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# Analytical Gaps in the Clinical Classification of Unexplained Dermopathy: A Materials Science Perspective

## Abstract

In the 2026 clinical landscape, "existence" is strictly defined by digital codification within the WHO's ICD-11 and the APA's DSM-5-TR. This paper presents a formal critique of the **Exclusionary Diagnostic Framework** applied to Unexplained Dermopathy (UD). By analyzing the "Classification Vacuum," we demonstrate how the medical establishment utilizes a "Diagnosis of Exclusion" to bypass the rigorous materials science required to evaluate biogenic and synthetic anomalies in technology-saturated biological environments.

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## 1. The Ledger of Non-Existence: Codification as Reality

In contemporary medicine, the **Alpha-Numeric Code** is the arbiter of truth. If a phenomenon does not possess a designated entry in the **International Classification of Diseases (ICD)**, it is rendered invisible to the mechanisms of public health, insurance, and federal research funding.

- **The CDC Precedent (2012):** By categorizing recovered materials as "consistent with" environmental debris, the CDC established a terminal evidentiary wall. This was not a proof of absence, but a **cessation of inquiry**.
- **Administrative Masking:** In the absence of a unique code, practitioners are forced to map Morgellons symptoms to **L98.1 (Factitial Dermatitis)**. This creates a data-skewing feedback loop: the official record shows a rise in "self-mutilation" rather than the emergence of a novel material pathology.

## 2. The Cognitive Pivot: DSM-5-TR and the Erasure of the Object

The APA's classification of UD with MD-like presentations as **Delusional Disorder, Somatic Type (F22)** represents a fundamental shift in the burden of proof.

1. **Subjectivity over Materiality:** The diagnostic focus is redirected from the *fiber* (the object) to the *belief* in the fiber (the subject).
2. **The Sensory Disconnect:** By labeling the tactile experience of formication as a hallucination, the system ignores the **piezoelectric properties** and mechanical stressors of crystalline structures within the dermis.
3. **The Result:** The physical evidence is dismissed not because it is absent, but because the classification system has no "bin" for it other than "Psychiatric."

### **3. Materiality in Technology-Saturated Environments**

The 2026 perspective must acknowledge that biological systems no longer exist in a vacuum. We reside in a "Materials-Saturated Environment" where the boundaries between organic and synthetic are increasingly blurred.

- **The Component Triad:** The presence of **Cellulose, Silica, and Polyethylene Glycol (PEG)** in human lesions mirrors the composition of contemporary **conductive hydrogels** and **bio-scaffolds**.
- **Institutional Failure:** The current diagnostic ledger (ICD/DSM) was built for 19th-century germ theory and 20th-century psychiatry. It is fundamentally unequipped to classify **bio-material interfaces** or the spontaneous assembly of synthetic polymers *in vivo*.

### **4. Conclusion: Facticity vs. Consensus**

MD "does not exist" in the same way a book does not exist if it is removed from a library's catalog. The "**Thin Evidence**" cited by skeptics is a manufactured byproduct of the **Refusal to Count**.

The scientific community has mistaken a **Classification Vacuum** for a **Biological Void**. Until the taxonomy evolves beyond the binary of "Pathogen" or "Delusion," Unexplained Dermatopathy will remain a taxonomic ghost—real in the tissue, but absent from the ledger.

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### **2026 Authoritative References**

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2. **American Psychiatric Association (2022).** *DSM-5-TR*. (The primary source for the Somatic Delusion classification).
3. **Tofail, S. A., et al. (2016).** "Piezoelectricity in Tissues and Biopolymers." *Chemical Society Reviews*. (The physical basis for mechanical "crawling" sensations).
4. **The Charles E. Holman Foundation (2025 Reports).** "Filamentous Dermopathy: The Case for Material Pathogenesis."