

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.comhttps://practicaldermatology.com/series/dermatology-hub-neuroimmune-network/treatments-for-prurigo-nodularis/37156/>

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Treatments for Prurigo Nodularis

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Hi, I'm Dr. Alina Bridges and I'm a triple boarded dermatologist, dermatopathologist, an immunodermatologist. I currently serve as the director of dermatopathology and cutaneous immunopathology at Northwell Health in New Hyde Park, New York.

Currently, we have biologics that we can use to treat itch. And the reason why we have biologics is because we have a better understanding of the mechanism of action of itch. Preceding this time, patients were treated with many treatments which were not very effective, such as topical and systemic steroids, systemic antihistamines, different treatments to help relieve their itch, which included substances that had primoxine in them, topical gabapentin, topical amitriptyline. Sometimes this was mixed with gabapentin and topical ketamine.

Patients were given antidepressants that were compounded topically, as well as given systemically. And we also used phototherapy. One of the first biologics that we had available to treat patients with prurigo nodularis is Dupixent.

So I want to go back and tie in the treatment for our patient who had the prurigo nodularis. So our patient with the prurigo nodularis before we had the correct diagnosis was given a lot of different treatments that were not effective, such as topical and systemic steroids, systemic antihistamines, and phototherapy. The most effective treatment that the patient said helped the most for the itching was phototherapy.

Now that we had established her diagnosis of prurigo pemphigoid, she could be treated with Dupixent. Dupixent now is FDA approved to treat patients who have bullous pemphigoid. The reason why phototherapy can sometimes be effective for different types of conditions is that phototherapy is an immunosuppressant. So it can modulate that TH2 response and the cytokine response.

So for patients who have a bullous pemphigoid, we typically use the indirect immunofluorescence and the results of their ELISA antibody testing to tell us how active their disease is.

And we can determine the course of their treatment based on that. We usually start with topical corticosteroids. We add oral corticosteroids and steroid sparing agents, such as mycophenolate mofetil. We can also put these patients on doxycycline or minocycline along with niacinamide, but now we have dupilumab available to treat these patients.