

Hospital Prof Doutor Fernando da Fonseca, EPE

Serviço de Medicina III - Dr Nuno Bragança

Orientadora - Dr^a Teresa Cruz

PRURIDO em Medicina Interna

...Scratching more than the surface



André dos Santos Rocha

18 Mar 2014

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PRURIDO em Medicina Interna

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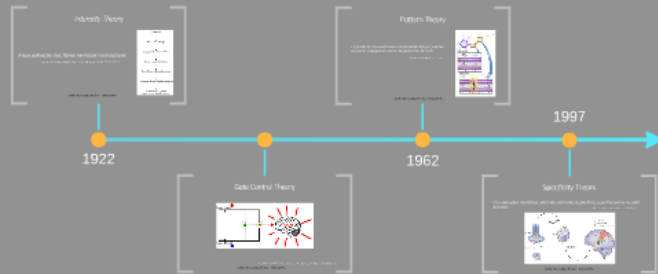
18 Mar 2014

PRURIDO

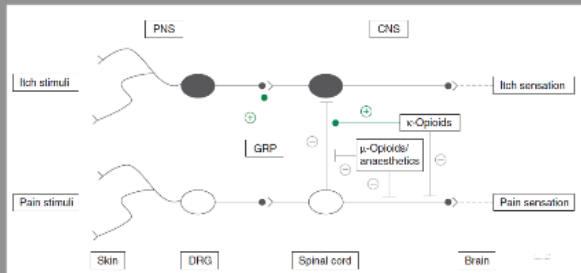
sensação de desconforto cutâneo que provoca o desejo de coceira

Physiological Reviews 1941; 21:357-81

Neurofisiologia do Prurido



Kerner, A. Pathogenesis and treatment of Pruritus in Cholestasis. Drugs 2008; 68 (15): 2163-2182
André dos Santos Rocha - 18/Mar/2014



Kerner, A. Pathogenesis and treatment of Pruritus in Cholestasis. Drugs 2008; 68 (15): 2163-2182

Fatores PSICOLÓGICOS também influenciam o prurido na ausência de doença psiquiátrica...

... com distração, o prurido pode ser esquecido

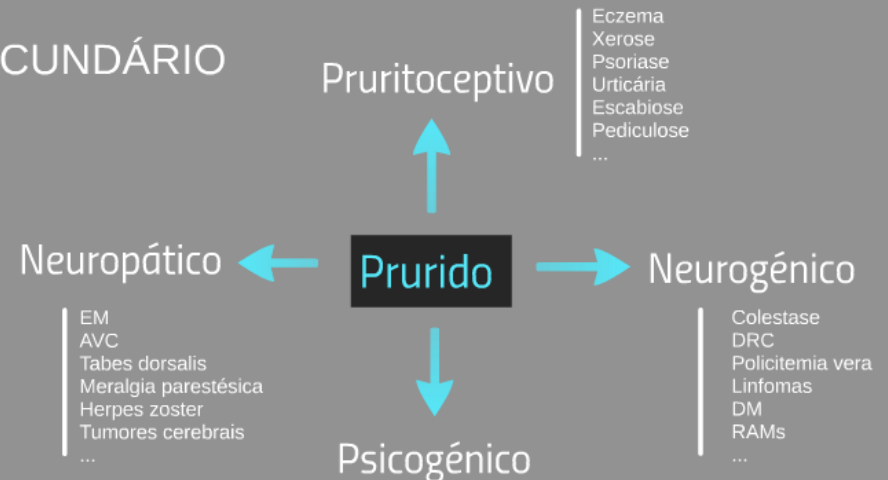
... com treino, pode ser suprimido

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Classificação

IDIOPÁTICO 70%

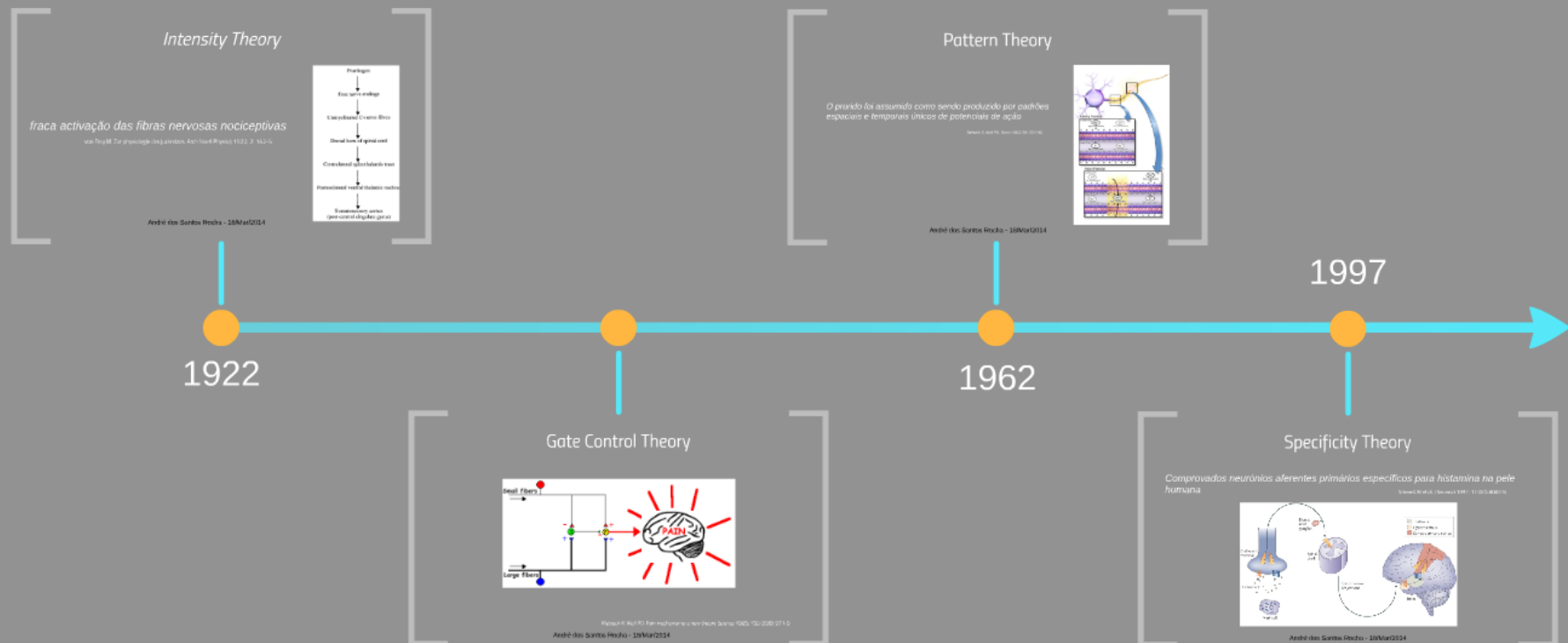
SECUNDÁRIO



Greaves, M. Itch in systemic disease: therapeutic options. Dermatologic therapy vol18, 2005, 323-327

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Neurofisiologia do Prurido

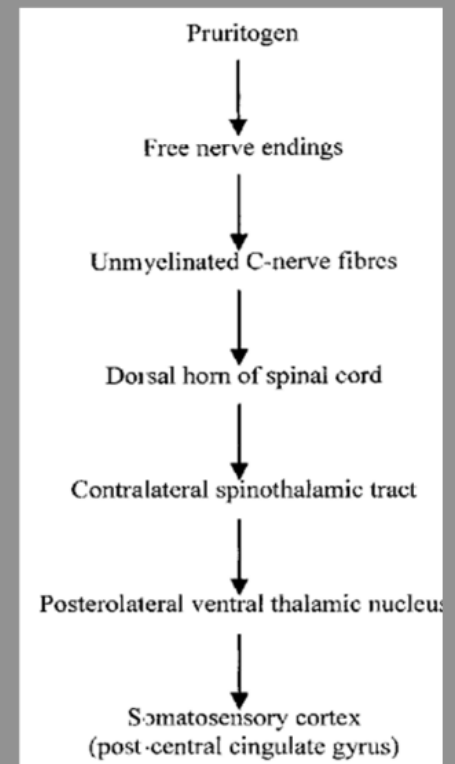


Intensity Theory

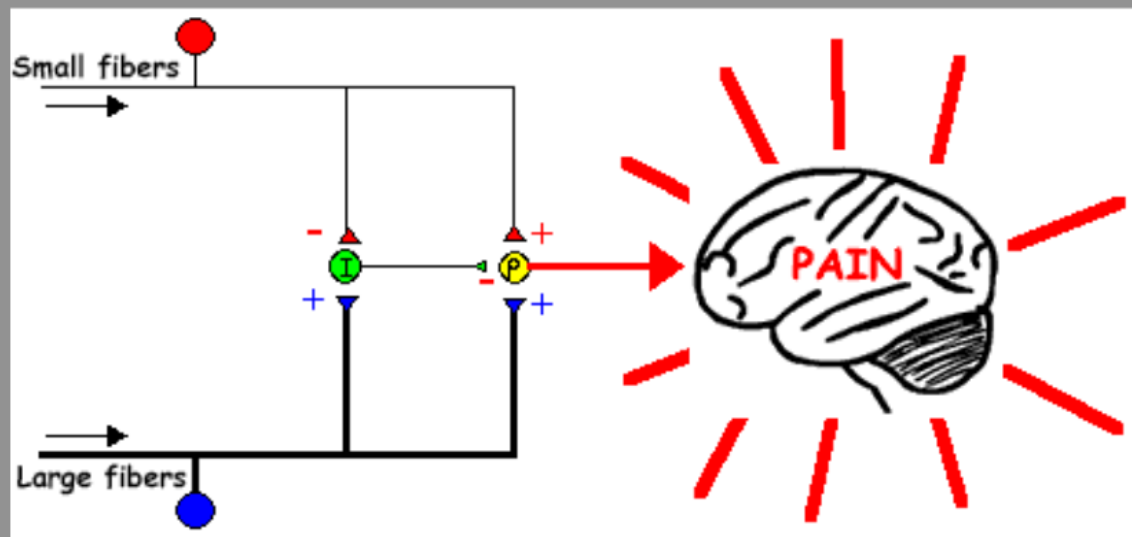
fraca activação das fibras nervosas nociceptivas

