PRURITUS

AQUAGENIC PRURITUS: A SPY FOR DERMATOLOGISTS

Paola Vitiello [1] - Antonello Sica [2] - Eugenia Veronica Di Brizzi [1] - Stefano Badolato [1] - Giuseppe Argenziano [1]

University Of Campania "luigi Vanvitelli", Naples, Italy, Dermatology Unit, Naples, Italy [1] - University Of Campania "luigi Vanvitelli" Naples, Italy, Oncohematology Unit, Naples, Italy [2]

BACKGROUND: Aquagenic pruritus is a debilitating dermal condition characterized by the development of intense itching, stinging, tingling or burning sensations, without skin lesions, caused by conctact with water. Pruritus and particularly aquagenic pruritus is one of the most common symptoms of the Polycythemia Vera, a rare myeloproliferative neoplasm. Haematological conditions should be evaluated in the management of a patient with pruritus.

OSSERVATION: 62-year-old male presenting since 5 years recurrent generalized pruritus, particulary intense after bath associated with sleep disorders. The skin was xerotic and showed widespread linear scratch marks. The patient had practiced numerous therapies with systemic antihistamines and steroids with little benefit. The haematochemical tests showed poliglobulia, increase in inflammatory indices and LDH, total IgE in the standard. Hematological examination was performed. Molecular analysis for the identification of the JAK2 gene's mutation of the exon 12 confirmed the suspicion of Polycythemia Vera (PV). The patient showed a rare variant of the gene object of the analysis (c 1624-1629 of the AATGAA, p.N542-E543). Further tests showed no variant of exon 9 of calreticolin gene. On hematologyc indication, the patient started a therapy based on apixaban and hydroxyurea with marked improvement of pruritus and progressive normalization of hematochemical parameters. The use of bath-oil based on polydecanol and calamine emollient creams helped to improve the patient's quality of life. The patient, currently in remissions, is followed by our hematologists.

KEY MESSAGE: The dermatologist plays an important diagnostic role in the identification of haematological disease with pruritus. The diagnosis of PV requires multidisciplinary interaction with evaluation of the clinical, medullary and haematological aspects. Fundamental is the detection of the acquired mutations of the gene coding for the JAK2 molecule, of which the most frequent is the JAK2 V617F mutation, present in > 95% of the patients.