

Pruritus

Halema Khraisat

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Definition

- <u>Itching of the skin</u>, unpleasant sensation that triggers rubbing or scratching.
- May be:
- 1. <u>localized</u> or <u>generalized</u>
- 2. May be with or without skin changes.
- 3. Acute or chronic



Mechanism

- 1. Skin comes in <u>contact</u> with the <u>allergens</u> or <u>irritating</u> substances
- 2. <u>Irritation</u> and <u>inflammation</u> of epidermal nerve endings (unmyelinated C, type A delta nociceptive)
- 3. Release of **histamine**
- 4. More <u>itching</u>
- 5. More scratching
- 6. More <u>damage</u> and inflammation
- 7. Itch scratch cycle continues



Complications

- Skin injury
- Infections
- Scarring



Causes

WITH SKIN CHANGES:

- A. LOCALIZED:
- eczema, psoriasis الصدفية
- lichen planus الحزاز المسطح
- dermatitis herpitiformis
- insect bite/sting
- head lice
- contact dermatitis
- polymorphic light eruption
- urticaria/angioedema الشرى-الوذمة الوعائية
- fungal infections
- pruritis ani/vulva

B. GENERALIZED:

- widespread eczema/psoriasis
- scabies
- allergic drug eruptions
- graft vs host dss
- pre-bullous pemphigoid
- cutaneous lymphoma
- body/pubic lice
- viral exanthems
- xerosis

WITH NORMAL SKIN:

- A. <u>ENDOCRINE</u>: diabetes, myxedema, hyperthyroidism, pregnancy
- B. METABOLIC: hepatic failure, biliary obstruction, CKD
- c. <u>HEMATOLOGICAL</u>: polycythemia, IDA
- D. MALIGNANCY: lymphoma, leukemia, myeloma, carcinomatosis
- E. <u>NEUROLOGICAL / PSYCHOLOGICAL</u>: neuropathic pruritus, multiple sclerosis, anxiety
- F. <u>INFECTION</u>: filariasis, HIV
- G. <u>DRUGS</u>: opioids

CAUSES OF ITCHY SKIN





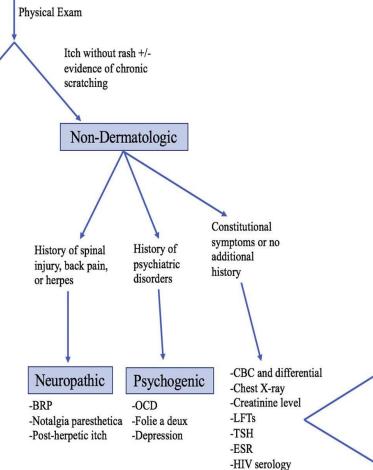
scratching

-AD -Psoriasis -Urticaria -Lichen planus



hair regrowth, healing wounds, & nutritional deficiencies

Chronic Pruritus Primary rash that precedes itch +/- evidence of chronic Dermatologic



-Drug history

Systemic

-CKD

-HIV

-Cholestasis

-Lymphoma

CPUO

Approach

- History collection Physical examination, skin examination 3
 - Investigations

Table 1. Historical Findings That Suggest Etiologies for Pruritus

istorical finding	Possible etiologies
ew cosmetics or creams	Allergic contact dermatitis, urticaria, photodermatitis
ew medications, supplements, or illicit drugs	Urticaria, fixed drug eruptions
ecent travel	Pediculosis, scabies infestation, photodermatitis, urticaria
obby or occupational exposure	drritant contact dermatitis veros

	photodermatitis, urticaria
Hobby or occupational exposure to solvents, adhesives, cleaners	drritant contact dermatitis, xerosis, atopic dermatitis, eczema
New animal exposures	Flea infestation, allergic contact dermatitis, urticaria
Sick contacts, especially those with febrile diseases and rashes	Rubeola, mumps, varicella, scarlet fever, cellulitis, fifth disease,

	acritiation, articaria
Sick contacts, especially those with febrile diseases and rashes	Rubeola, mumps, varicella, scar fever, cellulitis, fifth disease, folliculitis
Unexplained weight changes, menstrual irregularity, heat/cold intolerance	Thyroid disease with secondary urticaria or xerosis
Unexplained weight loss, night sweats, unexplained fevers, fatigue	Lymphoma with secondary generalized pruritus
Malaise, nausea, decreased urine output	Renal failure with generalized pruritus

INVESTIGATIONS:

- 1. CBC
- 2. Iron
- 3. Thyroid function
- 4. Serum protein electrophoresis
- 5. HIV antibody
- 6. Urinalysis and stool
- 7. Chest X-ray
- 8. Skin biopsy

Management

- Identify & treat the underlying <u>cause</u>
- Avoid triggering factors
- <u>Topical</u> management
- simple soothing **emollients** menthol &calamine
- topical local **anesthetics** benzocaine, lidocaine, tetracaine
- topical **antihistamines** mepyramine, antazoline
- Oral anti-histamines H1 or H2 blockers

THANK YOU