

# Case Report

## Brachioradial Pruritus

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Brachioradial pruritus (BRP) is a dermatological disease which is seen after heavy sun exposure, for example after a stay in Australia or in an African country. The condition may be seen as a syndrome of cutaneous dysaesthesia, neuropathy and degenerative osteoarthropathy of the cervical spine (1, 2). The cervical spinal root affection may explain the cutaneous dysaesthesia and neuropathy. Because of the findings in relation to BRP, spinal root affection must be a primary cause of BRP and sun exposure may be a secondary phenomenon related to BRP. Gabapentin is a promising treatment, even though it is originally a medication intended for treatment of epilepsy (2). The following case reports illustrate this new way of treating BRP.

### Case Report 1

A 55-year-old woman attends a dermatologist with the following symptoms: 2½ year of pruritus on both arms proximally and between her shoulderblades, and also paraesthesia and a numb feeling in her left hands 2½ ulnar fingers. The debut of the symptoms was after a journey to Egypt.

The skin of both arms was chronically sun-damaged, but was without eczema and especially no signs of *notalgia parastetica*, a hyperpigmented itching area between the shoulderblades (3). X-ray of the cervical spine, showed degenerative

changes between C6/C7 as well as osteophytic changes. This could explain the nerve affection in the brachioradial area and thereby the pruritus.

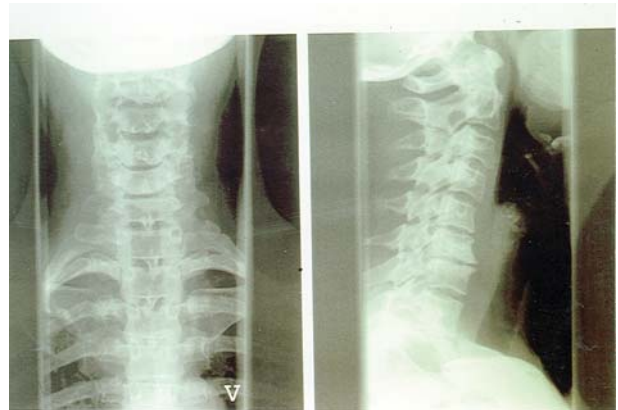
This woman was given gabapentin 300 mg daily for some weeks, whereafter the symptoms declined.

### Case Report 2

A 44-year-old woman with a discusprolapse in the cervical spine, which resulted in numb feeling of the left arm and especially the fingers. On the extensor side of the left arm was also seen an erythematous rash, that sometimes caused some itching of the skin. X-ray of the cervical spine showed osteophytes and degenerative changes at C5/C6 (Fig. 1). She was treated with gabapentin successfully, on the indication of BRP.

### Discussion and Concluding Remarks

One other patient with BRP was also successfully treated with gabapentin 300 mg.



*Fig. 1.* Between C6 and C7 there is severe degenerative changes of the discus with reactive sclerosis and osteophytes. Some of the osteophytes make a prominence into the foramina.

BRP is seen in relation to sun exposure. These case reports show that BRP should be understood as a syndrome of cutaneous dysaesthesia, neuropathy and degenerative osteoarthropathy of the cervical spine. Sun exposure is thereby a secondary phenomenon.

BRP may enter a new era, by the treatment with gabapentin 300 mg daily. Capsaicin cream, manipulation of the cervical column and acupuncture may be tried as well (1, 4).

### References

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