

19. BÖLÜM

Deri Yolma Bozukluğu

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Deri yolma bozukluğu altta yatan patofizyolojisi ve uygun tedavi seçenekleri ile ilgili sınırlı verileri olan tam olarak anlaşılammış bir bozukluktur. DSM-5 e kadar sınıflandırma sistemlerinde ayrı bir tanı kategorisi olarak yer almayan deri yolma bozukluğunun heterojen bir yapıya sahip olup, yeterince araştırılmamış olması, ruh sağlığı hekimleri tarafından yeterince bilinmemesi, hastalara doğru tanı konamaması ve bununla bağlantılı olarak uygun biçimde tedavi edilememelerinde etkili olmuştur. Bu bölümde, deri yolma bozukluğunun tanımı, yaygınlığı, etyolojisi, klinik özellikleri, ayırıcı tanısı ve tedavisinin yanı sıra sınıflandırma sistemlerindeki yeri gözden geçirilecektir.

TANIM VE TARİHÇE

Deri yolma bozukluğu, dermatolojik bir problem olmaksızın, deri dokusunda hasara neden olan, cildin aşırı ve yineleyici şekilde yolunması ile karakterize bir tablodur. Dominant elin kolayca ulaşabildiği vücut alanlarında, cilt yolmaya karşı dayanılmaz dürtüleri olur. Normal deriyi ya da akne, böcek ısırığı, skar, kabuk gibi minör dermatozları, sıkarak, kazıyarak, çizerek lezyonlar oluştururlar (Odlauğ ve ark, 2012). Nevrotik hastalardaki bu kontrol edilemeyen yolma davranışı, ilk kez Erasmus Wilson tarafından, 1875’de “nevrotik ekskoriasyon” adı altında tanımlanmıştır (Odlauğ ve Grant, 2012).

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