von Frey M. Zur physiologie des juckreizes. Arch Neerl Physiol; 1922; 7: 142-5

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Gate Control Theory



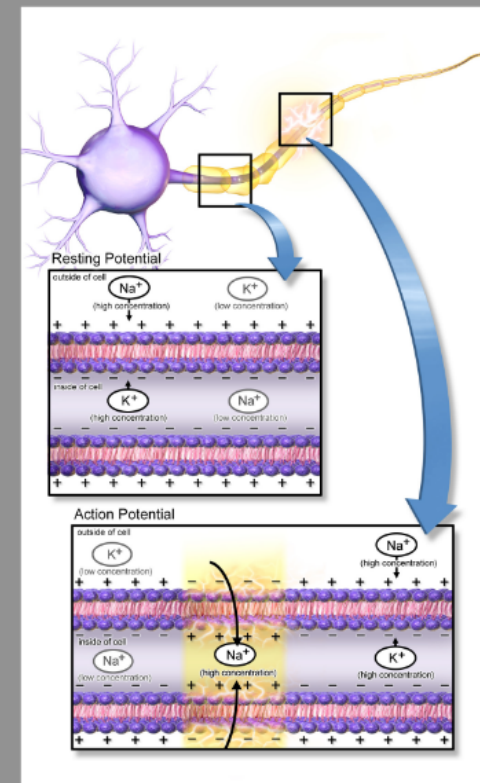
Melzack R, Wall PD. Pain mechanisms: a new theory. *Science* 1965; 150 (699): 971-9

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Pattern Theory

O prurido foi assumido como sendo produzido por padrões espaciais e temporais únicos de potenciais de ação

Melzack R, Wall PD. Brain 1962; 85: 331-56

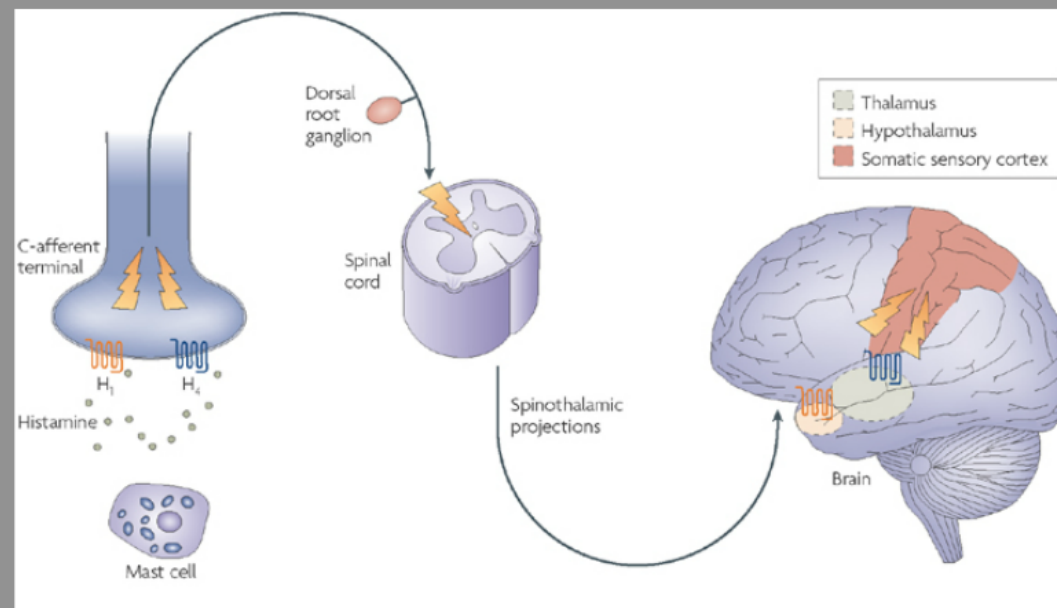


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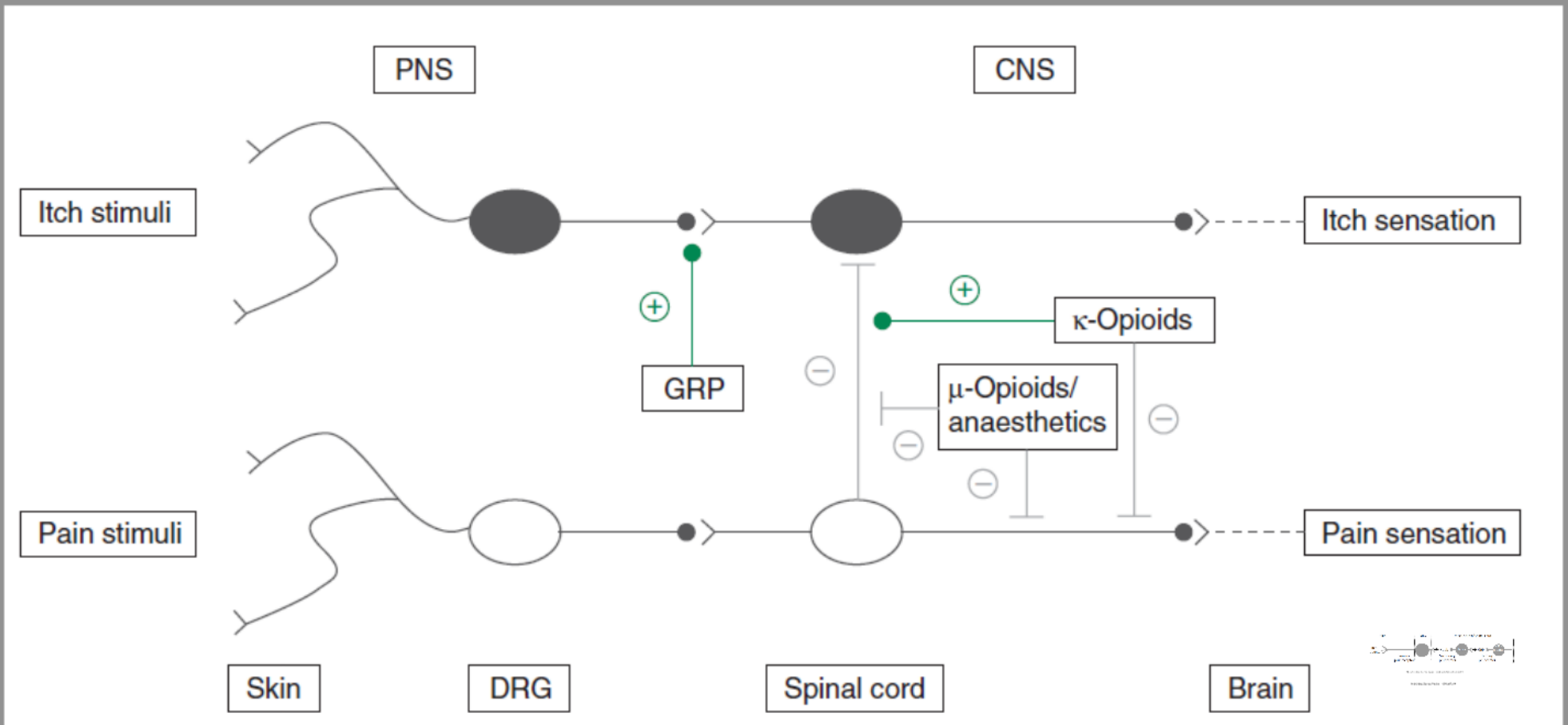
Specificity Theory

Comprovados neurónios aferentes primários específicos para histamina na pele humana

