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PRURIGO

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Prurigo is a chronic disease which begins in early childhood and is characterized by an intensely itching rash consisting of numerous discrete pin head sized, slightly elevated, pink, yellowish white or flesh colored papules that are located chiefly upon the extensor surface of the extremities and increase in abundance from above downwards. Prurigo makes its appearance usually in the eighth to the twelfth month, occasionally in the second year of life, but the early lesions are not those distinctive of the fully developed disease. The first efflorescences are ordinary evanescent, recurring urticarial wheals. After about a year small wheals predominate that no longer disappear in the usual manner but become converted into the more permanent typical, hard prurigo papules. Still later the urticarial element is lost entirely or is indicated only by the occasional development of a wheal from an irritated papule. The intense pruritus leads to the production of the secondary lesions that go to complete the characteristic picture of the disease, and which is usually easily recognizable in the beginning of the third year. The tops of the papules are soon excoriated and capped with dark red circumscribed blood crusts that often persist after the papules themselves have been absorbed. New crops of papules appear from time to time, usually accompanied by an exacerbation of the pruritus. In regions in which the lesions are numerous the skin becomes rough and thick with its natural lines and furrows deep and more widely separated, and there may be a scanty, branny desquamation. In time the irritation and consequent hyperemia produce a mottled brownish pigmentation. The lesions are always most abundant upon the extensor surfaces of the extremities and are usually present in the sacral region, and in marked cases, in relatively small number upon the sides and front of the abdomen. They are rare upon the face. The flexor surfaces of the large joints, the scalp, palms, soles and genitals are nearly always entirely spared. The papules

never exhibit any tendency to group or coalesce. The whole integument is usually dry and the hair lusterless. In extremely neglected cases impetigo, ecthyma or eczema may complicate the disease. Very typical is the enlargement of the superficial lymph glands of the extremities, particularly those of the femoral groups which may grow to walnut sized, painless, dense, elastic nodes. The description given above applies to the more severe form of the disease sometimes distinguished as *prurigo ferox seu agria*. *Prurigo mitis* is the milder form in which the papules are less numerous and confined in most part to the lower extremities. It is peculiar that each type usually persists as such from the beginning. The only subjective symptom is the almost intolerable pruritus. Loss of sleep and nervous agitation usually profoundly affect the patient's nourishment and general health. **DIAGNOSIS:** In a fully developed case there is little likelihood of confusion, though in its early stages the disease can be distinguished from papular *urticaria* only after long observation. Generalized *eczema* does not spare the flexures and is protean and much less obstinate. *Scabies* affects the hands and penis. In *pediculosis corporis* the duration of the disease, the distribution of the lesions, the long parallel scratch marks and the presence of the parasites make the differential diagnosis easy. **TREATMENT:** Cures have been effected only in early mild cases, by the employment of all those measures which tend to put the patient in the very best physical condition. There are no specific remedies. As a rule the most that can be accomplished is to mitigate the severe itching. *Cannabis indica* and potassium bromid are helpful at times. Frequent warm baths with *sapo mollis* followed by inunctions with a two to five per cent betanaphthol salve, *unguentum sulphuris*, *unguentum sulphuris compositum*, N. F., or a simple emollient ointment prove very beneficial in some cases.