
Images in Medicine: Denial as Cause for Delayed Presentation

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Introduction: Psychosocial factors frequently present formidable barriers to medical care. This case underscores the interplay of psychiatric and organic disease.

Case History

A 59 year old business executive first noticed a lesion on the right forehead ten years previously. He ignored the lesion, keeping it covered with a turban-style dressing. In the past several years he had become unemployed and somewhat reclusive. He was brought to the ED by his estranged son, who explained that up to that day his father had led him to believe that treatment was underway.

Physical Examination revealed a neatly attired male in no distress, with a bandaged forehead. Examination of the right forehead revealed an 8 CM crater-like lesion with raised borders. The lesion was foul smelling and weeping pus, blood, and clear fluid. The patient was pleasant, articulate, and dismissive of the impressive nature of the lesion. The remainder of the physical exam was normal.



Investigations: Routine blood work (CBC, Creatinine, Glucose, electrolytes) were normal. CT of the head revealed invasion into the right frontal lobe, frontal and ethmoid sinuses, and orbital rim. Histologic diagnosis was basal cell carcinoma. The patient was referred to the Neurosurgery service that performed extensive resection of tissues including forehead, orbital roof, sinuses, and dura. The plastic surgery service performed reconstruction with free latissimus dorsi muscle flap and skin graft. Further resection of intracerebral involvement was required several months later.

Discussion

Denial is an unconscious primitive defense mechanism that allows an individual to avoid a painful aspect of reality by negating sensory data. Denial effectively abolishes external reality

when that reality is overwhelmingly disturbing. Although associated primarily with psychoses and severe personality disorders, this mechanism may be used by normal people, especially in the face of catastrophic events.

In the above case, denial has clearly been used pathologically in that this patient had avoided medical treatment for 10 years while his dermatologic lesion increased in size and severity. The fear of either diagnosis or treatment most likely stimulated such intense anxiety in this man that he unconsciously used a most maladaptive defense in not seeking medical attention. It is important to note that the lesion eventually eroded the skull and had direct communication with his frontal lobes- thus one would have to consider an impairment in cognition and insight as a direct result of the CNS pathology. It would be of interest as well to understand more about this man's premorbid

personality and rule out any psychotic or mood state that would have led to such a striking somatic neglect. The isolative behavior exhibited by this man and the estrangement from the son could be a result of wanting to hide the lesion from the family or again related to an underlying personality style (?schizoid/avoidant) that would shun close attention from any source.

Conclusion

Denial is an unconscious defense mechanism that allows the avoidance of painful external reality. Denial can occur in both normal and pathological states.

Tumors in communication with the cerebral cortex can have effects on cognition, insight as well as mood and perception.

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