

**COMPLETE ERADICATION OF A LICHEN SIMPLEX CHRONICUS (LSC) LESION IN
A CASE RECASTRANT TO THERAPY WITH A COCKTAIL OF THERAPIES - A
CASE REPORT*****Dr. Kulvinder Kochar Kaur, M. D.**

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Article Received: 13 June 2026

Article Revised: 03 July 2026

Article Published: 01 August 2026

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ABSTRACT

Lichen simplex chronicus delineate's a kind of chronic localized pruritus with a secondary dermatitis, as well as one of the maximum frequent kinds of chronic itch situations, determined to influence greater than 10% of the general population as reviewed earlier. Here we report a case where total resolution of the lesion occurred with a cocktail of targets attacking a plethora of **causative** factors **inclusive of** emollients possessing supplementary therapy, for instance N- palmitoylethanolamine. combination with intralesional steroids, for instance triamcinolone acetonide given 4-5 times, duoxetine, naltrexone along with gabapentin.

KEYWORDS: Lichen simplex chronicus; N- palmitoylethanolamine; intralesional steroids triamcinolone acetonide.**1. INTRODUCTION**

Previously we had reviewed the latest update on etiopathogenesis & management of lichen simplex chronicus (LSC) acknowledged earlier as Neurodermatitis.^[1]

Here we present a case report with recitrant LSC which completely got cured with a combination of targeted therapies.

2. CASE REPORT

A 67 year old patient attended the outdoor patient department of our centre on 24/1/26 with history of substantially robust pruritus on the left hand. Thick lichenified plaques were seen. She gave a history of type 2 diabetes mellitus on empagliflozin 12.5 in combination with Metformin 2(1 gm), linagliptin 5mg bd, hypertension on telmisartan 40mg combination with amlodipine 5mg. General Physical Examination(GPE)

revealed -pulse-98/min, BP-120/84mm Hg, wt-90kg, ht-152m, BMI-39.13Kg/m² in addition to gave a family history of neurodermatitis in her father. Previously for 1-2 yrs she had attempted application of steroid creams, antiscabies medication but nothing worked, only Vaseline (a petroleum jelly was done continuously to keep it moist which aided in imparting some relief from chronic itching. With update on latest therapy application of emollients possessing supplementary therapy, for instance N- palmitoylethanolamine in combination with intralesional steroids, for instance triamcinolone acetonide given 4-5 times as v painful, anticonvulsant (already taking gabapentin for her neck pain), naltrexone alternating with selective serotonin reuptake hampering agents (SSRIs) duoxetine possessed the capacity of eradicating lesion with 3-4 mths persistent therapy aided in total resolution of the lesion.



Figure 1: original lesion with massive lichenified lesion extending till middle finger.



Figure 2: partial resolution after 11/2 mths.



Figure 3: Total Resolution.

3. DISCUSSION AND CONCLUSIONS

Thereby as detailed earlier in update it gets exemplified that etiopathogenesis of LSC is multifactorial as well as not simply due to escalated stress simply but implicates plethora of factor that are inclusive of transient receptor potential vanilloid 1 (TRPV1) as well as ii) ankyrin-1 (TRPA1), were advented to possess a meaningful part in the crosstalk with iii) pruritogens in addition to iv) nociceptive stimuli, along with might be imperative in T-cell modulated IL-31- stimulated itch as well.^[1] TRPA1 serves in the form of the downstream molecule to variable histamine - autonomous, chronic itch pathways. neuroimmune crosstalks via the liberation of i) neurotrophins in addition to ii) neuropeptides from immune cells.^[2] Since simple intralesional steroids, for instance triamcinolone acetonide was v painful patient refused to get a biopsy done. Chronic scratching further possesses the capacity of aggravating epidermal denervation. Hence concomitant tackling all the factors is imperative as observed in this case and ensuring keeping the lesion moist in addition to greater compliance causes escalating probability of reinforcement with medicines, keeping a positive mindset. N- palmitoylethanolamine, Topical ketamine-amitriptylinelidocaine^[4] are newer inventions, while we have. N- palmitoylethanolamine available but not ketamine-amitriptylinelidocaine^[5], but this combo worked excellently including gabapentin, naltrexone and duoxetine.^[5]

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