

Purpura of the Lips in a 5-Year-Old Child: A Strange Glass Game

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Abstract: Dermatitis artefacta includes different clinical manifestations, including factitious purpura. We describe a pediatric case of purpura of the lips and we discuss the challenging diagnosis.

Keywords: purpura, lips, psychocutaneous disorders

INTRODUCTION

Dermatitis artefacta is a rare pathology that includes different clinical manifestations, including factitious purpura. Purpura presents a perplexing problem for the pediatrician or the dermatologist in children and adolescents due to the many possible and potentially severe pathological consequences. Factitious purpura may mimic serious disease. It is a provoked dermatosis belonging to the pathomimicry spectrum. We describe a pediatric case of purpura of the lips and we discuss the challenging diagnosis of factitious purpura.

CASE REPORT

A previously healthy 5-year-old boy presented to our department. His mother was worried about acquired strange purple lesions of his lips, which had been present for few hours (Figure 1 and 2). The child himself was remarkably unconcerned by the rash, with making no complaint of any kind especially pruritus or pain. His mother also reported that this was the second episode; a previous similar lesion had occurred 2 months before and healed spontaneously within three days. He had not recently experienced any symptom or history of recent trauma. He denied local trauma to his lips and confirmed he did not use any topical product. No family history of a hemorrhagic disorder was found.

His physical examination revealed a sharply delineated pinpoint purpura of the lips without extension to the internal mucosa (figure 1,2 and 3). No other location of purpuric elements was found. The rest of exam was unremarkable. Laboratory investigations including peripheral blood cell counts and blood biochemistry were within normal. Coagulation monitoring tests including Prothrombin time, activated partial thromboplastin time, bleeding time, and plasma coagulation proteins were within normal range.

As the purpura was localized and sharply demarcated, the clinical and laboratory findings were normal, the likelihood of a factitious purpura was considered. One week later, the purpura had disappeared and the child finally revealed that he had played at home with a glass, sucking the air out of it and then pulling the glass off his lips. Psychological follow-up was proposed but refused by the parents.



Fig1. *Sharply delineated pinpoint purpura of the lips*



Fig2. *Sharply delineated pinpoint purpura of the lips (white and vermilion areas)*



Fig3. *Absence of extension to the internal mucosa*

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DISCUSSION

Factitious purpura has been mainly described among adolescents and adults, especially female patients (1-5). Factitious purpura, particularly the “glass game” type, often goes undiagnosed for a considerable time (1). There are many methods of inducing a lesion: cutting, applying suction, heat, dye, or caustic substances (2). In our case, the purpura belongs to the suction group and was related to the “glass game”, a new challenge game played by teenagers. The challenge is to suck the air out of a bottle, cup or shot glass and then pulling the thing off the lips which causes lips swelling (6). There have been few reports of this condition. *Lovejoy et al.* reported, in 1971, two cases both of whom were children (7). In emergency, purpura of the child is suggestive of severe diseases: meningococemia, leukemia and various other diseases associated with decreased platelets. Factitious purpura is rarely considered in the initial differential diagnosis of purpura (7). The lesions produced often have a sharp edge, clearly demarcated from the adjacent normal skin, and they appear to have an unusual angular or geometric shape (2,7). The lesions may be single, multiple, bilateral, or symmetrical. The lesions are usually located on accessible areas. The face is involved in almost half of the cases (2,4). All reported cases of “glass game” type of purpura were located on the chin and lower lip. Our case is the first to be limited to the lips. The purpura most often occurs in a healthy child whose laboratory data are within normal. Laboratory investigations are useless. The patient exhibits a remarkably lack of concern about his rash (7).

Once the causative factor is established, there is no need for treatment. The lesions will vanish and heal completely within a few days. Factitious purpura may be a manifestation of emotional reactions.. It may be an expression of boredom, as in our patient, or may result from efforts by the child to excite his parents (7). If repetitive or extensive, factitious purpura may be the expression of an anxious or depressive state (2,4,6). Then, even if the child does not confess, the physician can evaluate the context and propose a psychological orientation.

CONCLUSION

Purpura in children and adolescents typically causes extensive investigations due to the possible serious diseases. Physicians must be aware of the possibility that bizarre purpura may be self-induced. Because of the glass game’s current popularity, physicians may encounter such cases. Recognizing it avoids useless investigations. Nevertheless, this factitious dermatosis could also be a signal of some deep emotional disturbance.

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