



URTICARIA, ANGIOEDEMA

CHOLINERGIC AND AQUAGENIC PRURITUS RESPONDING TO GABAPENTIN

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A 46 year old woman was initially seen in a tertiary urticaria service in June 2017. She presented with an eight year history of problems with itching that would occur five minutes after showering. A daily antihistamine had not been effective in controlling her symptoms. Testing with wet towels and exercise both induced itch without rash that lasted approximately twenty minutes. A diagnosis of aquagenic and cholinergic pruritus was made. Up-dosing antihistamines to four-fold as per the international guideline had no effect. She was given a course of UVB photo-therapy which significantly improved the intensity and duration of the itching following water exposure and exercise but did not abate symptoms completely.

The symptoms had significant impact on her quality of life and despite of her Fitzpatrick II skin phototype treatment with PUVA was considered. An alternative approach of gabapentin was suggested as the patient was concerned about the possibility of skin cancer with prolonged phototherapy.

Within a week of commencing gabapentin at a dose of 300mg three times a day her symptoms had improved and her dermatology quality of life index had dropped from 26 to 4. She does not report any adverse effects from the gabapentin.

The cause of aquagenic and cholinergic pruritus is not known. Aquagenic pruritus may be associated with haematological dyscrasias but no evidence was found to support this in the full blood count. Cholinergic pruritus has been seen as a forme fruste of cholinergic urticaria but our patient did not respond to oral antihistamines. Gabapentin has been used in the treatment of neuropathic pain and in cases of pruritus. We are unaware of any case reports where it has been successful in controlling aquagenic and/or cholinergic pruritus.

