In conclusion, scalp dysesthesia is a syndrome characterized primarily by scalp burning or pruritus in the absence of any other unusual physical examination findings and may be associated with cervical spine disease. In this study, 14 of 15 patients with scalp dysesthesia also had abnormal cervical spine images. The pathogenesis may be related to chronic muscle tension placed on the pericranial muscles and scalp aponeurosis secondary to the underlying cervical spine disease and is likely unrelated to psychiatric disorders. Four patients reported improvement in symptoms with gabapentin, but the optimal dosage and route of administration need to be studied. Larger, prospective studies are needed to further characterize the pathogenesis of scalp dysesthesia and to determine the most efficacious treatments.

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REFERENCES


Top-Accessed Article: Topical Rapamycin


Recent success using mTOR (mammalian target of rapamycin) inhibitors such as rapamycin for the systemic manifestations of tuberous sclerosis exemplify how targeted therapy can treat genetic disorders. Haemel and colleagues describe the novel use of topical rapamycin in a petrolatum vehicle for facial angiofibromas in a patient with tuberous sclerosis. Since its publication, several authors have similarly reported successfully using various compounds of rapamycin or even the topical application of the commercially available oral solution for facial angiofibromas. Topical application of the oral solution is associated with local irritation that necessitates topical steroids. Compounded rapamycin is at least 10-fold more expensive than a similar amount of the oral solution. Rapamycin therapy is expensive, but the cost must be compared with alternative therapies, including pulsed dye or ablative lasers, that often require general anesthesia in this population. Prospective studies are needed to clarify the pharmacokinetics of topically applied rapamycin and the optimal formulation, dosing, duration, monitoring, and safety of this therapy.

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