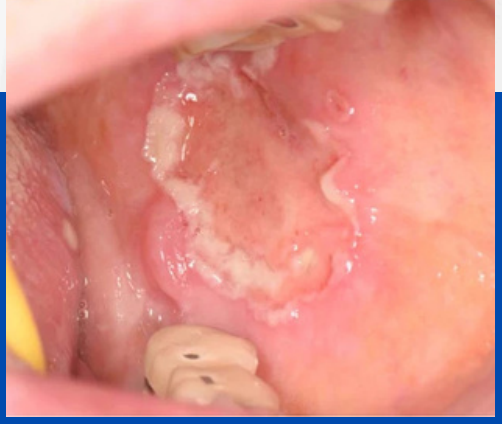
SCIENTIFIC ARTICLE



SILENT INFLICTED TRAUMA: INVESTIGATING/TRACING THE ORAL HEALTH DEGARIATION OF DAMAGE AND EXCORIATION SKIN

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INTRODUCTION

Excoriation disorder, a compulsive skin-picking condition, leads to significant tissue damage and psychological distress. Classified under obsessive-compulsive and related disorders (OCRD), it frequently coexists with anxiety and depression. When focused on the face, it traumatizes the lips, gums, and oral mucosa, causing inflammation, ulceration, and heightened infection risk. Factitious ulcers—self-inflicted and challenging to diagnose—further complicate clinical management. A multidisciplinary approach integrating psychological and dental care is critical to address both the mental health and oral complications of this disorder (1).

EFFECTS OF EXCORIATION ON ORAL HEALTH

1.Direct Oral Trauma

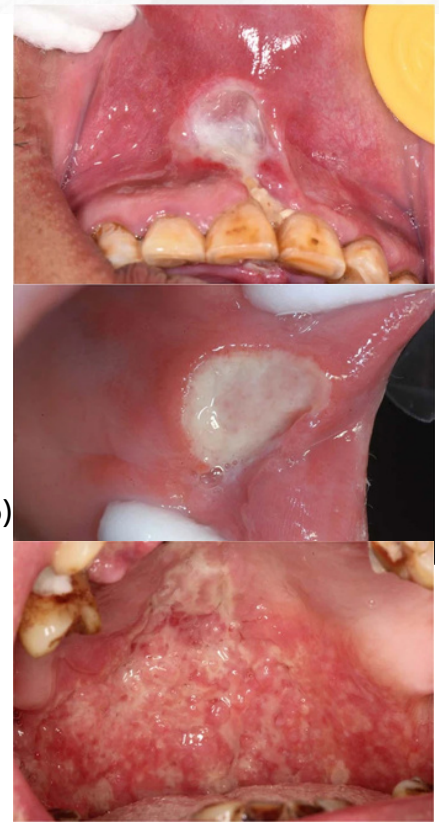
Mechanical injury from fingernails or objects during picking episodes causes ulcers, mucosal lesions, and chronic tissue damage. These breaches compromise the oral barrier, increasing susceptibility to secondary bacterial or fungal infections (1). Persistent trauma may also delay wound healing, exacerbating oral morbidity (4).

2. Indirect Oral Trauma

Tooth Grinding (Bruxism): Stress-induced bruxism contributes to dental attrition, jaw pain, and temporomandibular joint (TMJ) dysfunction. Discomfort from grinding often leads patients to avoid brushing/flossing, accelerating plaque accumulation and caries risk (1).

Poor Oral Hygiene: Neglect of oral care promotes bacterial proliferation, resulting in gingivitis (red, swollen gums) and progression to periodontitis and tooth loss if untreated (3).

Xerostomia (Dry Mouth): Chronic stress reduces salivary flow, diminishing saliva's protective role in neutralizing acids, remineralizing enamel, and preventing candidiasis. Xerostomia exacerbates caries risk and swallowing difficulties, necessitating interventions like saliva substitutes or sialogogues (2).



(6)

Figure 1. Examples of some excoriation effects on the mouth.

PSYCHOLOGICAL AND BEHAVIORAL INSIGHTS

Excoriation disorder is rooted in maladaptive coping mechanisms, where repetitive picking serves as a temporary relief from anxiety or boredom. Neurobiological studies suggest dysregulation in the cortico-striatal-thalamo-cortical (CSTC) circuit, which governs habit formation and impulse control (4). Comorbidities like trichotillomania (hair-pulling) and dermatillomania (skin-picking) often coexist, underscoring the need for behavioral therapies such as habit reversal training (HRT) (5).

TREATMENT STRATEGIES

STRATEGIES	Definition
Multidisciplinary Care	Collaboration between dentists, psychologists, and psychiatrists ensures holistic management. Topical analgesics (e.g., benzocaine gel) and antimicrobial mouthwashes (e.g., chlorhexidine) address oral lesions, while SSRIs (e.g., fluoxetine) or cognitive-behavioral therapy (CBT) target psychological triggers (1, 4).
Salivary Management	For xerostomia, hydration, sugar-free gum, or pilocarpine may stimulate saliva production (2).

PATIENT EDUCATION AND SUPPORT

STRATEGIES	Definition
Behavioral Modification	Educate patients on replacing picking with alternative behaviors (e.g., stress balls) (5).
Oral Hygiene Training	Demonstrate gentle brushing techniques and recommend soft-bristled toothbrushes to avoid mucosal irritation (5).
Support Groups	Peer-led groups reduce stigma and foster adherence to treatment plans (5).

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