Schmelz M et al. J Neurosci 1997; 17 (20): 8003-8



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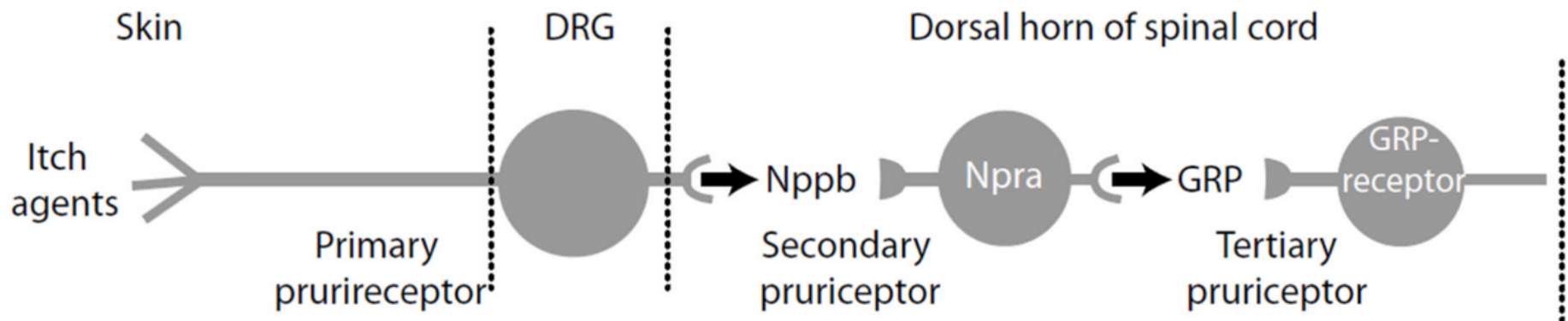


Kermer, A. ; Pathogenesis and treatment of Pruritus in Cholestasis. Drugs 2008; 68 (15): 2163-2182

Factores PSICOLÓGICOS também influenciam o prurido na ausência de doença psiquiátrica...

... com distração, o prurido pode ser esquecido

... com treino, pode ser suprimido



Mishra, S. ; The cells and circuitry for itch responses in mice. Science 2013 May 24; 340 (6135): 968-971

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Classificação

IDIOPÁTICO

70%

SECUNDÁRIO

Pruritoceptivo

Eczema
Xerose
Psoríase
Urticária
Escabiose
Pediculose
...

Neuropático

Prurido

Neurogénico

EM
AVC
Tabes dorsalis
Meralgia parestésica
Herpes zoster
Tumores cerebrais
...

Colestase
DRC
Policitemia vera
Linfomas
DM
RAMs
...

Psicogénico

Prurido Cutâneo

'pruriceptivo'

Caso Clínico

Homem, 30A, queixa-se de prurido difuso e intenso. Reporta que a sua namorada tem o mesmo tipo de prurido.

O exame físico da pele revelou lesões interdigitais, com pequenas pápulas, vesículas e escoriações das mãos. Revelou também nódulos duros na genitália.

Qual a abordagem?



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Escabiose

Natureza da Infecção



Transmissão



Diagnóstico



Tratamento

Medicamento	Indicação	Contra-indicações	Precauções	Observações
Permetrina	Tratamento de primeira linha	Gravidez, lactação	Evitar contato com olhos	Aplicar uma vez
Ivermectina	Tratamento alternativo	Gravidez, lactação	Evitar contato com olhos	Aplicar duas vezes

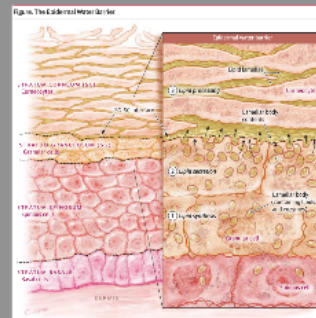
Controlo de Infecção



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Prurido Senil

>50% dos idosos apresentam xerose



Box 2. Xerosis: Basic Principles of Management

1. Restrict soap to axilla, groin, scalp, and soles.
2. Perform less frequent (less than once per day) bathing with warm, not hot, bath or shower water.
3. Avoid topical alcohol (astringents) and high-concentration lactic acid (>5%).
4. Apply petrolatum or petrolatum-containing moisturizer (cream or ointment, not lotion) immediately after bathing.

Caso Clínico

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Qual a abordagem?



Escabiose

Natureza da Infecção

> áreas urbanas

> inverno

Sarcoptes scabiei hominis

5 a 15 parasitas femeas

3-6 semanas



Fig. 1.1. Adult female Sarcoptes.
The mite, seen from above, is oval-shaped, 0.4 mm long by 0.3 mm wide. It has four pairs of short legs. It is covered with granules, and its body is covered with a thin layer of cuticle. It is shown here in a 100x magnification.

Chowdhry, O. J. *Scabies*. N Engl J Med 2006; 354: 1719-27
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Transmissão

Rastejam a 2.5cm/min

Sobrevivem 24-36h a Tª ambiente

Contacto cutâneo +++ (roupa, superfícies...)



Chowdhry, O. J. *Scabies*. N Engl J Med 2006; 354: 1719-27
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Diagnóstico

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Diagnóstico Definitivo

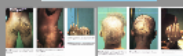
Visualização direta:
- parasita
- ovos
- fragmentos

Biópsia



Fig. 1.2. Sarcoptes in a burrow. The mite is seen in a burrow, with its legs and body clearly visible.

Fig. 1.3. Sarcoptes in a burrow. The mite is seen in a burrow, with its legs and body clearly visible.



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História clínica

- prurido intenso e generalizado
- piora à noite

Exame físico

- 'túneis' em regiões preferenciais
- interdigitais
- face flexora dos punhos
- cotovelos

- nódulos
- axilas
- genitalia



Chowdhry, O. J. *Scabies*. N Engl J Med 2006; 354: 1719-27

Tratamento

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Table 3. Current Treatments for Scabies.*

Generic Drug Name	FDA Approval for Treatment of Scabies	Dose	PDU (Pregnancy Category)	Major Side Effects or Contraindications	Comments
Permethrin	Yes	5% Cream, washed off after 8-14h†	B	Itching and stinging on application; may be useful in infants and nursing mothers	First-line topical therapy in the United States, a second-line treatment. Use after the first failure with a body or non-body treatment. Itching is usually a mild adverse effect of scabies.
Malathion	No	10% lotion or cream, washed off after 24h	B	Itching, muscle cramps, weakness, or respiratory distress	Second-line topical therapy in the United States and some parts of Europe.
Benzyl benzoate	No	10% or 25% lotion, washed off after 12h-24h or other regimens pending	None	Itching and stinging when applied to untreated skin; possible cutaneous allergy, anaphylactic reaction post-treatment	Not currently available in the United States; approved in Europe.
Abletin	No	0.05% Aerosol, washed off after 12 h	Should be H†	Not for use in patients with asthma	Not currently available in the United States; approved in Europe.
Deltamethrin	No	10% Cream applied to the body for 24h, or as an aerosol for 10-15 min	C	None	Not very effective when used on scabies nodules in children.
Propylthiouracil	No	3.4% Lotion or 5%, 10%, or 40% in petroleum jelly applied for 24 h and then washed off every 24 h for 2-3 days (with a wash daily between each application)	None	None	Often used in children under 2 years of age and pregnant and breast-feeding women. Limited data to support efficacy and safety.
Oral treatments	No	Single dose of 1200 mg/kg of body weight (some countries available as long tablets); 2 mg/kg repeated 14 days later	C	None; risk of death for elderly patients not confirmed	Approved in France, the Netherlands, and Monaco, but may not be available in all countries. Some countries may require a prescription for use in elderly and pregnant patients.

Chowdhry, O. J. *Scabies*. N Engl J Med 2006; 354: 1719-27

Controlo de Infecção

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tratamento a contactos *prolongados*
co-habitantes e contactos sexuais



Escabiose Norueguesa



• Lavagem da roupa a 60°C e secagem à máquina

• Inseticidas

• Isolamento materiais 48-72h

Chowdhry, O. J. *Scabies*. N Engl J Med 2006; 354: 1719-27

Natureza da Infecção

> áreas urbanas

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Sarcoptes scabiei hominis

5 a 15 parasitas femeas

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Figure 1. Adult Gravid Scabies Mite.

This mite was seen on direct examination of skin scrapings. The female mite dissolves the stratum corneum of the epidermis with proteolytic secretions and burrows downward. It is translucent, with brown legs; is 0.2 to 0.5 mm long; and is usually too small to see with the naked eye.

Transmissão

Rastejam a 2.5cm/min

Sobrevivem 24-36h a Tª ambiente

Contacto cutâneo +++ (roupa, superfícies...)



Chosidow, O. ; Scabies. N Eng J Med 2006; 354: 1718-27

Wellcome Images

Diagnóstico

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Diagnóstico Definitivo

História clínica

- prurido intenso e generalizado
- piora à noite

Exame físico

- 'túneis' em regiões preferenciais
 - interdigitais
 - face flexora dos punhos
 - cotovelos
- nódulos
 - axilas
 - genitalia

Visualização direta:

- parasita
- ovos
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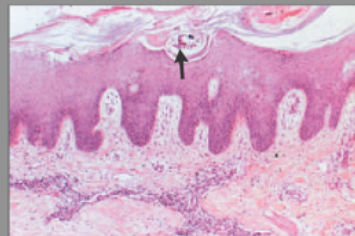
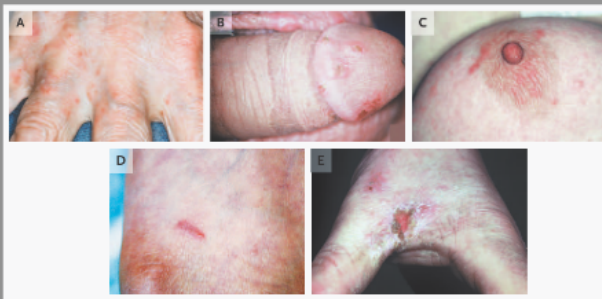


Figure 4. Adult *Sarcoptes scabiei* in its Burrow (Arrow) at the Upper Part of an Acanthotic Epidermis (Hematoxylin and Eosin).



