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UNEXPLAINED PRURITIS MANAGEMENT AND RECOMMENDATIONS

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Pruritus is a common disorder that may affect all human beings at any given time in life. The pathogenic mechanisms that lead to the sensation of pruritus are not fully understood. The signals of itch sensation are transmitted from peripheral unmyelinated slow velocity C-nerve fibers to neurons in the spinal cord activating multiple brain sites including sensory motor and emotion. A variety of neural mediators may be involved in this process. Pruritic disorders can be classified as dermatologic, systemic, neurologic, or psychogenic causes. Systemic disorders should be considered if no evidence of primary skin lesion in patients presenting with generalized itch, some of which are associated

with significant morbidity, and mortality. Itch may be the initial sign of disease in patients with hematologic malignancies, cholestasis, thyroid disorders and connective tissue diseases. Pruritus of lymphoma is the common prototype of paraneoplastic itch and can precede other clinical signs by five years. In any case with high index of suspicion a thorough work-up is required. This review highlights the association between itch and systemic disorders and presents general recommendations for evaluating patients with unexplained pruritis and their management.

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