

STUDIES ON CASES OF PRURIGO AND PAPULAR URTICARIA IN A.R.E.

THESIS

Presented to the Faculty of Medicine
Ain Shams University

By

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In partial fulfilment of the Requirements
of the degree of

M.D. Dermatology & Venereology

1972

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A C K N O W L E D G E M E N T

I would like firstly to thank Professor H. El Hefnawi Head of the Skin and Venereal Diseases Department, Ain-Shams University, who from his extensive experience gave me his expert advice and followed the thesis through from the very conception of the project inspite of all his many commitments. Also to Doctor A. Abd-El Fattah who originally helped in the selection of the subject. To Doctor A. El-Morsy for his untiring supervision of all the histology and histochemistry involved in the paper.

My thanks to Professor Doctor F. Roaiah who spontaneously encouraged me in this work providing relevant literature and composing the introduction. To Doctor R. Faris who so patiently worked on the statistical study. To Dr. D. Soliman for his instructive assistance in the intra-dermal testing.

In addition I wish to express my appreciation to all my other friends and colleagues who gave me their help and who tolerated the endless demands that a thesis makes on so many people.



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INTRODUCTION

INTRODUCTION

It is almost certain that prurigo as we conceive it today has never been considered as an independent clinical entity, although it is natural that it must have been both seen and complained of. This must have been due partly to the uncertain and chaotic classifications adopted by various authors and partly to the meagre and defective knowledge of skin diseases in general; and especially to their pathogenetic mechanisms. The term was introduced for the first time by Celsus to describe a peculiar sensation which he considered to have a special unfavourable prognostic significance.

We are indebted in most of our clinical and pathological knowledge of this disease to Ferdinand Von Hebra (1868). Through his keen interest, his unexcelled clinical capabilities, and the enormously rich and prolific material under his disposition, he was able to delineate and accurately describe this disease, as well as many other diseases; his school and clinic in Vienna has contributed greatly to our dermatologic understandings and the speciality with many illustrious disciples and pupils.

His article on prurigo which appeared in his book "On Diseases of the Skin", and which was translated by the New Sydenham Society of London in 1868 is particularly illustrative of his unique and monumental contributions and to it we all are particularly indebted.

By a thorough search in the older literature, Hebra could note that only in the 16th century Fernelin Ambiani (1592) was well acquainted with the disease which he described under the title of impetigo, he brought forward the characteristics of the disease which completely agreed with the recent descriptions. In the writings of later authors as Sennertus, Ingrassias Mamarcus and others, he could find no reference to the disease as a distinct entity. He could conclude that Mercurialis and Hafenreffer had had a faint concept of the malady, they having used the term "pruritis" as distinct from "prurigo" and the same remark could be applied to other writers as Sauvage, Lorry and Plenck.

Willan (1757-1812), on the contrary, is credited to have treated the affection in detail under the term prurigo and placed it in the separate category among the

papulae. He classified papules into prurigo papules, strophulus papules and lichen papules; physicians of most other countries followed his views with little or no modification. Among these Hebra mentioned Bateman, Plumbe, Wilson, and Thompson from England; Alibert, Rayet, Biett, Cazenave, Gibert, Devergie and Bazin from France and Riecke, Fuchs, Simon, Joseph, and Behrend from Germany. Willan associated the disease with other pruritic affections. He mentioned as peculiar types prurigo mitis, prurigo formicans, prurigo senilis, and prurigo localis. The first two, he mentioned, were associated with papule formations, while the latter two were devoid of papules or if present are both infrequent and insignificant.

It is time now to refer to the outline of the disease as depicted by Hebra, and it is found quite essential to quote it verbatim.

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REVIEW OF LITERATURE

CLINICAL PICTURE AND CLASSIFICATION

As stated by Hebra the earliest appearance is that of subepidermic papules as big as hemp-seeds and recognised rather by touch than by sight, since they rise but little above the level of the skin, and do not differ from it at all in colour. They are always isolated and though they may appear in all sorts of places, still there are some regions constantly unaffected. They produce great irritation and thus, from being scratched, soon rise somewhat above the surface and also sometimes become red. Continued scratching destroys the epidermis of the summit of papules, and thus their contents come into view sometimes transparent and colourless, sometimes yellowish serum like in colour, or else a papilla of the corium is at last wounded and from its capillary vessel a drop of blood escapes which dries into a black crust at the top of the papule as big as a pinhead. There are always many papules developing, and this process, repeated according to the extent of the eruption, will produce the appearance presented by ordinary prurigo.