La gale croûteuse (norvégienne) à Dakar (Sénégal)

Bassirou Ndiaye, Michel Develoux, Mame Tierno Dieng



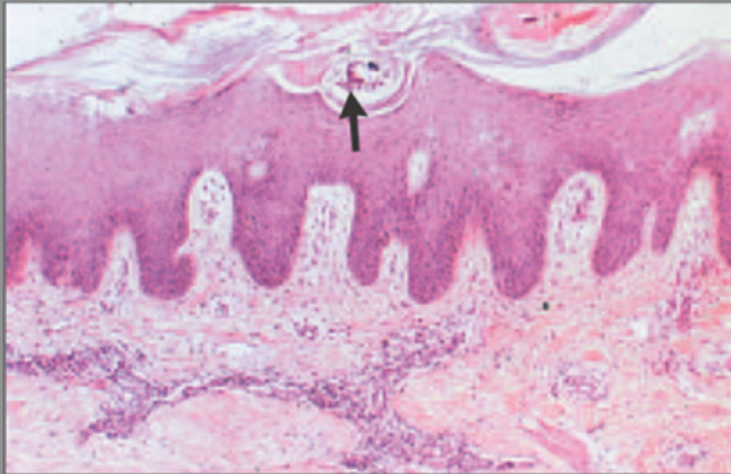


Figure 4. Adult *Sarcoptes scabiei* in Its Burrow (Arrow) at the Upper Part of an Acanthotic Epidermis (Hematoxylin and Eosin).



La gale croûteuse (norvégienne) à Dakar (Sénégal)

Bassirou Ndiaye, Michel Develoux, Mame Tierno Dieng



Photo 1. Grandes plaques hyperkératosiques des fesses et des cuisses chez un patient immunocompétent.



Photo 2. Plaques hyperkératosiques et pigmentées des flancs.



Photo 3. Hyperkératose des mains et des doigts chez un vagabond ayant une gale croûteuse diffuse.



Photo 4. Atteinte du cuir chevelu (alopécie squameuse diffuse) chez une femme ayant un lupus systémique. Une tignine y est associée.



Photo 5. Squames adhérentes et diffuses du cuir chevelu chez un homme infecté par le VIH.



Photo 6. Diffuse, adhérent scales on the scalp of an HIV infected man.

Photo 7. Pachyonychia chez une fillette de 5 ans souffrant de malnutrition.

Tratamento

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Table 2. Current Treatments for Scabies.*

Generic Drug Name	FDA Approval for Treatment of Scabies	Dose	FDA Pregnancy Category†	Major Side Effects or Contraindications	Comments
Topical treatment‡					
<u>Permethrin§</u>	Yes	5% Cream, rinsed off after 8–14 hr	B	Itching and stinging on application; may be used in infants and nursing mothers	First-line topical therapy in the United States; a second administration 1 wk after the first often routinely prescribed; treatment failure potentially attributable to incorrect application or a failure to treat all contacts
Lindane	Yes	1% Lotion or cream, rinsed off after 8 hr	B	Seizures, muscle spasms, aplastic anemia; not for use in infants or pregnant or breast-feeding women	Second- or third-line topical therapy; available by prescription in the United States and some parts of Europe
<u>Benzyl benzoate¶</u>	No	10% or 25% Lotion, rinsed off after 24 hr (several other regimens possible)	None	Burning and stinging when applied to excoriated skin, pruritic cutaneous xerosis, or eczematous lesions post-treatment	Not currently available in the United States; approved in Europe
Allethrin	No	0.6% Aerosol, rinsed off after 12 hr	Should be B	Not for use in patients with asthma	Not currently available in the United States; approved in Europe
Crotamiton	Yes	10% Cream applied to the nodules for 24 hr, rinsed off, and then reapplied for an additional 24 hr	C	None	Not very effective; often used on scabies nodules in children
Precipitated sulfur	No	3–6% Lotion or 5%, 10%, or 40% in petrolatum applied for 24 hr and then reapplied every 24 hr for the next 2 days (with a bath taken between each application)	None	None	Often used in children under 2 mo of age and pregnant and breast-feeding women; limited data to support efficacy and safety
Oral treatment					
Ivermectin**	No	Single dose of 200 µg/kg of body weight (commercially available as 3-mg tablets); 2nd dose recommended 14 days later	C	Excess risk of death for elderly patients not confirmed	Approved in France, the Netherlands, and Mexico; cost may vary widely and could be a limitation for use; post-marketing surveillance of various age groups (e.g., children and the elderly) and large populations needed

Controlo de Infeção

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tratamento a contactos *prolongados*
co-habitantes e contactos sexuais



Escabiose Norueguesa



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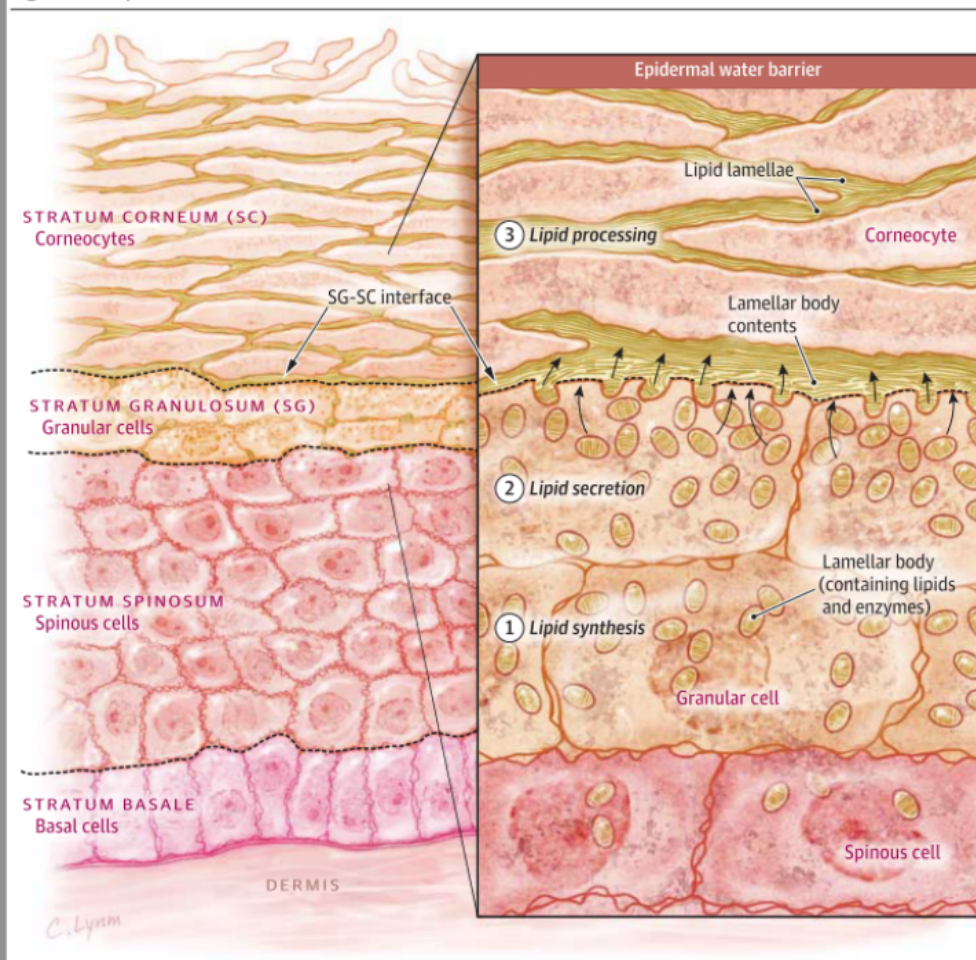
Qual a abordagem?



Prurido Senil

>50% dos idosos apresentam xerose

Figure. The Epidermal Water Barrier



Box 2. Xerosis: Basic Principles of Management

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4. Apply petrolatum or petrolatum-containing moisturizer (cream or ointment, not lotion) immediately after bathing.

