

Clinical Image

Just an Itch?

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Clinical Image

A 46-year-old male patient came to our outpatient clinic in 2019 with nodules on the whole body, which first developed three years ago. He complained about severe pruritus (Fig. 1).

His medical history included Parkinson's disease and schizophrenia. The only systemic medication he took was Trihexyphenidyl, an anticholinergic drug.

For topical treatment, he used different ointments with glucocorticosteroids. Skin examination revealed erythematous, hyperkeratotic plaques and nodules on the whole body with accentuation on the limbs. Genitals and mucous membranes were free.

Histopathology proved the diagnosis of nodular prurigo. Differential diagnoses included lichen planus verrucosus and multiple eruptive keratoacanthomas.

The patient received intravenous Naloxone twice for two to three days. Psychiatric therapy was recommended. Unfortunately, the patient didn't present himself to our clinic again. Other therapy options are intralesional triamcinolone, PUVA, ciclosporin, thalidomide, pregabalin or dupilumab.

Promising can be the interleukin-31 receptor antibody nemolizumab; it showed a more significant reduction in pruritus than a placebo in a recent trial.

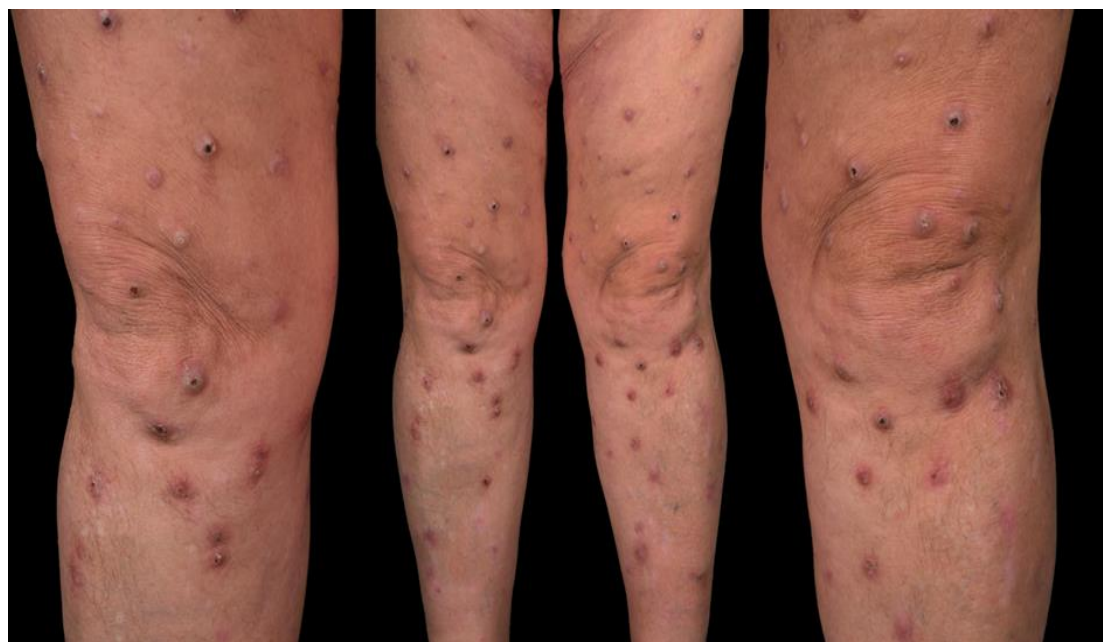


Figure 1: Male patient with nodules on the whole body.

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Conflict of Interest

The authors have no conflict of interest to declare.

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