"When however, this disease has lasted for some time, fresh phenomena are added to those already mentioned. It is noticed that a constantly increasing deposit of dark pigment in the epidermis which is proved to result from the patient's scratches and by its always corresponding with the excoriations both in distribution and intensity. In all cases of long standing prurigo we observe moreover that the slight depressions, lines and furrows which cover the surface of the skin in health, become gradually further separated from one another and considerably deepened. This is particularly remarkable on the fingers, the back of the hand and the wrist. The numerous minute downy hairs which pierce the skin everywhere, as well as the thicker and longer ones, appear to be torn out by the sufferer's nails, and if not entirely absent are much shorter and stiffer than they normally were. Lastly the skin itself seems to be more hard and dense, and if a fold of it be pinched up, it feels much thicker than it does when in a healthy state.

Many cases of prurigo never show any characters other than these, more or less pronounced, even though the disease should last for a lifetime. But in other and more unusual cases, a further series of phenomena develop themselves and these will now be described. The first peculiarity

of this more severe type of the disease which is named prurigo agria or ferox is that all the characteristic symptoms of the ordinary form present themselves in an exaggerated degree. The papules are larger, the itching more intense, the excoriations more severe, and the blood crusts they cause, are more abundant, and in addition, it is observed upon the brown pigmented skin, between the black scabs of dried up blood, that the uppermost layers of epidermis are detached from the rest in the form of a white mealy dust which yet clings to the surface and thus simulates the appearance of Willan's pityriasis nigra, or Alibert's ichthyosis nacie. In other cases of this severe form of prurigo all the phenomena of eczema rubrum develop themselves, either over the entire surface or on many parts of the integument affected until one might be tempted to look on the whole as a simple eczema, so completely does the secondary malady obscure the symptoms of the original one. Or, lastly, the fluid contained in the pruriginous papules may become purulent, each papule becomes a pustule, and either we find an eruption of these, varying in size and number, but mingled with the primary efflorescence and afterwards turning to scabs, or if the

papules are closely packed, the pustules into which they are transformed very easily come into contact, unite and so form a continuous purulent layer beneath the cuticle which afterwards dries into crusts of large dimensions".

The different regions of the body in a patient affected with prurigo, the scalp is found quite free from any eruption, but the hair will appear dull, will feel dry to the touch and often looks as if it was sprinkled over with dust. The face especially in young patients is usually clear and of a pale complexion or a few scattered papules may be found on the cheeks, some intact, some wounded by scratching. Cases, however occur in which a considerable number are observed in this region, or it may be the seat of an impetiginous eczema. It is rare to see any marked traces of prurigo on the throat or back of the neck, but the whole of the thorax both in front and behind, is covered pretty uniformly with papules, some only to be recognized by the sense of touch while others rise above the surface so as to become visible to the eye, and others again tipped with a minute crust of a dried up blood. A similar aspect is presented by the skin of the abdomen the sacral region and the buttocks, but the most intense form of the disease is

displayed on the limbs, especially on their extensor surfaces. The skin is of darker hue than elsewhere and thickened in proportion to the duration of the malady. Its lines and furrows are more plainly marked on the extensor than on the flexor surfaces and most of all on the wrist, the back of the hand, the fingers and the corresponding part of the ankle and instep where deep and obvious lines may be seen more widely separated than in the normal condition. The eruption is less abundant above the elbow than on the forearm, on the leg and the upper than on the lower extremity. It is then below the knee that it is most intensely developed and here one may with a little practice recognize every case of prurigo by the touch alone. The skin feels as rough as a file, and when the closed hand is passed over it produces a sound like a short-haired nailbrush or rough paper and causes a pricking sensation of the fingers. Not only do the lower extremities in ordinary prurigo present more papules and more roughness than other parts but also, they present the greater number of pustules, or the more severe eczema when these are superadded. It is, however, very remarkable that in all cases of prurigo the skin covering the bend of a joint either remains perfectly normal and appears smooth, soft and healthy or in very rare and

exceptional cases, offers a few papules or a slight degree of eczema. The armpits, elbows, flexor side of the wrists and palms, the groins, palms and soles are therefore almost always unaffected both to the sight and to the touch.

When much eczema or ecthyma of the legs is developed the nearest lymphatic glands will become enlarged especially those situated on the front and inner side of the thigh, and so as often to attain the size of a fist. These buboes are of course, not peculiar to prurigo, they are well known to occur whenever there is ulceration or excoriations of the parts from which the inflamed glands receive lymphatic vessels, but in no other disorder do they so often appear symmetrically swollen on each side of the body, and hence they might without impropriety be styled "prurigo-Buboes". If to these symptoms be added pigmentation of the skin which proceeds the excoriations produced by scratching; a connected series of phenomena..... a symptom complex which is found completely in no other disease and may therefore be considered as pathognomic of prurigo."

Many years later, a big number of reports described the lesions entailed in this disease. Herbert (1932) found