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## Does any promising treatment in Notalgia Paresthetica

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**N**otalgia Paresthetica (NP) is a peripheral sensory neuropathy with neuropathic pain and skin lesions of the upper dorsal region. NP occurs most commonly in the thoracic T2-6 region as a secondary to the damage of the posterior branches of the spinal nerves. The etiology of NP is not clear, but with the effect of degenerative changes on the spine by compression or chronic trauma to the dorsal branches of the spinal nerves are damaged. On affected skin area, paresthesia, hypoesthesia or anesthesia may be present. In NP, back pain is present between the medial scapula and thoracic vertebrae and analgesic and anti-inflammatory drugs are useless. Pain in the neuropathic character may be accompanied by scratching. NP is characterized by subcutaneous hyperpigmented macular skin lesions. The treatment of NP is multidisciplinary, various local and systemic drugs are used. With this article, we present a NP patient was successfully treated with dextrose injection therapy.

**Case Report:** A 66-year-old male patient was admitted to our outpatient clinic with complaints of burning pain, pruritus and skin lesions in the upper back around the left scapula. These have been available for 6 months. The patient had cardiac pacemaker and hypertension. There was no diabetes mellitus history. There was no rheumatological and dermatological disease history. His pain did not respond to analgesics and it was a burning character. The pain score with visual analog scale (VAS) was 8. In an inspection, there was hyperpigmented macular lesions and excoriations on the left scapular region of the patient. Cervical lateral flexion and rotation were restricted at the end of the range of motion. He had a thoracic kyphosis. His neurological examination was normal. There was no pathology except cervical and thoracic vertebral degenerative changes on direct radiography. All biochemical blood tests were within normal limits. According to these clinical and radiological findings, the patient was diagnosed with NP. Because of the presence of the pacemaker, the topical anesthetic or systemic antiepileptic drugs were not considered for treatment of NP. An injection with dextrose, a physiological solution, was planned. An intradermal-subcutaneous 5% dextrose injection was applied around the left scapula. The patient's VAS score decreased from 8 to 1 at 4 weeks follow-up after injection. Persistent itching on his back was also relieved with injection.

**In conclusion:** NP is a disorder that should be kept in mind in the presence of skin lesions on upper back pain and around the scapula. We have shown in this article that dextrose injection therapy in NP patients may be a new promising treatment option. There is a need for randomized controlled studies in this subject which including the wide number of participants.

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