

Brief Resolution of Notalgia Paresthetica Symptoms after General Anesthesia: A Case Report



Clifford Kissling, MD¹; Nicholas Madaffer, DO²

1. University of Missouri Department of Physical Medicine and Rehabilitation, 2. Harry S. Truman Memorial Veterans Affairs Hospital

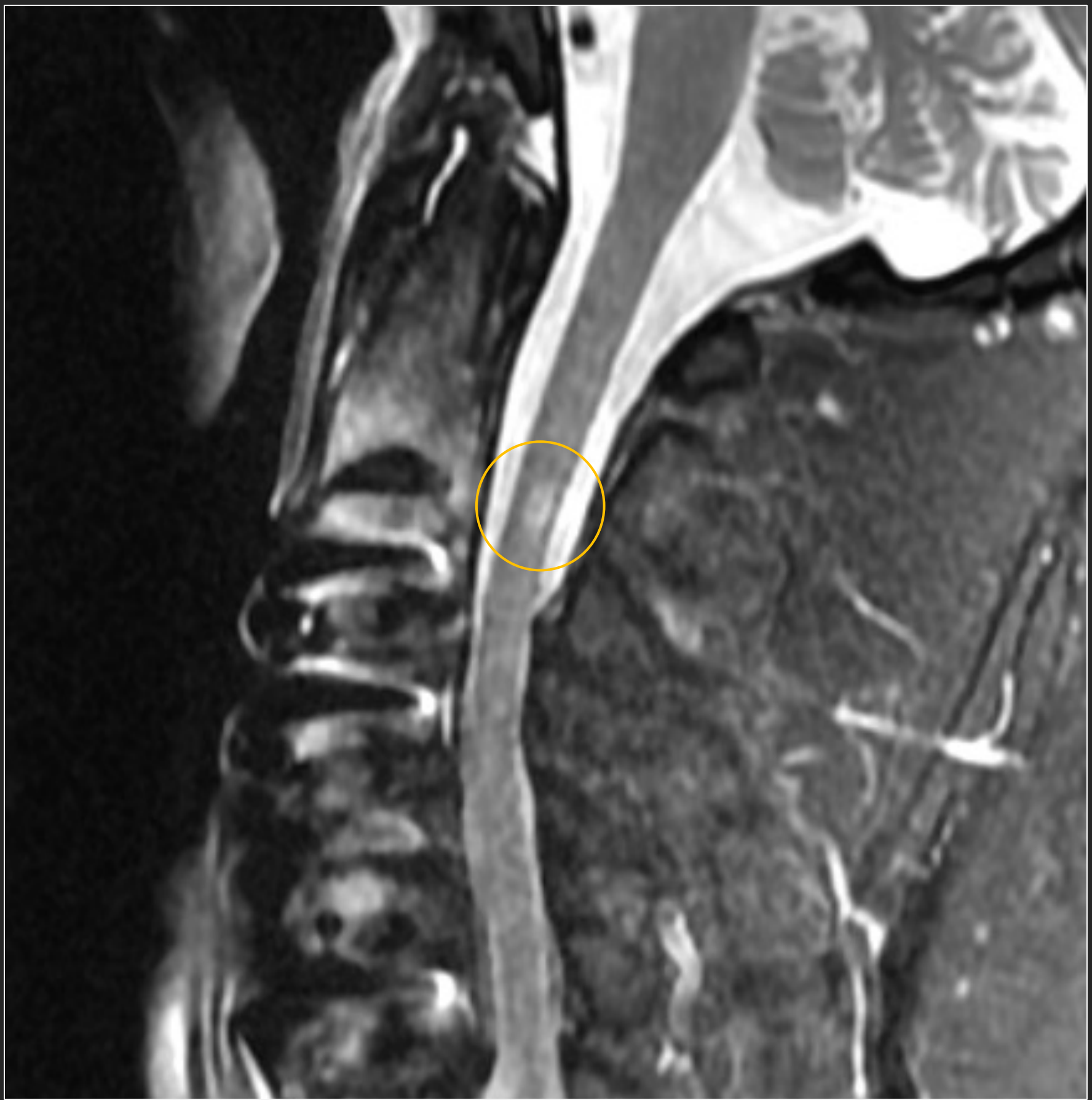
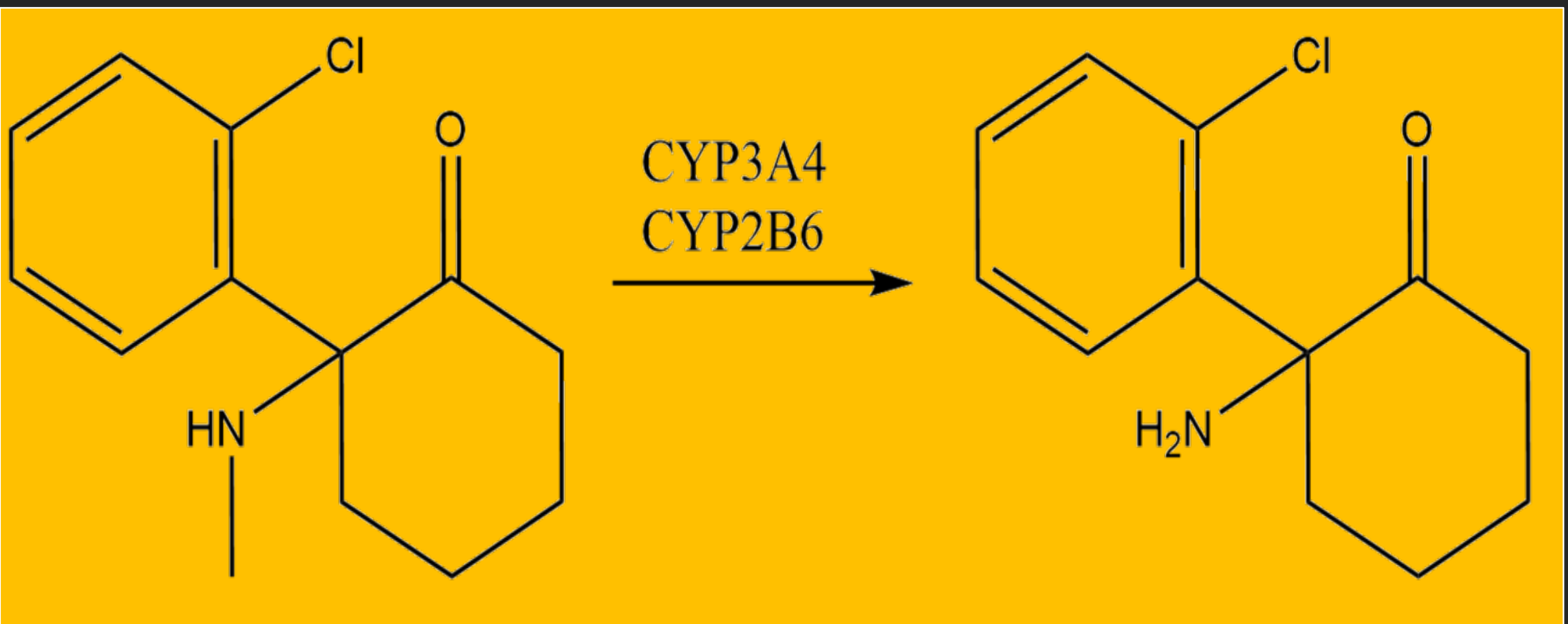
Case Diagnosis

