

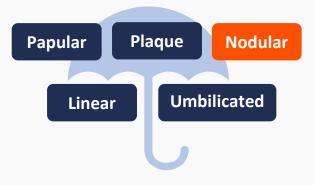
Prurigo nodularis: Improving awareness, diagnosis, management and quality of life

Practice aid from a touchPANEL DISCUSSION

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#### Clinical types of chronic prurigo<sup>1</sup>

There are five recognized subtypes under the umbrella of chronic prurigo



- Papular: pruriginous papules
   <1 cm diameter</li>
- Plaque: pruriginous flat plaques
   >1 cm, often on lower leg
- Nodular: pruriginous domeshaped nodules >1 cm diameter
- **Linear**: linearly arranged pruriginous lesions
- Umbilicated: ulcers with pruriginous border

Prurigo nodularis (also known as chronic nodular prurigo) is the most common subtype

# Clinical features of prurigo nodularis<sup>2,3</sup>

- Hyperkeratotic, excoriated, dome-shaped nodules
- Flesh-coloured, pink, brown or black, with hyperpigmented borders
- Lesions can number from a few to hundreds, from a few mm to 2–3 cm
- Often symmetrical distribution
- 'Butterfly sign' often present on the back of the trunk
- Highly pruritic patients often report stinging, burning or tingling



Pruriginous nodule Copyright, Westfälische Wilhelms-Universität (WWU; Münster, Dept. Dermatology)



Butterfly sign on back of trunk Copyright, Westfälische Wilhelms-Universität (WWU; Münster, Dept. Dermatology)





# Common differential diagnoses of prurigo nodularis<sup>4,5</sup>

Pemphigoid nodularis	Actinic prurigo	Multiple keratoacanthomas	Hypertrophic lichen planus
Atopic dermatitis	Autoimmune blistering diseases	Arthropod bites	Scabies
Neurotic excoriations	Skin picking syndromes	Lichen amyloidosis	Other types of chronic prurigo

#### Diagnostic workup for suspected prurigo nodularis<sup>5</sup>

	Initial visit	<ul> <li>Clinical examination with complete review of systems</li> <li>Assess disease severity: extent of lesions, pruritus intensity, disease burden</li> <li>Assess need for support related to anxiety or depression</li> </ul>
jo	Laboratory tests	<ul> <li>All patients: blood count, liver and renal function tests</li> <li>Depending on risk factors/review of systems: thyroid function, diabetes assessment, HIV and hepatitis B/C testing</li> </ul>
Ø	Additional tests	<ul> <li>Malignancy screening: refer if malignancy suspected and pruritus has been ongoing &lt;1 year</li> <li>Biopsy: if suspicious of an alternative or other contributing condition</li> </ul>

# Practical tips for making a diagnosis

- The IFSI guideline provides recommendations on the diagnosis and clinical assessment of prurigo nodularis, including taking a relevant history from the patient<sup>1</sup>
- A clinical examination is often sufficient to diagnose most patients<sup>1</sup>
- Lesions can sometimes cover other diseases, such as bullous pemphigoid
- It is important to consider other conditions that can mimic prurigo nodularis
- The IFSI guideline recommends a biopsy in case of clinically atypical or refractory chronic prurigo, or clinical signs/symptoms of a condition requiring a biopsy for diagnosis<sup>1</sup>
- Lichen planus and darker skin tones can sometimes make a clinical diagnosis harder, and may require biopsy





# **Abbreviations:**



HIV Human immunodeficiency virus

IFSI International Forum for the Study of Itch

# **References:**

- 1. Ständer S, et al. Itch. 2020;5:e42.
- 2. Kwon CD, et al. Medicines (Basel). 2019;6:97.
- 3. Zeidler C, et al. Acta Derm Venereol. 2018;98:173-9.
- 4. Williams KA, et al. Expert Rev Clin Pharmacol. 2021;14:67–77.
- 5. Elmariah S, et al. J Am Acad Dermatol. 2021;84:747-60.



The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications, and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications, or other courses of diagnosis or therapy included here.

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