Prurido Neuropático

Lesão primária ou disfunção ao longo da via aferente do SN

- 1) distribuição por dermatômos
- 2) deficits neurológicos associados



Nevralgia pos-herpética

Prurido Braquio-radial

Notalgia parestética

Quiralgia parestética

Quelóides

Queimaduras

Tumores SNC

AVC

Esclerose Múltipla

D. Creutzfeldt-Jakob

Tratamento

Medicamento	Dose
Pregabalina	75-150mg/dia
Gabapentina	400-600mg/dia

Pregabalina
75-150mg/dia

Gabapentina
400-600mg/dia

Tratamento

Central neuropathic itch

Multiple sclerosis

Spinal tumors

Phantom itch

Peripheral neuropathic itch

Post herpetic neuralgia

Brachioradial pruritus

Notalgia paresthetica

Trigeminal trophic syndrome

Carbamazepine, gabapentin

Lidocaine patch, EMLA cream, gabapentin

Regional and intrathecal nerve blocks

Gabapentin, pregablin, carbamazepine, IV anesthetics,
topical capsaicin

Gabapentin, pregablin, carbamazepine, topical
capsaicin topical 1% menthol

Gabapentin, botulism toxin A, EMLA cream, paravertebral nerve blocks,
phenytoin, cervical epidural steroid injection, topical capsaicin

Carbamazepine, gabapentin, pregablin

Pregabalina

75-150mg 3x/d

Gabapentina

400-600mg 3x/d

Prurido Psicogénico

Diagnóstico de exclusão: desejo de coçar pele normal

1) Perturbações Psiquiátricas

2) tentativas de expremar os parasitas / *matchbox sign*



30-45A

Depressão

POC

Ansiedade

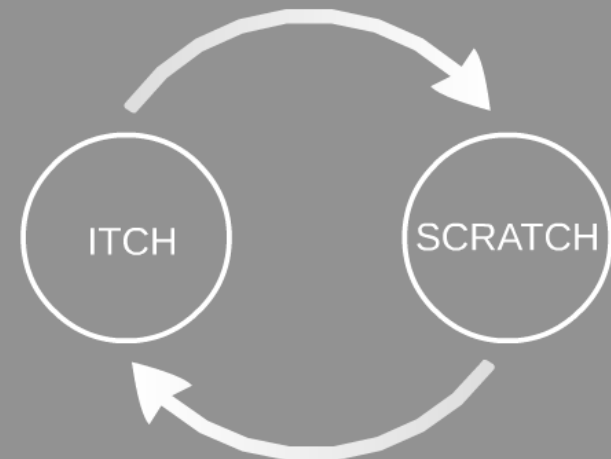
Perturbações somatoformes

Mania

Psicoses

Abusos de substâncias

Delírio de parasitose



Tratamento

Paroxetina é um medicamento utilizado para tratar a depressão, o transtorno de pânico, o transtorno de ansiedade generalizada, o transtorno de estresse pós-traumático, o transtorno obsessivo-compulsivo, o transtorno de personalidade borderline, o transtorno de identidade de gênero, o transtorno de personalidade narcisista, o transtorno de personalidade esquizoide, o transtorno de personalidade psicopática, o transtorno de personalidade borderline, o transtorno de personalidade narcisista, o transtorno de personalidade esquizoide, o transtorno de personalidade psicopática.

Paroxetina
5-20 mg

Mirtazapina
15mg

Yosipovitch, G.; Neuropathic and Psychogenic itch; Dermatologic Therapy, vol. 21, 2008, 32-41

André dos Santos Rocha - 18/Mar/2014

Medicamento registrado no Ministério da Saúde - ANVISA - 10/08/2014
André dos Santos Rocha - 18/Mar/2014

Tratamento

Psychogenic itch

Depression

Obsessive compulsive disorders

Delusions of parasitosis

SSNRIs, SSRIs, TCAs, doxepin, psychotherapy

SSNRIs, SSRIs, TCAs, behavioral therapy

Antipsychotics, e.g., pimozide, risperidone, olanzapine, quetiapine

Paroxetina

5-20 mg

Mirtazapina

15mg

Prurido Sistémico

'neurogénico'

Etiologia

- Obstrução hepato-biliar
- DRC
- Doença tiroideia
- Cancro
- Opióides
- RAMs
- HIV



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Fisiopatologia

Colestase

- palmas e plantas
- produção hepática de opióides

Uremia

Dry skin
Cytokines
Mast cell proliferation
Increased skin vitamin A
Secondary hyperparathyroidism
Altered balance between mu- and kappa-opioid receptors
Increased release of substance P
Increased skin divalent ions (Ca^{2+} , Mg^{2+} , PO_4^{2-})

HIV

- PGE2
- Hipereosinofilia
- Neuropatia periférica

Tejedor, R.; Itch: scratching more than the surface. Q J Med 2003; 96:7-26

Cancro

Histamine release from basophils
Eosinophilia
Immune reaction

Prurido localizado:

- **Próstata** - prurido escrotal
- **SNC** - prurido narinas
- **Cervix** - prurido vulvar
- **CCR** - prurido perianal

Opióides

1% opióide oral

10-90% opióide raquidiano

Naloxona

Ondansetron

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História Clínica

History
Periodicity
day or night
intermittent or continuous
Nature
burning
pricking
insects crawling
Location
scapula/subscapula (notalgia parasethetica)
palms of hand and soles of feet (cholestatic)
Provoking factors
activity/exercise
cold
sunlight
water
Medications
opioids
hypersensitivity reactions
Atopic history
subclinical eczema
Travel history
parasitic infections
Examination
Dry skin?
scabies?
Icteric conjunctivae?
Loss of weight?
Mental status?

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Tejedor, R.; Itch: scratching more than the surface. Q J Med 2003; 96:7-26

MCDTs

Laboratory
full blood count and if anaemic:
plasma iron
total iron binding capacity (transferin)
plasma ferritin concentration
Sedimentation rate (ESR)
Plasma creatinine
Biochemical liver tests
total and direct bilirubin
alkaline phosphatase
gamma-glutamyl transpeptidase
aspartate and alanine transaminases
fasting total plasma bile acids
Thyroid function (T_4 , TSH)
Plasma glucose (fasting)
Faecal analysis for parasitic ova
Other investigations
Chest radiograph
Abdominal ultrasound (Symphoma)
Skin biopsy

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Tejedor, R.; Itch: scratching more than the surface. Q J Med 2003; 96:7-26

Etiologia

- Obstrução hepato-biliar
- DRC
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- HIV



Fisiopatologia

Colestase

- palmas e plantas
- produção hepática de opióides

Uremia

Dry skin
Cytokines
Mast cell proliferation
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Histamine release from basophils
Eosinophilia
Immune reaction

Prurido localizado:

- **Próstata** - prurido escrotal
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- **CCR** - prurido perianal

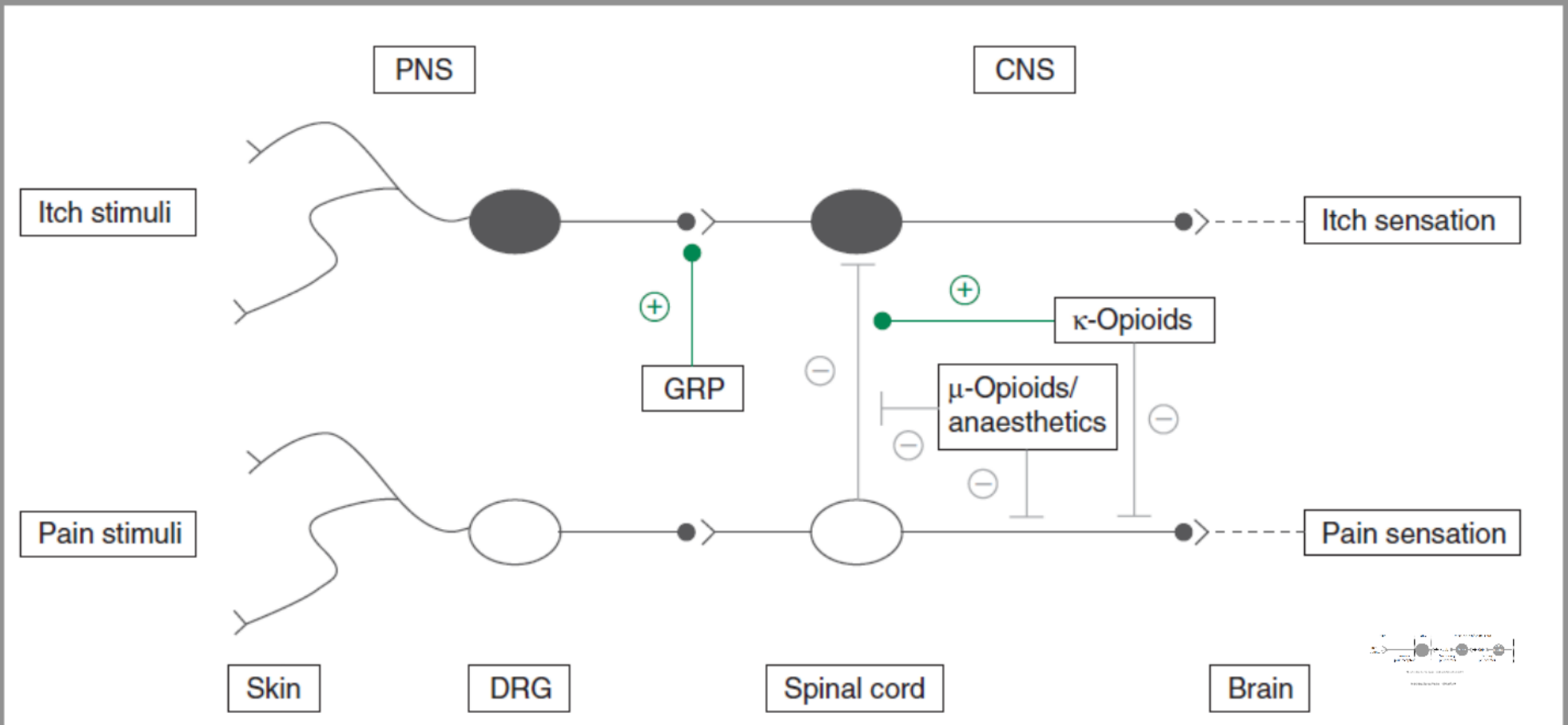
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Ondansetron



Kermer, A. ; Pathogenesis and treatment of Pruritus in Cholestasis. Drugs 2008; 68 (15): 2163-2182

Factores PSICOLÓGICOS também influenciam o prurido na ausência de doença psiquiátrica...