- Notalgia Paresthetica (NP)
- Widespread pruritis in bilateral scalp, periscapular, and flank regions
- MRI evidence of myelomalacia at C2

Case Description

- 71 year old male, presented to pain clinic 2 years removed from C3-C5 fusion for cervical myelopathy complicated by persistent widespread pruritis
- Physical Exam:
 - No evidence of rash
 - Neurologically intact except left sided positive Hoffman sign
- Failed interventions:
 - Topical diclofenac, menthol, Benadryl
 - Oral antihistamines, gabapentin
- Brief resolution of symptoms:
 - A recent, unrelated surgical procedure requiring general anesthesia w/ketamine relieved symptoms for roughly 48 hours

	Ketamine	Norketamine
Half-life	2.5-3 hours	12 hours
Metabolites	Norketamine	Dehydronorketamine Hydroxynorketamine
Enzymes	CYP3A4/2B6	CYP2B6/2A6
Receptors	NMDA, Mu/Kappa	NMDA, weak Mu/Kappa



Case Description

- Workup:
 - Skin biopsy without acute pathology
 - Rheumatologic workup negative
- Pain clinic workup/treatment:
 - C-spine MRI w/stable C2 myelomalacia
 - Changed gabapentin to pregabalin without benefit

Discussion

- NP is a diagnosis of exclusion, often underrecognized, and difficult to treat
- Traditionally thought to involve only periscapular regions due to thoracic polyradiculopathy
- This MRI correlates with cephalad symptoms
- Case reports have demonstrated effective treatment with topical ketamine

Conclusion

- Based on this case, NP appears to be a central process rather than peripheral
- Further exploration into ketamine and norketamine for centralized pain is needed