizzo M, Grimalt R, Oranje AP. Trichotillomania in Children. *Skin Appendage Disord*. 2015;1(1):18-24. doi:10.1159/000371809

DECLARATION OF CONFLICT OF INTEREST

There is no conflict of interest by any of the authors for the concerned subject.