



Surgery in The Treatment of Pruritus

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Case description

A 55-year-old patient was admitted to our tertiary allergy centre presenting with a 30-year history of severe pruritus, appearing during dressing, walking in tight clothes, bathing, and physical exertion. In the past, the patient was consulted dermatologically and psychiatrically, without noticeable improvement on the prescribed medications. In 2021, the patient was started on methylprednisolone at a dose of 4 mg/day to treat sciatica, which also led to the subsiding of pruritus. However, the symptoms recurred after discontinuation in 2023. In March 2024, after an allergological consultation, bilastine (40 mg/day) and cyclosporine (200 mg/day) were initiated, but without improvement.

In the physical examination the patient's skin was clear, without visible skin lesions.

During hospitalization provocative tests with cold and heat (TempTest®, dry ice cube test) were performed – results were negative. An exercise challenge was conducted but showed no deviations from the norm, except for an aggravation of pruritus.

Immunological tests for specific IgE and serum tryptase were negative. Patch tests showed positive results for chromium, cobalt, and methylisothiazolinone. Gastroscopy was performed, revealing atrophic gastropathy of the stomach body.

The results of the tests performed during hospitalization did not indicate a definitive cause of the patient's reported symptoms. For this reason, psychiatric and neurological consultations were conducted, with no abnormalities found.

During hospitalization, a single skin lesion appeared, from which a biopsy was taken for histopathological examination. The result – “the microscopic picture suggests urticaria”. Based on the histopathological diagnosis, treatment with bilastine at a dose of 80 mg/day was initiated.