The Eraser Challenge Among School-age Children

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ABSTRACT
Skin-related, self-destructive behaviors are being increasingly reported among school-age children. Often disguised as innocuous “challenges,” these disturbing actions may have the potential for serious and permanent sequelae. Interest and subsequent participation in these behaviors may also be spread “virally,” facilitated by social networking sites that allow participants—regardless of age—to share photographs or videos of the activities in question. Consequently, parents and health care providers must learn to recognize signs and symptoms of these disturbing behaviors and make concerted efforts to protect this uniquely vulnerable population of pediatric patients. (J Clin Aesthet Dermatol. 2013;6(12):45–46.)

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A 13-year-old obese boy who presented to pediatric dermatology clinic for evaluation of seborrheic dermatitis was incidentally found on physical exam to have healing erosions on his hands. Bilateral dorsal hands had geometric superficial erosions with overlying hemorrhagic crust (Figure 1). Per the patient, these lesions resulted directly from rubbing an eraser on his skin as part of the “Eraser Challenge” at school.

Similar to the recently described “Salt and Ice Challenge,” the Eraser Challenge is a newly popularized craze among school-aged children and adolescents. Social media sites are filled with videos and photographs demonstrating this phenomenon. In the Eraser Challenge, an individual rubs an eraser on his or her skin until the skin excoriates. Participants dare each other to see who can withstand the pain and burn the longest and compete for the largest subsequent wound.

In this case, the patient reportedly rubbed an eraser on each hand for about 30 seconds until his “skin came off.” He was very clear in his explanation that his intent was not to harm himself, but rather simple curiosity and the desire to complete a friend’s dare. Lengthy discussions were held with the patient and mother to ensure that the patient was not suffering a major depressive episode, displaying suicidal or homicidal ideation, or acting emotionally unstable in any other way. The patient seemed surprised to learn that the resulting wounds could potentially leave permanent scars or long-standing postinflammatory dyspigmentation. He was also not aware of the risk for infection. Alarmingly, he considered his wounds to be acquired cutaneous “trophies” rather than stigmata of self-abuse. Verbal contracts were made between the patient, his family, and the healthcare providers such that if the patient continues to participate in these or similar acts again, he would immediately be evaluated and placed under the care of a psychiatrist.

Numerous disturbing photographs, videos, and reports of the Eraser Challenge may be found via Internet searches. There is reasonable concern among some organizations with reports and warnings being placed on school websites and local newspapers. To the best of the authors’ knowledge, this is the first reported case in the scientific literature. Fortunately, the skin injuries in the patient described herein were minimal; however, the potential for scarring, postinflammatory dyspigmentation, and secondary infection exists. Similar to the case reported by Williams et al, the authors also recently treated a 12-year-old girl in clinic who was incidentally found on exam to have a chemical burn sustained from the Salt and Ice Challenge. Other medically concerning challenges being performed by minors include the “Pass Out Challenge” and the “Cinnamon Challenge,” all of which are easily viewed and universally accessible on various Internet media sites.
There are no winners in the Eraser Challenge, and such behavior reaffirms just how powerful peer pressure can be in terms of impacting our children and adolescents in mostly negative ways. The authors fear that these potentially harmful medical challenges will continue to spread “vируля” among the school-aged population, facilitated by social networking sites that broadcast one person's idea to—regardless of age—anyone willing to search for it by keyword.

We cannot hold the young participants of these challenges entirely responsible for their own behaviors and poor decisions. Parents should play a more active role in policing their children's Internet use and must not turn a blind eye to the physical signs of self-abusive behaviors. Likewise, Internet websites that permit these concerning behaviors to be shared on a global basis should accept the mantle of increased social responsibility and prohibit minors from posting any such medically risky behaviors. Finally, healthcare providers (including school nurses who are on the “front lines” of school-aged health issues) must demonstrate clinical awareness of such activities and make appropriate interventions to protect this uniquely vulnerable population of patients.

REFERENCES