... com distração, o prurido pode ser esquecido

... com treino, pode ser suprimido

História Clínica

History

Periodicity

- day or night
- intermittent or continuous

Nature

- burning
- pricking
- insects crawling

Location

- scapula/subscapula (notalgia paraesthetica)
- palms of hand and soles of feet (cholestasis)

Provoking factors

- activity/exercise
- cold
- sunlight
- water

Medications

- opioids
- hypersensitivity reactions

Atopic history

- subclinical eczema

Travel history

- parasitic infections

Examination

Dry skin?

Scabies?

Icteric conjunctivae?

Loss of weight?

Mental status?

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MCDTs

Laboratory

Full blood count and if anaemic:

- plasma iron

- total iron binding capacity (transferrin)

- plasma ferritin concentration

Sedimentation Rate (ESR)

Plasma creatinine

Biochemical liver tests

- total and direct bilirubin

- alkaline phosphatase

- gamma-glutamyl transpeptidase

- aspartate and alanine transferases

- fasting total plasma bile acids

Thyroid function (T₄, TSH)

Plasma glucose (fasting)

Faecal analysis for parasitic ova

Other investigations

Chest radiograph

Abdominal ultrasound (?lymphoma)

Skin biopsy

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Prurido em Medicina Interna

Caso Clínico

André dos Santos Rocha - 18/Mar/2014

CBTR, sexo feminino, 75A

DRC 5D em hemodiálise 3x/sem

Durante as últimas semanas a função renal agravou consideravelmente. A doente tem tido prurido ligeiro desde há muito tempo mas teve agravamento recente, tornando-se difuso, intenso, exasperante e condicionando insónia.



Anti-histamínicos sem resultados.

descontinuar anti-H1

Prurido Senil

Naltrexona 50mg

Paroxetina 5mg

Secorecchia, D. Pruritus in palliative care - Getting up to scratch. Le médecin de famille canadien. Vol. 57 Sept 2011

Abordagem ao Prurido

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• 'Correct the correctable'

Terapia não farmacológica

- keeping cool
- UVB

Agentes tópicos

- Mentol, Crotamiton, Difenhidramina, lidocaína, Capsaicina

Agentes sistémicos

Cetirizina

Cirretidina

Amitriptilina

Paroxetina

Mirtazapina

Ondansetron

Naltrexona

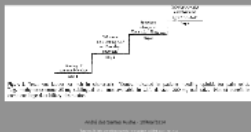


Cuidados Paliativos!

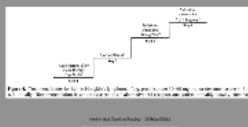
Terpstra, R. Itch scratching more than the surface. Q J Med 2003; 96:7-26

Síndromes Clínicas

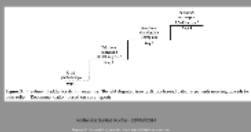
Colestase



D. Hematológicas



Uremia



Tumores Sólidos

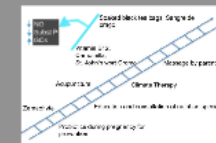
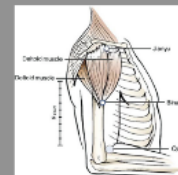


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Medicina Alternativa e Complementar

"Intractable itch deserves the same degree of attention as pain"

Acupuntura



Ventosaoterapia



Mecanismos:

- Redução activação basofílica
- Modulação cerebral (ínsula, putamen)
- Modulação NTs e hormonas
 - B-endorfina
 - ACTH
 - somatostatina

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Psob, F. Complementary integrative approach for treating pruritus. Dermatologic Therapy vol. 26, 2013, 149-156

Caso Clínico

André dos Santos Rocha - 18/Mar/2014

CBTR, sexo feminino, 75A

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Ondansetron

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Cuidados Paliativos!



Síndromes Clínicas

Coolestase

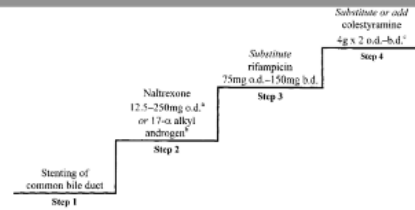


Figure 2. Treatment ladder for itch in cholestasis. ^aContra-indicated in patients needing opioids for pain relief. ^be.g. methyltestosterone 25 mg sublingual o.d. (not available in UK), danazol 200 mg o.d.-t.d.s. ^cNot of benefit in complete large duct biliary obstruction.

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Twycross, R., Itch: scratching more than the surface. *Q J Med* 2003; 96: 7-26

D. Hematológicas

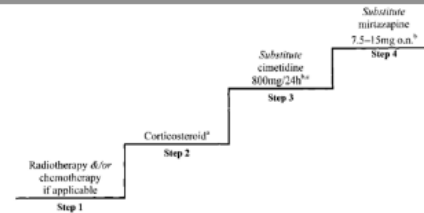


Figure 4. Treatment ladder for itch in Hodgkin's lymphoma. ^ae.g. prednisolone 30-60 mg o.d. or dexamethasone 4-8 mg o.d. initially. ^bRecommendation based on case reports; ^c alternative H2-receptor antagonists probably equally effective.

André dos Santos Rocha - 18/Mar/2014

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Uremia

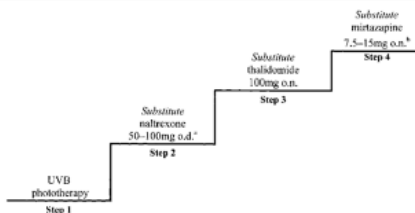


Figure 3. Treatment ladder for itch in uraemia. ^aBenefit disputed (see text); contra-indicated in patients needing opioids for pain relief. ^bRecommendation based on case reports.

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Tumores Sólidos

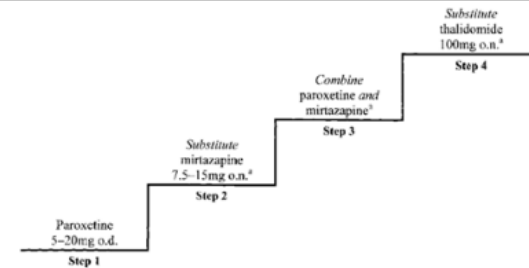
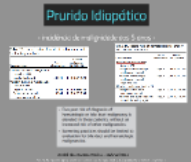


Figure 5. Treatment ladder for paraneoplastic itch. ^aRecommendation based on case reports.

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Twycross, R., Itch: scratching more than the surface. *Q J Med* 2003; 96: 7-26



