Notalgia paraesthetica

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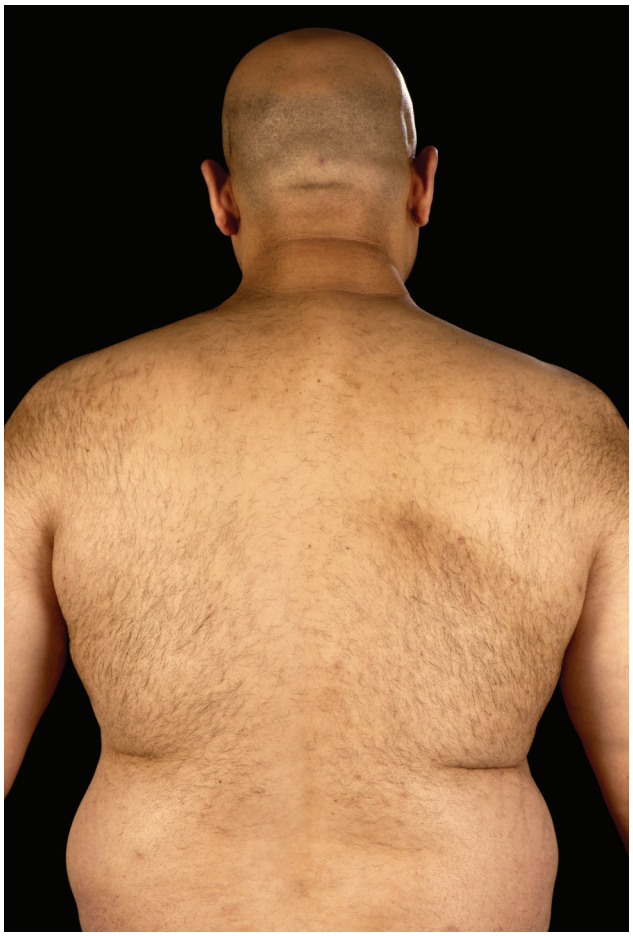
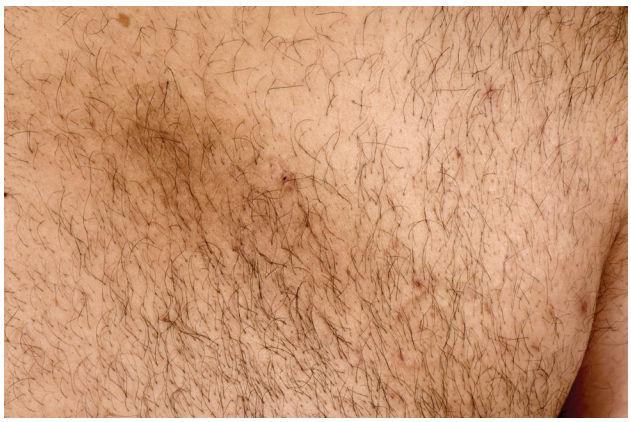
A 43-year-old male presented with an unexplained localised patch of sensory disturbance on his right upper back, including worsening pain, itching, numbness, paraesthesia and burning sensation over the last 2 years. At the site of his symptoms, an elliptical hyperpigmented skin lesion was noted to the right of the midline (Figures 1 and 2), with allodynia. A skin punch biopsy of the lesion revealed only minor focal hyperkeratosis and a light perivascular infiltrate of chronic inflammatory cells.



Notalgia paraesthetica (notos: back; algos: pain) is a relatively common but likely underdiagnosed chronic cutaneous sensory neuropathy, typically affecting T2–T6 dermatomes unilaterally between the scapula and the vertebral column with the above sensory neuropathic features.[1] A hyperpigmented patch over the symptomatic area is seen in at least one-third of cases and may reflect postinflammatory pigmentary change from chronic rubbing.[1] Indeed, the associated neuropathic itch can be severe enough for some patients to wear away a patch on the back of their shirts from intense scratching, as was elegantly illustrated 17 years ago by a consultant neurologist afflicted with this condition.[2]

Figures 1 and 2 Hyperpigmented dorsal patch over right T4–6 dermatomes at the site of neuropathic symptoms



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The aetiology or pathophysiology is unclear, although a popular theory implicates local damage to the cutaneous branches of the posterior divisions of T2–T6 spinal nerves. These may be more exposed and prone to injury from minor trauma owing to the right angle at which they pierce the multifidus spinae muscle as they head towards the skin, or, alternatively, they may be irritated at the spinal level owing to spinal degenerative changes, with some studies showing an association with the latter.[3]

Patients should be reassured their symptoms have a biological basis and that notalgia paraesthetica is a relatively benign condition, although symptoms may prove difficult to control. Multiple treatment options with varying reported degrees of success include capsaicin cream, neuropathic pain agents (e.g. gabapentin, oxcarbazepine), anaesthetic nerve block, superficial botulinum toxin injection, transcutaneous electrical nerve stimulation, acupuncture or even surgical decompression of spinal cutaneous nerves in extreme cases. However, conventional pruritic treatment in the form of antihistamines and corticosteroids is usually ineffective for the neuropathic itch.[1,3]

References

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