A case of lichen simplex chronicus in a patient with prolonged hyperphospataemia

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This 48-year-old man first presented to a referring hospital in 1998 with non-specific nephrosclerosis on renal biopsy and focal scars on [99]Tc[m]-dimercaptosuccinic acid scans. His serum creatinine was 279 μmol/l. His care was transferred to the Royal London Hospital in February 2004 at which time his serum creatinine was 868 μmol/l (estimated glomerular filtration rate of 6 ml/min/1.73 m²), with corrected calcium and phosphate levels of 2.51 and 1.99 mmol/l, respectively. Peritoneal dialysis was commenced. He had severe hyperparathyroidism [parathyroid hormone (PTH) 87.4 pmol/l]. His biochemical parameters deteriorated with worsening of his PTH (111 pmol/l) and phosphate (3.38 mmol/l) despite the use of phosphate binders and cinacalcet. Not surprisingly he had severe intractable pruritis. This unusual appearance on the dorsum of both hands is chronic lichenification, resulting from repetitive scratching with his teeth over a period of several years (Figures 1 and 2). Since conversion to haemodialysis his PTH levels have fallen, his symptoms have improved, and the above appearances are less distinct.

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Fig. 1. Dorsum of the left hand of the patient with lichenified linear marks resulting from repeat excoriation using his teeth.

Fig. 2. Dorsum of the right hand of the patient with lichenified linear marks resulting from repeat excoriation using his teeth.