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Correlation of histopathology and direct immunofluorescence findings in clinically diagnosed prurigo nodularis

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Correlation of histopathology and direct immunofluorescence findings in clinically diagnosed prurigo nodularis

Hardaway described Prurigo nodularis as “multiple tumours of the skin accompanied by intense itching,” and it was later renamed by Brocq as lichen obtusis corneus. Presents as an intensely itchy, symmetrically distributed hyperkeratotic papules and nodules, commonly affecting the extensors. Can present in association with various systemic disorders such as Cardiovascular, Psychiatric comorbidities, Chronic kidney disease, Thyroid disorders, Chronic hepatitis C, COPD, Congestive cardiac failure, Depression, and Atopic dermatitis. Its more of a scratching related dermatosis rather than an itch related one. The itch-scratch cycle is thought to be a result of neuroimmune dysregulation. Now considered a pattern of retaliation for chronic pruritus and permanent rubbing. Because of the dearth of these patients, epidemiological studies on PN are rare, giving it an ‘orphan disease’ status. PN like lesions are often the presenting lesions in various other disorders like Bullous pemphigoid as Pemphigoids nodularis, Lichen planus, Psoriasis, HIV patients, Epidermolysis bullosa aquisita, Neurofibromatosis 1, Scabies, Ig A dermatoses, Lymphoma and Leukemias and hence mere clinical diagnosis of PN might not be sufficient and thorough investigations including Laboratory, Histopathological, and Immunofluorescence study can aid in diagnosing other diseases. Appropriate treatment of the underlying dermatoses or other diseases mimicking PN is vital for the resolution of pruritus. Although few of these studies have included PN histopathology, none of them have examined the Immunofluorescence component and this study aims to include a Direct Immunofluorescence component for lesions

Prurigo nodularis, chronic pruritus ,hyperkeratotic papules