Colestase

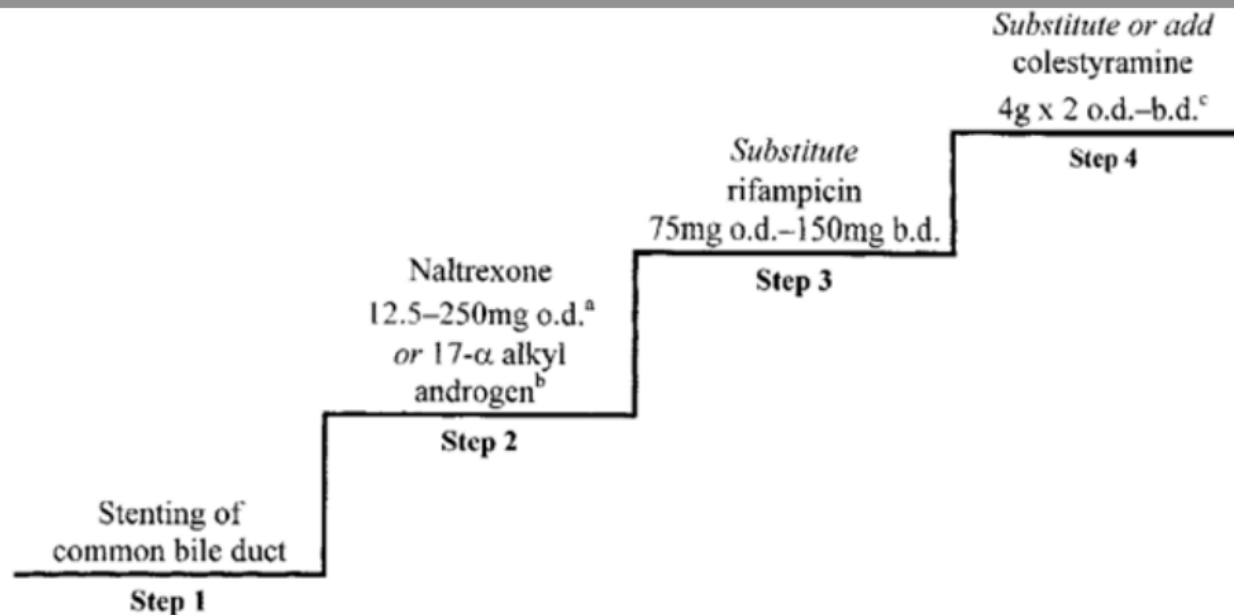


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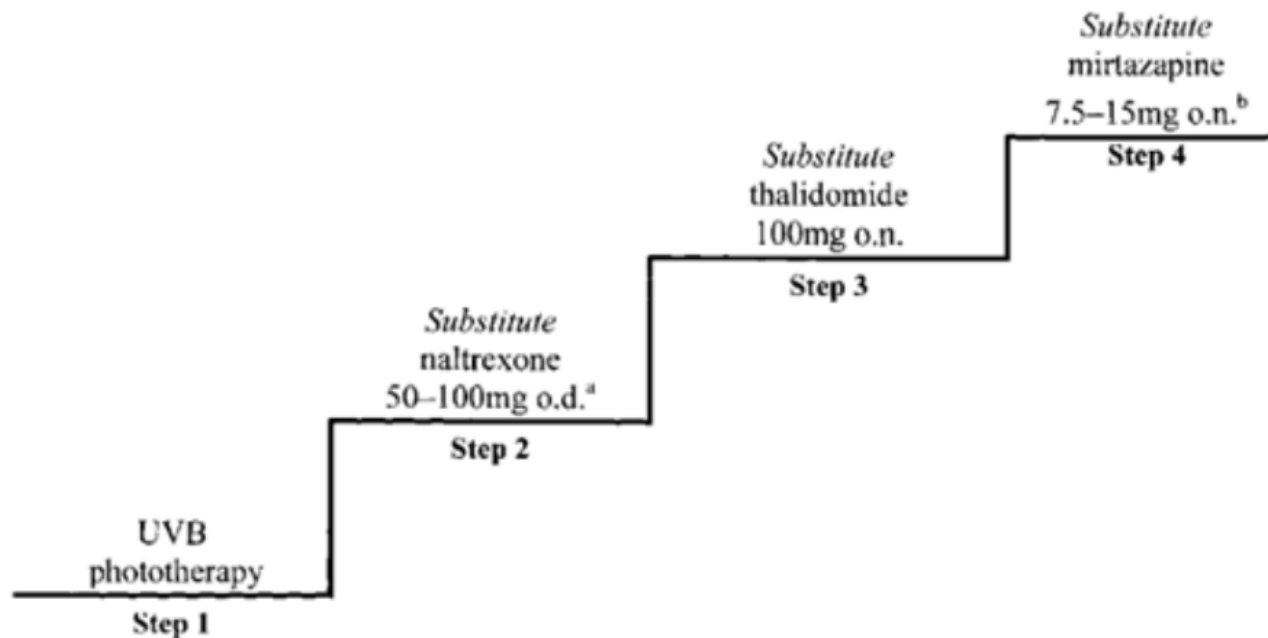


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D. Hematológicas

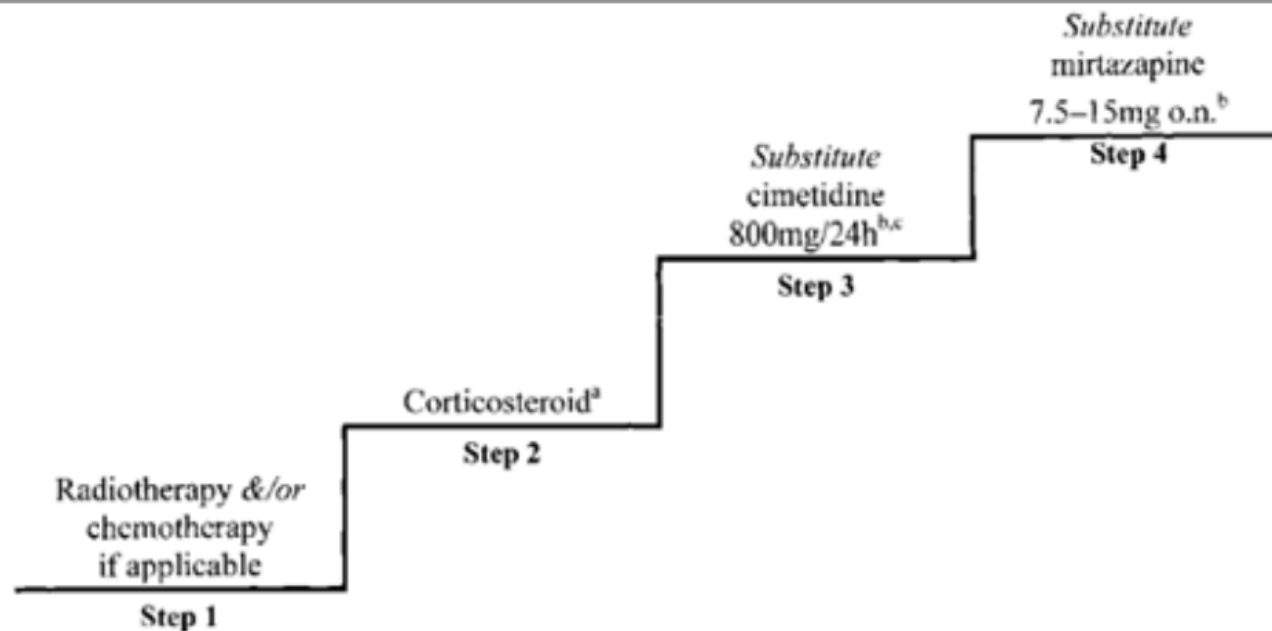


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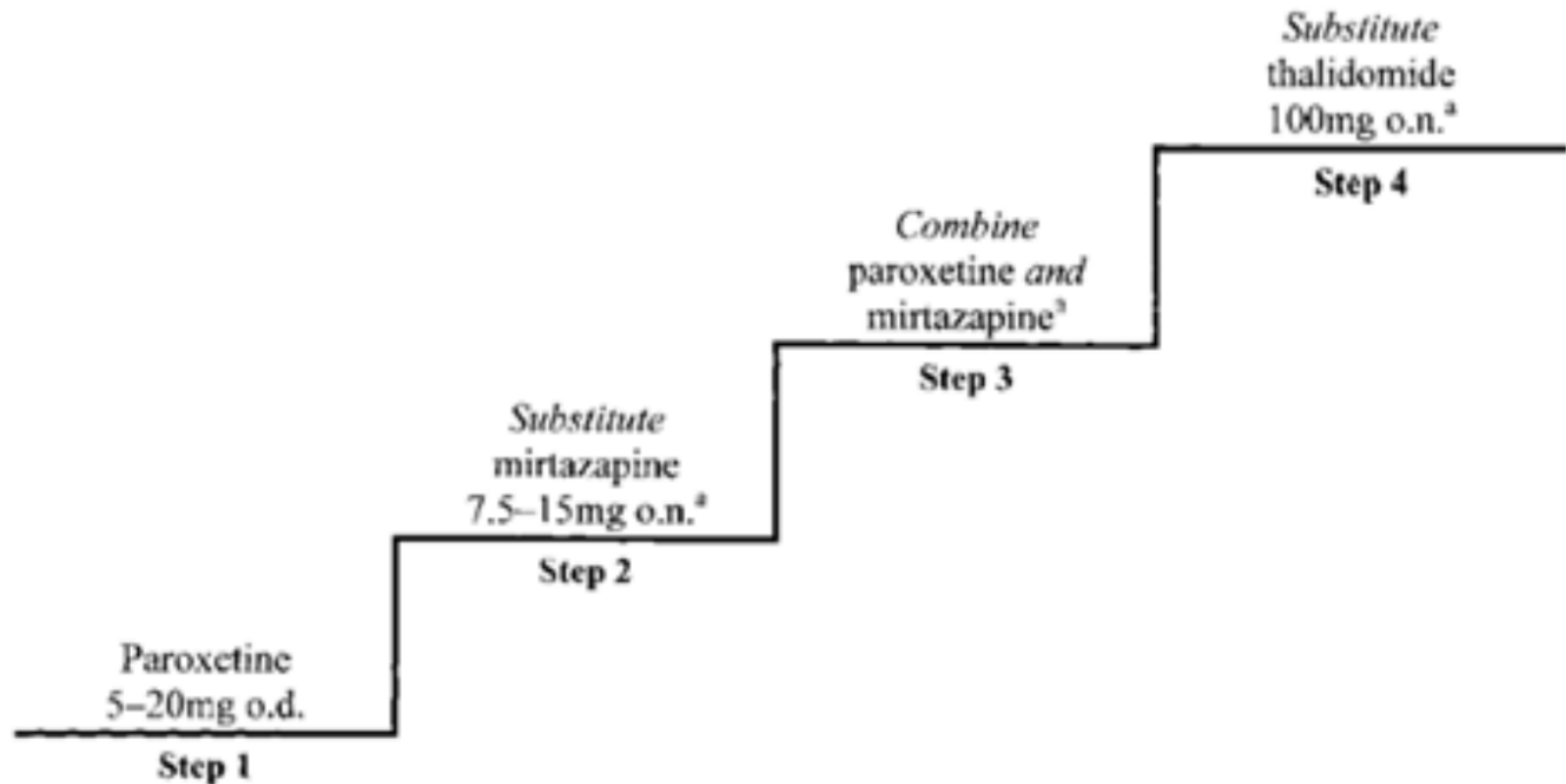


