SKIN MANIFESTATIONS OF INTERNAL DISEASE

MALIGNANCY-RELATED PRURITUS WITH NODULAR PRURIGO

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Background: A 57 year old male presented to the dermatology outpatient department with a two year history of blisters. They first started on his right arm as pinhead sized bright red lesion which then burst and started scabbing over.
His past medical history includes prostate cancer, atopic eczema, rosacea, Sjogren's syndrome, angina, hypertension and fibromyalgia.

Observation: Examination revealed excoriated nodular lesions on his arms and legs with no blisters. In terms of investigations he had normal full blood count, erythrocyte sedimentation rate, C-reactive protein, thyroid function tests, liver function tests, bone profile, B12/Folate and skin autoantibodies. His serum iron levels were mildly low. Clinically, he had nodular prurigo (NP)
He had a poor response to topical steroids, emollients, tacrolimus, oral iron, amitriptyline, gabapentin, acitretin, azathiopirine, mycophenolate mofetil and UVB phototherapy. He couldn't tolerate fexofenadine but it seemed to reasonably control his symptoms.
His NP has been reasonably controlled with Dapsone 50 mg daily, vitamin D and high dose Cetirizine. This combination seems to be the most effective in relieving his pruritus.
NP is characterised by very itchy and firm nodules. Generally a very difficult condition to treat especially, when it is associated with malignancy. The cause of NP still remains unclear, but it may follow generalized pruritus, presumably related to malignancy, as is the case here.

Key Message: This case shows how challenging it can be to effectively treat malignancy-associated pruritus, leading to NP, but reasonable symptom control can be achieved.