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INTRODUCTION

Prurigo nodularis (PN) is defined by the presence of pruritus for at least 6 weeks, a history and/or signs of repeated scratching, and multiple localized or generalized pruritic skin lesions (whitish or pinkish papules, nodules and/or plaques).

Objectives: to identify current management of prurigo nodularis in France

MATERIALS And METHODS

We performed a practice survey in the French dermatologist's network "Reso". An online questionnaire was sent to all members between 16th June and 18th July 2022.

RESULTS

116 physicians answered the survey, main answers are detailed in table 1. 85% knew the definition of prurigo nodularis, but 39% used the term PN for conditions not strictly corresponding to the PN definition. 60% knew PN was part of Th2 diseases. PN patients were mostly sent by a general practitioner (82%), a private practice dermatologist (38%), by other medical specialists (23%). 75% of dermatologists declared that PN patients also came directly to their consultation. Almost all dermatologists performed laboratory exams in the initial screening, while 28% prescribed a thoraco-abdomino-pelvic CT. Severity of PN was assessed with DLQI (79%), BSA (73%), pruritus VAS (65%), sleep VAS (55%), duration of symptoms (53%), number of nodules (52%). No predominant phototype was identified in PN patients by the dermatologists. 13% of private dermatologists declared to send PN patients to an hospital based dermatologist.

	Dermatologists (n=116)
Median age (years)	45
Type of practice (%)	
- Hospital-based	41
- Private practice	59
Formation about PN the previous year (%)	25
Number of PN patients per month (%)	
- 0	4
- 1 to 5	76
- 6 to 10	15
- >10	5
Screening for underlying conditions (%)	
- Atopy	65
- Neoplasia	66
- Psychologic disorders	79
- Endocrinopathy	78
- Renal failure	89
- Hepatic disorders	78
- HIV	79
Treatment used (%)	
- Topical steroids	90
- Dupilumab	81
- Methotrexate	81
- Phototherapy	66
- Anti-histamines	40
- Topical tacrolimus	35
- Gabapentin/pregabalin	34
- Cyclosporin	19
- Intralesionnal injection of steroids	16
- Topical capsaicin	15
- Oral steroids	15
- Paroxetine	13
- Thalidomide	12
- JAK inhibitor	9

CONCLUSION

The vast majority of dermatologists declared to manage PN patients. The Th2 nature of the disease is known by 2/3 of them. Screening for underlying medical condition is almost systematic. Medical management is mostly based on topical steroids, phototherapy and immunomodulatory treatment as methotrexate. Dupilumab is used off label by 81% of the dermatologists, because of favourable data from phase 3 randomized controlled trials in this indication.