

MEDICAL MEMORANDA

Psychogenic Purpura

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The term "autoerythrocyte sensitization" was given by Gardner and Diamond (1955) to a syndrome, confined to women, characterized by crops of painful ecchymoses and a number of systemic complaints. Patients with the typical symptoms of autoerythrocyte sensitization have been observed to have strikingly uniform psychiatric findings (Agle and Ratnoff, 1962; Agle, Ratnoff, and Wasman, 1967), depression, hysterical and masochistic character traits, anxiety, and an inability to deal appropriately with their own hostile feelings. Because of the evidence that the occurrence of this syndrome is related to psychological factors Ratnoff and Agle (1968) suggested that the condition be renamed "psychogenic purpura." We describe a further case of psychogenic purpura in which the symptoms abated during psychotherapy.

Case Report

An unmarried woman aged 19 was referred to the outpatient department of a general hospital in October 1969. A month after a car accident in July 1968 in which she had suffered superficial bruising she began to experience frequent vertical headaches, and a few weeks later noticed the first of the skin lesions; each started as a raised, red, tender, sometimes painful area on the leg. Some hours or days later the area took on the appearance of a bruise. The ecchymoses increased in size over a few hours and then gradually disappeared during the next one to two weeks. The patient had noticed successive crops of lesions on her legs, all with this form of evolution. Over the seven months before referral some 15 episodes of transient syncope had occurred, usually associated with excitement and preceded by sweating and flushing.

Systematic inquiry uncovered the further symptoms of paraesthesiae in the hands and feet, menorrhagia, and occasional dysuria; all had been present for about a year. Her weight had fluctuated, with a 35-lb. (15.9-kg) variation over the previous nine months. She had not received any form of therapy.

On examination she was overweight, but no other abnormality was detected in any system, and when seen initially she had no visible skin lesions. On admission to the Aberdeen Royal Infirmary in December 1969 physical examination was again negative apart from two fading bruises on the right leg and a single large ecchymosis on the upper chest. The blood chemistry, including urea and electrolytes, liver function tests, and serum protein pattern, was normal. The E.S.R. was 3 mm in the first hour. The antinuclear factor test was negative. Radiographs of chest, skull, and sinuses showed no abnormality, and the electrocardiogram and electroencephalogram tracings were within normality. The haemoglobin was 14.8 g/100 ml, the total leucocyte count 6,000/mm³, and the differential count normal. All haemostatic tests and the coagulation and fibrinolysis assays performed gave normal results. These included the platelet count, bleeding time, whole-blood clotting time, the one-stage prothrombin time, the kaolin-cephalin clotting time, plasma fibrinogen, euglobulin clot

lysis time, plasma plasminogen, and plasma antiplasmin activity.

The intradermal injection of 0.1 ml of the patient's venous blood as described by Ratnoff and Agle (1968) produced an ecchymosis which reached a maximum diameter of 1.9 cm in 48 hours. This is a negative test for autoerythrocyte sensitization.

PSYCHIATRIC HISTORY

The patient, the eldest of three children born to a Polish immigrant and his Scottish wife, described herself as her father's favourite, though never able to express her feelings towards him, nor he towards her. He frequently beat her with a strap until she was black and blue. Sexual maturity occurred early and her father had been particularly concerned that she might be engaging in sexual relationships. At the age of 17 she hit back at her father when he raised the strap to her and the beatings stopped.

The initial appearance of painful ecchymoses occurred after leaving home for the first time contrary to her father's wishes, and each successive crop of lesions was clearly identified by the patient as being immediately preceded by a stressful occurrence, often sexual in nature.

During the last year she had felt that her personality had changed. Previously a happy-go-lucky person, she often became depressed and easily provoked to tears by trivial slights. Aggressive behaviour, often provocative in nature, was one way in which she handled both her fears and her wishes for closeness.

In the Rorschach test she showed considerable confusion regarding her feelings towards men, which were in part related to guilt, a major source of the guilt being the oedipal situation. Acting out defences, hysterical personality structure, and moderate depression that she was trying unsuccessfully to deny were revealed by the Rorschach test; these findings were also consistent with those of the Minnesota Multiphasic Personality Inventory test.

Psychotherapy was offered and accepted because of her disgust with her present personal situation and the wish to be more feminine and adult rather than because of the somatic complaints. It was felt that she was in a crisis generated by her dissatisfaction with herself and the inappropriateness of her ways of handling anxiety. She has been encouraged to express her wishes and fears of closeness towards men mainly in relation to her boy friend, but also in relation to her father and her therapist. She has started to relate in a more mature and feminine way. During the six-month period of psychotherapy there have been no further skin lesions and the systemic complaints have disappeared.

Comment

This patient displayed the features observed in previously described cases of psychogenic purpura. Thus she showed the typical evolution of ecchymoses related to periods of emotional stress, had a number of systemic complaints in the absence of objective evidence of organic disease, had typical personality traits, and had no abnormality in a battery of haemostatic tests. The response to intracutaneous blood was normal, but it is now clear that evidence of autoerythrocyte sensitization is not a diagnostic prerequisite of the clinical syndrome appropriately termed psychogenic purpura (Ratnoff and Agle, 1968). With the institution of regular psychotherapy both the skin manifestations and systemic complaints disappeared.

References

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