



**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ЗАПОРІЗЬКИЙ ДЕРЖАВНИЙ
МЕДИКО-ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ**

**ЗБІРНИК МАТЕРІАЛІВ
Всеукраїнської науково - практичної конференції з
міжнародною участю
«Узагальнення досвіду теоретичної та практичної роботи
дерматовенерологічної спільноти країни та світу»
22 травня 2026 р.**

**М. ЗАПОРІЖЖЯ
2026**

Сюсюка В.Г., Сергієнко М.Ю., Чорненька А.С. ОСОБЛИВОСТІ КОРЕКЦІЇ МЕНОПАУЗАЛЬНИХ РОЗЛАДІВ У ЖІНОК З ОЖИРІННЯМ.....	63
Сюсюка В.Г., Макуріна Г.І., Сергієнко М.Ю. СИНДРОМ ПОЛІКІСТОЗУ ЯЄЧНИКІВ У ЖІНОК РЕПРОДУКТИВНОГО ВІКУ: МОЖЛИВОСТІ ЗАСТОСУВАННЯ АНТИАНДРОГЕНУ ФЛУТАМІДУ.....	68
Яценко А.Р., Гришай М.О. ОНІХОПАПІЛОМА (КЛІНІЧНИЙ ВИПАДОК).....	74
Horodokin A. PRELIMINARY RESULTS OF THE PILOT STAGE OF ADAPTATION OF “ADULT EATING BEHAVIOUR QUESTIONNAIRE” FOR THE UKRAINIAN POPULATION.....	76
Horodokina L. PRURITUS: BEYOND THE LIMITS OF DERMATOLOGICAL PATHOLOGY.....	79
Kyrychenko M., Onopchenko S., Bachurina O. PSYCHOLOGICAL AND BIOCHEMICAL PREDICTORS OF HYPERTENSIVE DISORDERS IN HIGH-RISK PREGNANT WOMEN.....	82
Makyeyeva L.V., Aliyeva O.G., Popazova O.O., Hromokovskaya T.S., Tavrog M.L., Pototska O.I. THE IMPACT OF CHRONIC SOCIAL STRESS ON THE FUNCTIONAL STATE OF SKIN.....	86
Shelestova L. ADAPTATION SPECIFICS AND NEW LIVING CONDITIONS OF WOMEN IN THE PERINATAL PERIOD: THE EXPERIENCE OF UKRAINIAN REFUGEES.....	92

PRURITUS: BEYOND THE LIMITS OF DERMATOLOGICAL PATHOLOGY

Horodokina L.O.

PhD, Associate Professor of the Department of
Dermatovenereology and Aesthetic Medicine
Zaporizhzhia State Medical and
Pharmaceutical University

Pruritus is the most common complaint within dermatological consultation, covering a wide range of nosologies: from inflammatory chronic dermatoses to infectious pathology. However, the modern scientific paradigm requires recognition of chronic pruritus not as a symptom, but as an independent phenomenon, which requires a differentiated approach to verification, diagnosis and, consequently, management. Thus, according to the international Forum for the Study of Itch, the clinical and etiological approach to the classification of pruritus remains relevant: dermatological, systemic, neurological, somatoform and mixed. The routine practice of dermatovenerologists focuses on the first option, when an existing causal inflammatory process in the skin, such as psoriatic disease, atopic dermatitis or prurigo, is accompanied by an association of efflorescences and pronounced sensitive discomfort. However, wartime conditions, living in front-line regions, and general social changes modify individuals' perception of their condition, including that associated with itching, pain, or other sensory effects. That is why the emphasis on patients' articulation of complaints about itching in the context of the absence of primary elements of the rash, in other words a phenomenon of neurological or somatoform genesis, remains relevant.

An example is the following clinical case. A 47-year-old female patient complained of intense itching on the skin of her back, within the interscapular area, for the past 6 months. According to the patient, it was established that the duration of the pruritic episode varies in time: from several minutes to 10-15 minutes without a circadian accent. Therefore, the patient reports itching both during the day and at night, which significantly affects the quality of functioning and the sleep-wake cycle. The

patient denies any episodes of dermatological diseases throughout her life but has been continuously observed by a neuropathologist regarding protrusions of intervertebral discs at the level of Th 2-Th4: she periodically uses analgesics. In addition, the history shows that before the onset of complaints about itching, she had significant psycho-emotional stress, which probably became an additional trigger for increased skin sensitivity to the slightest external stimuli. 2 months ago, the patient sought help from a primary care specialist, who considered the patient's complaints and clinical manifestations as allergic dermatoses and recommended the use of systemic antihistamines and topical emollients. The lack of effect from therapy and the consistently high intensity of itching forced the patient to continue to seek help from dermatovenereologists, but the number of differential diagnoses only continued to grow from morphea to chronic lichen. At the time of the patient's examination, the following objective local status was determined: on the skin of the back within the upper-middle section of the interscapular zone, there was a hyperpigmented lesion with signs of lichenification, excoriation, and moderately clear boundaries. It is worth noting that when palpating the skin within the pathological process, there was increased sensitivity to minimal external stimuli. The intensity of itching according to VAS at the time of the initial examination was 10 points, it is the maximum possible indicators. Considering complaints, anamnestic data on the duration of dermatosis, subjective phenomena, comorbidity and clinical examination, the most likely diagnosis is paresthetic notalgia. That is why further influence on the disease should correspond to the management of the pathological process of neurological genesis. And itching, as a phenomenon, is a marker of neurological compromise against the background of psycho-social maladaptation. The appointment of a topical agent with menthol, an emollient with neurobiome technology and a short course of low-dose (50 mg) systemic pregabalin daily, already at the 2-week control point contributed to the reduction of subjective discomfort to a VAS score of 4 points.

Therefore, understanding the clinical variability of the manifestations of the pruritic phenomenon contributes to their timely and correct diagnosis, as well as expanding the boundaries of differentiation in routine dermatological practice.