



## LETTER TO THE EDITOR

## Dermoscopic diagnosis of notalgia paresthetica

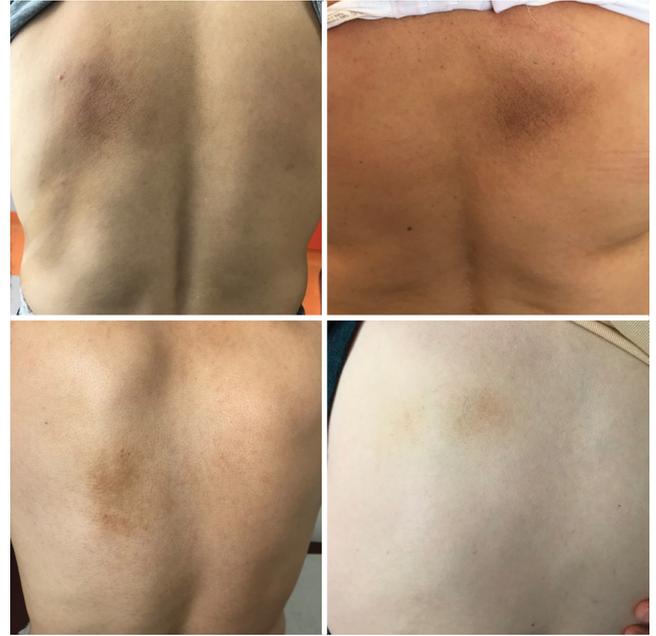
### *Notaljia parestetikanın dermoskopik tanısı*

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To the Editor,

Notalgia paresthetica (NP) is a type of chronic neuropathic dysesthesia characterized by an infrascapular hyperpigmented patch along with varying degrees of pain, itching, and paresthesia. The etiopathogenesis of the entity is clearly unknown, however, some hypotheses including an increased localized sensorial innervation, underlying cervical degenerative disc disease, and compressive neuropathies have been suggested.<sup>[1,2]</sup>

This case study included a total of 10 patients diagnosed with NP. Informed consent was obtained from all the participants. The mean age of the patients was 32 years old and the majority were male (n=6, 60%). The mean disease duration was 6 months, ranging from 3 months to 2 years. The diagnosis was made through clinical and histopathological examination for all patients. All patients had hyperpigmented patches with varying degrees of pain, itching, and paresthesia (Fig. 1). The affected area was infrascapular region in all patients. A patchy distribution of grey to brown dots on a light brown structureless background was the most common dermoscopic finding which was observed in the majority (n=8) (Fig. 2a–c). The other dermoscopic features were a patchy distribution of brown lines reticular on a light brown background (n=2) (Fig. 2d) and scattered scales (n=1). The histopathological examination showed epidermal basal pigmentation, superficial dermal melanophages, and varying degrees of hyperkeratosis in all cases. The demographic, clinical and dermoscopic features of the cases were demonstrated in the Table 1.



**Figure 1.** Infrascapular hyperpigmented patches representing notalgia paresthetica in different patients.

NP is not considered as a primary skin disease but a cutaneous sign of an underlying musculoskeletal condition, including degenerative or traumatic cervicothoracic spine diseases and paraspinal muscular spasm. NP may also be associated with underlying neck pathologies including painful neck muscle spasm, arthritis, and neck injuries.<sup>[1–3]</sup> In this context, in cases of NP all possible causes of chronic back or neck pain should be evaluated carefully in differential diagnosis. In our study, one patient had cervical degenerative disc disease and another one had cervical disc herniation. The remaining patients did not have additional musculoskeletal or neurological complaints.

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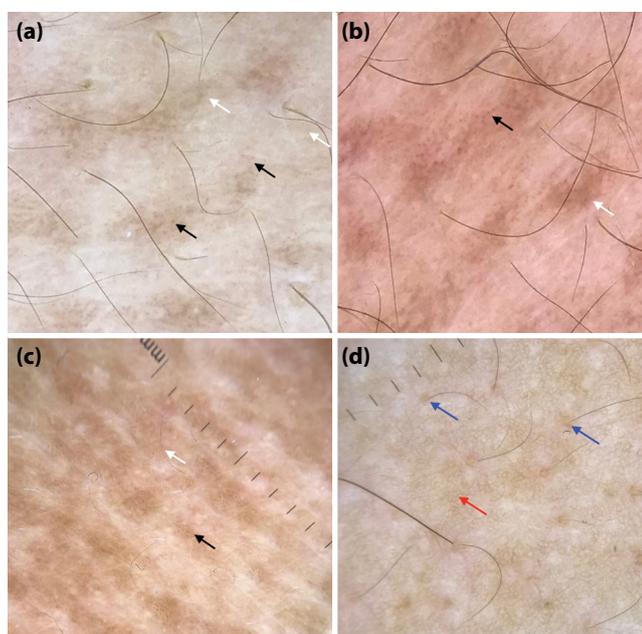
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**Table 1.** Demographic, clinical and dermoscopic features of the patients with notalgia paresthetica

| Age | Gender | Localization        | Dermoscopic features  |
|-----|--------|---------------------|---|
| 21  | F      | Left infrascapular  | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 53  | M      | Right infrascapular | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 26  | M      | Left infrascapular  | Patchy distribution of brown lines reticular, perifollicular hyperpigmentation                        |
| 38  | F      | Left infrascapular  | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 32  | M      | Left infrascapular  | Patchy distribution of grey to brown dots on a light brown structureless background, scattered scales |
| 29  | M      | Left infrascapular  | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 36  | F      | Right infrascapular | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 17  | M      | Left infrascapular  | Patchy distribution of brown lines reticular on a light brown background                              |
| 34  | F      | Right infrascapular | Patchy distribution of grey to brown dots on a light brown structureless background                   |
| 41  | M      | Left infrascapular  | Patchy distribution of grey to brown dots on a light brown structureless background                   |

F: Female; M: Male.



**Figure 2.** Dermoscopic images of the patients with notalgia paresthetica. Patchy distribution of grey to brown dots (black arrows) on a light brown structureless background (white arrows) (a–c), patchy distribution of brown lines reticular (red arrows), and perifollicular hyperpigmentation (blue arrows) (d).

NP is a relatively common disease; however, it seems underestimated possibly due to its non-specific symptomatology. Patients often admit to dermatology outpatient clinics due to itchy skin lesions<sup>2</sup>. Because of the symptoms such as pain and paresthesia, patients may also apply to specialties other than dermatology such as physical medicine and neurology. In order to avoid delays in diagnosis and treatment, the painful and paresthetic area should always be inspected. If there is a pigmented lesion on or around the symptomatic area, the physician in charge should

get a dermatologist’s opinion to exclude other possible dermatological causes of pigmented patches.

Dermoscopic examination is a practical method that significantly reduces the need for biopsy in many skin diseases. Dermoscopic features of many cutaneous conditions have been well described, however, only one single case report has defined dermoscopic features of NP so far. In that report, brown to grey hyperpigmented patches with central hypopigmented hub were the main dermoscopic findings.<sup>[3]</sup> In our study, none of the cases showed a similar pattern. In the present study, the majority of the cases demonstrated a peculiar dermoscopic pattern consisting of a patchy distribution of grey to brown dots on a light brown structureless background.

In conclusion, NP is an underestimated cause of chronic pain. A visual examination of the symptomatic area is strongly recommended for patients with localized pain and sensorial changes over the back. Dermoscopy may also be used as an auxiliary diagnostic tool in NP.

## References

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