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CKD and the Skin: From Common Manifestations to the Challenge of Pruritus

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Chronic kidney disease–associated pruritus is not merely a minor discomfort, but a common and clinically significant symptom that is closely linked to sleep disturbance, depression, and impaired quality of life. Despite this, in everyday practice it is often regarded as an inevitable uremic symptom and therefore remains under-recognized and undertreated. However, with a structured approach, pruritus can be appropriately differentiated and managed. The starting point is not complex testing or medications, but careful visual assessment and interpretation of the patient's skin. The key message of this lecture is the distinction between primary and secondary skin lesions. Primary lesions are those that exist prior to scratching and include papules, plaques, vesicles, and nodules, suggesting underlying dermatologic conditions such as psoriasis, eczema, or scabies. In contrast, secondary lesions—such as excoriations and lichenification—result from the itch–scratch cycle and are commonly seen in CKD-associated pruritus. Therefore, when definite primary lesions are present, coexisting dermatologic disease should be considered rather than attributing the symptoms solely to CKD. Conversely, in the absence of primary lesions, when pruritus is generalized, symmetric, and accompanied by xerosis, CKD-associated pruritus becomes more likely. In this lecture, we will focus on how to apply this distinction in real-world clinical practice, highlighting practical diagnostic clues and treatment strategies that nephrologists can readily incorporate into patient care.

Keywords: CKD-associated pruritus, Primary vs secondary skin lesions, Differential diagnosis, Quality of life