

BACKGROUND:

- Brachioradial pruritus: neuropathic pruritus that causes severe discomfort and itching along the dorsolateral arms. (1)
- Pruritis is paroxysmal, intense, and typically unrelieved by itching. (2)
- Underlying pathology not completely understood, often diagnosed with multidisciplinary workup
- Initial literature implicated primarily UV light causing peripheral nerve damage, however further studies implicated cervical spine pathology (1), more specifically cervical nerve compression (2-3)



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Itching For Relief - An Incidence of Brachioradial Pruritus with Associated Cervical Spinal Stenosis

CASE REPORT:

- 47-year-old female with history of Addison's Disease and CVID on chronic oral steroid presented with neck pain as well as itching and pain in bilateral upper extremities
- Physical Exam significant for diffuse dermatomal excoriations along bilateral upper extremities
- Previously seen by Neurology, Neurosurgery, and Dermatology, workup had found mild spinal stenosis at C5-C6 and EMG proven radiculopathy on right C7 and left C5 distribution
- Some relief from oral gabapentin, but only complete relief from covering arms in ice packs
- Cervical epidural steroid injection performed with complete relief of pain and 60% relief of itching
- Itching returned after a few months, compounded neuropathic cream added to regimen with significant improvement of itching
- Will follow up for cervical epidurals as indicated

DISCUSSION:

- Due to relationship to cervical nerve compression, this is an important disease process for pain physicians to be aware of.
- Abnormal presentation of radiculopathy, but can be ascertained with thorough H&P
- If suspected, C-spine MRI (3) and EDX studies (2) should be considered early on
- Often a multidisciplinary approach to work up and treat, role of pain physician may include cervical epidural steroid injections as well as prescribing neuropathic medications.



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