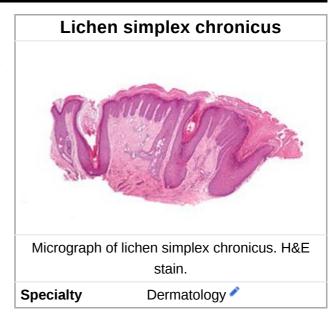
# Lichen simplex chronicus

**Lichen simplex chronicus** (**LSC**) (also known as **neurodermatitis**<sup>[1]</sup>) is a <u>skin</u> disorder characterized by chronic <u>itching</u> and <u>scratching</u>. The constant scratching causes thick, leathery, darkened, (<u>lichenified</u>) skin. This condition is associated with many factors, including the scratch-itch cycle, psychological stressors, and <u>atopy</u>. LSC is more common between ages 35 and 50 and is seen approximately twice as often in women compared to men. [3]



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# Signs and symptoms

People burdened with LSC report <u>pruritus</u>, followed by uncontrollable scratching of the same body region, excessively.<sup>[2]</sup> Most common sites of LSC are the sides of the neck, the scalp, ankles, vulva, pubis, scrotum, and extensor sides of the forearms.<sup>[3]</sup> However, due to the <u>stigma</u> associated with chronic scratching, some patients will not admit to chronic rubbing or abrasion. The skin may become thickened and hyperpigmented (<u>lichenified</u>) as a direct result of chronic excoriation.<sup>[3]</sup> Typically this period of increased scratching is associated with stressors.

#### **Causes**

This is a skin disorder characterized by a self-perpetuating scratch-itch cycle: [4]

- It may begin with something that rubs, irritates, or scratches the skin, such as clothing.
- This causes the person to rub or scratch the affected area. Constant scratching causes the skin to thicken.
- The thickened skin itches, causing more scratching, causing more thickening.
- Affected area may spread rapidly through the rest of the body.

Many hypothesize LSC has a psychosomatic origin.<sup>[3]</sup> Those predisposed to itch as a response to emotional tensions may be more susceptible to the itch-scratch cycle. It may also be associated with nervousness, anxiety, depression, and other psychological disorders.<sup>[5][6]</sup> Many people with LSC are aware of the scratching they do during the day, but they might not be aware of the scratching they do in their sleep.<sup>[2]</sup> LSC is also associated with atopy, or atopic dermatitis (eczema) and an increase of histamine levels.<sup>[2]</sup>

# **Diagnosis**

LSC is typically diagnosed by careful observation and history taking.<sup>[3]</sup> It is easily recognized (see *signs and symptoms*, and *gallery*).<sup>[2]</sup> Biopsies are sometimes necessary to confirm the diagnosis and differentiate it from other similar appearing lesions.

#### **Treatment**

Treatment is aimed at reducing itching and minimizing existing lesions because rubbing and scratching exacerbate LSC. The itching and inflammation may be treated with a lotions or <u>steroid</u> cream (such as <u>triamcinolone</u> or <u>Betamethasone</u>) applied to the affected area of the skin.<sup>[7]</sup> Night-time scratching can be reduced with sedatives and antihistamines.<sup>[2]</sup> <u>Doxepin</u> is often prescribed, as it offers both antihistamine properties and is also effective at reducing the (itch scratch cycle) associated with the obsessive <u>psychosomatic</u> behavioral symptoms.

#### Gallery









## See also

- Pruritus
- List of cutaneous conditions

## References

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#### **External links**

Classification	ICD-10: L28.0 (htt D
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	8.0) · ICD-9-CM:
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	98.3) • <b>MeSH</b> :
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	DiseasesDB:
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External	MedlinePlus:

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neplus/ency/article/ 000872.htm) • **eMedicine**: derm/236 (https://e medicine.medscap e.com/derm/236-ov erview)

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