

Thoughts about Brachioradial Pruritus by David J. Elpern

I saw my first patient with brachioradial pruritus (BRP) in 1983 when I practiced dermatology in Hawaii. She was a middle-aged woman with intractable pruritus over the dorsolateral, brachioradial aspect of her left arm mostly around the elbow. I remember her well since an article on the subject had recently appeared in the Archives of Dermatology¹. Her general doctor had told her it was “nerves” and prescribed amitriptylene, which at the time was primarily an antidepressant.

BRP is more commonly encountered in tropical and sub-tropical areas, and over the next few years I saw a fair number of cases on Kauai, Hawaii². On a few occasions I even experienced it myself, mostly after I had a few days off and spent time driving in Hawaii, my left arm out of car window. The episodes I experienced were short-lived and I have not experienced it since moving to Massachusetts in 1993.

There are two main theories as to the etiology of BRP.

1. That it is caused by sunlight (a photodermatitis).
2. That it is neurogenic and results from nerve impingement in the cervical spine.

It may be a combination of these factors as it does appear to be more common in sunny climes. In spite of the research that has been done, there is a lot we still have to learn. Most cases are probably mild, such as the episodes I experienced, and a few are intractable, lasting months to years. This may be related to how we perceive sensations of itch. Patients with BRP commonly complain of intense itching, as if small needles are being inserted into the affected skin, and many pick at the affected area causing excoriations.

In 2000, Dr. Henry Foong and I started a teledermatology site called Virtual Grand Rounds in Dermatology (VGRD)³, and we presented a case of BRP in 2001⁴. This elicited a few comments from practitioners. In late 2004, we established the VGRD blog⁵ to make it easier for others to present cases and covered BRP again in 2011⁶. At the time of this writing, we have had over 80 comments on the BRP post, almost all from patients. The heightened interest most likely is related to the nature of search engines and the public’s growing facility with searching the World Wide Web. This VGRD post has far and away the most comments of the greater than 350 pages on that site. Pat Meyersfield, a woman with BRP found the VGRD Blog and has written her story which will appear in print the next few months⁷.

It is clear that worldwide many people suffer with severe BRP and that large numbers of them do not find knowledgeable practitioners. The Internet provides an opportunity for a small number of BRP patients to communicate their distress and frustration.

What should one recommend to a patient with BRP or to a health care professional dealing with these patients?

- 1) The review article⁸ written by Julianne Mann is an excellent place to start.
- 2) An article⁹ by Desire Gijima, a medical student at the Mayo Clinic, details and discusses the comments made from many patients to VGRD blog.

The etiology of BRP is still in question, however, exposure to ultraviolet light and wind may be important factors for many of these patients. I have not found that neck x-rays or

imaging techniques have helped many patients. Persons who develop BRP are of an age where most people will have some cervical spine arthritis as it is.

From a therapeutic standpoint, here is what I have learned over the past 30 years of dealing with these patients.

1. If it seems likely that sun and wind play a role, long sleeved shirts are worth try.
2. Ice packs to affected limbs, two to three times a day, afford relief to many sufferers. An inexpensive approach is to use bags of peas from the freezer.
3. Silk sleeves may help some of these patients.¹⁰
4. Acupuncture can help selected patients if the practitioner is familiar with this disorder¹¹.
5. Chiropractic has been anecdotally recommended.
6. Gabapentin and Lyrica can be considered¹²
7. Mirror box therapy may have a role for recalcitrant cases¹³.

Most patients will improve over a few weeks to months. Persons with recalcitrant disease will benefit from consulting with a knowledgeable provider who communicates that BRP is a recognized entity and not some mysterious affliction that is likely to last indefinitely. As with other orphan patients¹⁴ who have poorly understood diseases, “Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine¹⁵.”

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