

RECOGNIZING, DIAGNOSING AND EVALUATING PRURIGO NODULARIS:

A Guide for the Primary Care NP

Prurigo nodularis is a chronic, inflammatory skin disorder characterized by hard, extremely itchy nodules.

DIAGNOSIS OF PRURIGO NODULARIS

To be diagnosed with prurigo nodularis, a patient must have each of the following symptoms:



Multiple firm, nodular lesions



Pruritus lasting at least six weeks



History or signs of ongoing scratching, picking or rubbing

Other common features:

- Symmetrical distribution of nodules.
- Nodules on areas of the skin accessible to scratching.
- Nodules found on the face, palms, soles, scalp or genitals (rare).
- Burning, stinging, pain or other sensations.
- Extreme itchiness (greater frequency and intensity than psoriasis and atopic dermatitis).
- Itchiness in areas where nodules were not present.
- Additional lesions caused by scratching, picking or rubbing (e.g., scaly plaques, ulcers, excoriations, scars).

COMMON CO-OCCURRING CONDITIONS

Prurigo nodularis is more common in patients with certain comorbidities, including:

- Anxiety, depression and other mental health disorders.
- HIV infection.
- Kidney disease.
- Allergic rhinitis.
- Asthma.
- Atopic dermatitis.

PRURIGO NODULARIS WORK-UP

Nodules can vary in number, size, shape and color. These features should be documented with a careful lesion count.



Lab Work

Due to the potential for a systemic etiology, patients with prurigo nodularis should undergo thorough laboratory testing, including:

- Complete blood count.
- Complete metabolic panel.
- Thyroid, liver and kidney function tests.
- HIV serology.
- Hepatitis B and C serology.
- Other evaluations based on clinical examination.



Biopsy

Prurigo nodularis is a clinical diagnosis; biopsy should be reserved for complicated lesions or those refractory to initial treatment.



Itch Intensity




A validated tool should be used to characterize the pruritic intensity and burden for a patient with prurigo nodularis. Simple, freely available tools for capturing itch severity over the previous 24 hours are listed below.

Tool	Design	Scoring	Link to PDF
Visual Analogue Scale (VAS)	10-cm scale with 0 correlating to “no itch” and 10 correlating to “worst imaginable itch”	Measure in cm: <ul style="list-style-type: none">• 0 = none.• <3 = mild.• 3-6 = moderate.• 7-8 = severe.• 9-10 = very severe.	
Numerical Rating Scale (Itch NRS)	Numbered scale from 0 (no itch) to 10 (worst imaginable itch)	<ul style="list-style-type: none">• <3 = mild.• 3-6 = moderate.• 7-8 = severe.• 9-10 = very severe.	
Verbal Rating Scale (VRS)	Five-point scale using adjectives of increasing levels of severity	<ul style="list-style-type: none">• 0 = none.• 1 = weak.• 2 = moderate.• 3 = severe.• 4 = very severe.	



Quality of Life

Prurigo nodularis can substantially impact a patient's quality of life, which should be assessed using a validated tool. This may be a general tool, such as the 36-item short form (SF-36), or a tool developed for dermatologic conditions, such as the ItchyQoL or the Dermatology Life Quality Index (DLQI).

SF-36	
ItchyQoL	
DLQI	



Mental Health and Sleep Evaluation

All patients with prurigo nodularis should be assessed for anxiety, depression and sleep quality, using validated screening tools.

NEXT STEPS

Prurigo nodularis is a complex disease with both inflammatory and neurologic etiologies. In addition to referring patients with clinically suspected prurigo nodularis to a dermatology specialist, consider taking these additional steps:

- Prescribe a potent topical corticosteroid for initial relief while awaiting dermatology care.
- Ensure all age-appropriate vaccines are up to date.
- Refer to other specialists for management of comorbid conditions.
- Consider referral for cognitive behavioral therapy, particularly for those with comorbid psychiatric conditions.
- Provide disease education and reassurance, including the availability of treatments.