Neuropathic pruritus following Wallenberg syndrome

Figure Brain MRI and cutaneous lesions

Axial brain MRI (fluid-attenuated inversion recovery) shows acute infarctions in the left medulla (A). The excoriated lesions developed on the left side of the face (B) due to poststroke pruritus.

Pruritus (itch) is not a well-known poststroke symptom.¹ A 56-year-old woman presented with Wallenberg syndrome. Three weeks after stroke, she developed excoriations of the paresthetic areas and contralateral trunk, which were secondary cutaneous lesions caused by scratching (figure). Three months later, the pruritus was resolved by gabapentin and topical therapy with moisturizers. The pathophysiology is not clear, but it has been suggested that the neural pathways and activated brain patterns responsible for pruritus and pain broadly overlap.² This investigation led to the introduction of several centrally acting substances for treating neuropathic pruritus. Although rare, pruritus should be considered a poststroke symptom.

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