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Prurido Idiopático

- incidência de malignidade aos 5 anos -

Table III. Hazard ratio of incident malignancy and exploratory analysis

Characteristics	No. of observations	Incident malignancy, HR (95% CI)
Incident systemic malignancy: total = 1729		
Unadjusted model	40,324	1.10 (0.99-1.23)
Incident systemic malignancy: total = 851		
Original model*	18,365	1.14 (0.98-1.33)
Parsimonious model (sex, age, smoking)	18,365	1.15 (0.99-1.34)

Table IV. Hazard ratio of hematologic malignancy and bile duct carcinoma

Characteristics	No. of observations	Incident HR (95% CI)
<u>Hematologic malignancy:</u>		
total = 174		
Unadjusted hematologic malignancy model	40,324	1.99 (1.46-2.72)
Adjusted hematologic malignancy model (age and sex)	40,324	2.02 (1.48-2.75)
<u>Bile duct carcinoma: total = 20</u>		
Unadjusted bile duct carcinoma model	40,324	3.67 (1.53-8.83)
Adjusted bile duct carcinoma model (including age)	40,324	3.73 (1.55-8.97)

- Five-year risk of diagnosis of hematologic or bile duct malignancy is elevated in these patients, without an increased risk of other malignancies.
- Screening practices should be limited to evaluation for bile duct and hematologic malignancies.

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Caso Clínico

André dos Santos Rocha - 18/Mar/2014

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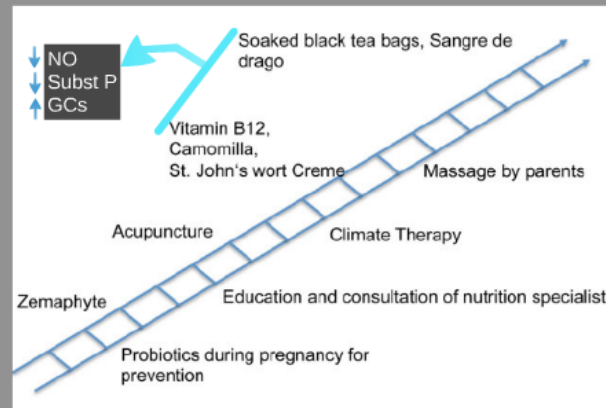
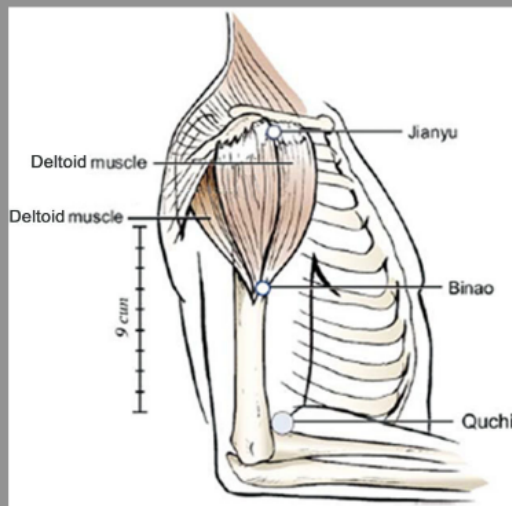
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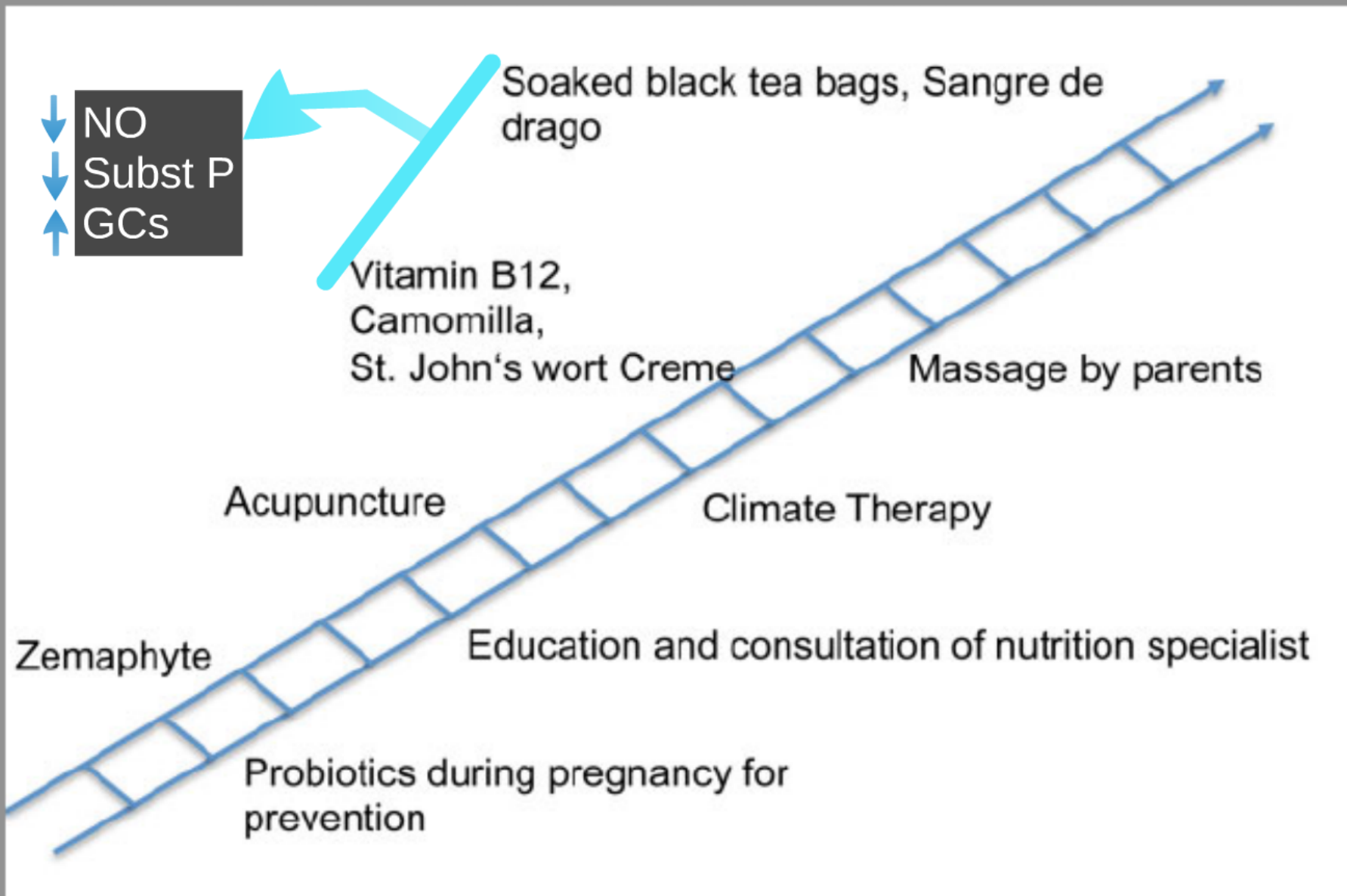
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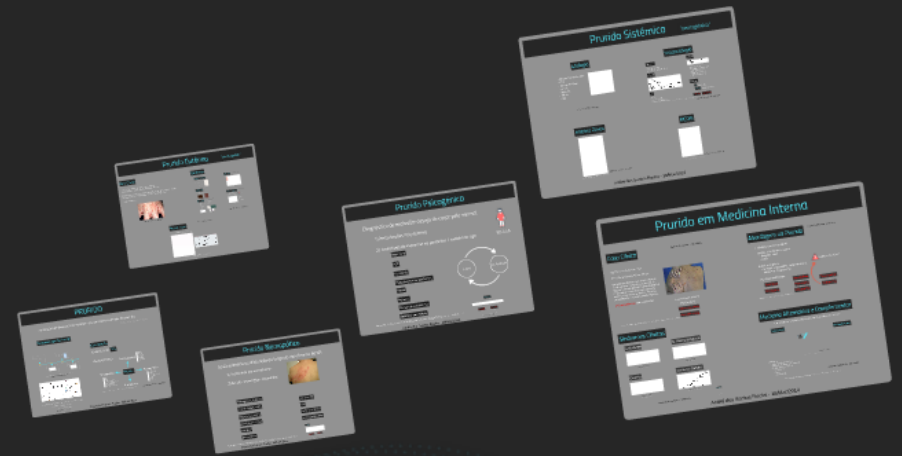
Hospital Prof Doutor Fernando da Fonseca, EPE

Serviço de Medicina III - Dr Nuno Bragança

Orientadora - Dr^a Teresa Cruz

PRURIDO em Medicina Interna

...Scratching more than the surface



André dos Santos Rocha

18 Mar 2014