

Chronic Pruritus and Dysesthesia in the Scapular Region: A Case Report on Notalgia Paresthetica

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Introduction

Notalgia paresthetica is a type of sensory neuropathy that commonly presents in a dermatomal distribution in the upper and mid-thoracic region that frequently affects older women. Patients will present with either burning, numbness, tingling, pain, or a cold sensation. This case report elaborates on a woman diagnosed with notalgia paresthetica and was referred to the rehab clinic for further management.

Case Description

63 y.o. female presented with neck pain after being referred by Orthopedic physician for cervicgia and possible cervical radiculitis. Patient reported she was diagnosed with notalgia paresthetica by a dermatologist two years ago while being evaluated for a separate skin condition. Dermatologist noted bilateral shoulder blade skin darkening and discoloration. Patient reported 5 years of constant itchiness in those areas. In addition, she reported hypersensitivity and increased pain with anything that made contact to her neck such as a scarf or collar. She denied any numbness or burning. She also denied radiating pains into either of her upper extremities. Patient works a desk job and has been more sedentary lately. She does not exercise. On physical exam, abnormal discoloration of bilateral scapula and left cervical region was observed. Patient was tender in the cervical paraspinals and upper bilateral trapezius. Cervical x-ray demonstrated mild degenerative changes at C5-C6.

Discussion

Notalgia Paresthetica is a relatively common but underreported chronic disease that presents in older women with no exact etiology. The condition will typically present with dysesthesia such as burning, numbness, or tingling in a unilateral distribution over the upper or mid-thoracic regions. In addition, the patient will experience constant pruritus that could lead to hyperpigmentation of the affected regions over time. Some common mechanisms that may explain the gradual onset of these symptoms include spinal nerve compression from foraminal narrowing due to degenerative changes in the cervical spine or muscle spasms causing cutaneous nerve irritation. There is no definitive treatment modality or preventative measures that are known to be most effective. Some common options include oral agents such as gabapentin, botulinum toxin A, or physical therapy. There is limited but meaningful data on physical therapy through strengthening the paraspinal muscles and stretching the pectoral muscles to decrease severity of symptoms.



Figure 1: Clinical presentation of hyperpigmentation in left periscapular region (not actual patient)

CONCLUSIONS

This patient is a classic presentation of notalgia paresthetica in terms of history and physical examination findings. The patient experienced ongoing paresthesia in her upper thoracic region leading to skin hyperpigmentation. Conservative treatments have been historically effective in positive prognostic outcomes. For this patient, oral gabapentin and physical therapy were effective modalities with improvement demonstrated on follow up within a few months.

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