## Continuing Medical Education

## **CME MCQ - 31**

## Common Neuropathic Itch Syndromes?

The following questions are based on the Review article in *Acta Derm Venereol 2012; 92: 118–125 by Anne Louise Oaklander; Common Neuropathic Itch Syndromes*.

Patients with chronic itch are diagnosed and treated by dermatologists. However, itch is a neural sensation and some forms of chronic itch are the presenting symptoms of neurological diseases. Dermatologists need some familiarity with the most common neuropathic itch syndromes to initiate diagnostic testing and to know when to refer to a neurologist.

- 1. Indicate conditions that are common causes of itch
  - A. Drug reactions
  - B. Allergic or, hypersensitivity syndromes
  - C. Metabolic or endocrine disorders
  - D. Stroke affecting the central trigeminal pathways
  - E. Kidney or liver dysfunction (toxins)
- 2. Indicate statements relevant to the different clinical presentations of neuropathic itch
  - A. Neuropathic itch may be more likely to develop on the face, head and neck than in the lower part of the body

- B. Despite its proximity to the brain, neuropathic itch of the face, head, and neck is more likely to be caused by lesions of peripheral rather than central neurons
- C. Post-herpetic itch after shingles is a well documented presentation of neuropathic itch
- D. Severe trigeminal nerve-root injuries often causes itch
- E. Atopic eczema often results in neuropathic itch
- 3. Indicate treatments that generally are not effective in neuropathic itch syndromes
  - A. Antihistamines
  - B. Topical local anaesthetics
  - C. Behavioural therapies
  - D. Stretching or exercise
  - E. Injections of botulinum toxin

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