

URTICARIA - ANGIOEDEMA

Urticaria, commonly known as hives, usually strikes suddenly.

First the skin itches, then it erupts into red raised welts moving rapidly from one area to another.

The itching may be severe, keeping people from working or sleeping.

Angioedema is deeper swelling of areas such as lips, eyes, extremities, uvula.

These are distressing disorders affecting an estimated 20% of the population at one time or another in their lives.

Most cases of urticaria are acute, lasting for a few hours but they can continue for weeks. Chronic hives come and go for more than six weeks. The welts may appear in one place, disappear after a short time, then erupt at another spot, then another. They are often made worse by scratching. Each individual hive tends to last no more than 24 hours.

External allergen exposure can cause hives: foods, medicines, bee stings, allergy shots.

In many cases, particularly in chronic urticaria, there is no external allergen causing the hives. Spontaneous hives can be just triggered by: fever, stress, exercise, hot-tub, viral infections.

In this instance it is called **idiopathic urticaria**.

Certain drugs to avoid even in idiopathic urticaria

NSAIDS - aspirin, ibuprofen, Advil, Aleve type products (Tylenol is ok)

ACE Inhibitors - used for high blood pressure

What kinds of things can trigger attacks or urticaria?

Episodes of urticaria have been traced to such triggers as infections, drugs (including aspirin), certain foods and additives, cold, sun exposure, insect stings, alcohol, exercise, endocrine disorders and emotional stress. In some people, pressure caused by belts and constricting clothing causes eruption. Urticaria may be a response to infection including the common cold, strep throat and infectious mononucleosis.

How are urticaria “triggers” identified?

In some cases, the trigger is obvious – a person eats peanut butter and develops hives within minutes.

Other cases require detective work on the part of the patient and physician.

In some cases, there is no identifiable external cause, the hives come from within.

If allergy is suspected, keep a diary of foods eaten, prescription and OTC medications, any unusual exposures, and when the hives occur. Bring the diary with you to the allergist's office.

To unravel the urticaria puzzle, your allergist-immunologist will take a detailed history, looking for clues in your lifestyle that will help pinpoint the cause of your symptoms.

You will be asked about the frequency and severity of your symptoms, your family's medical history, medications you are taking, your work and home environment, and miscellaneous matters.

In some cases, you may require tests to assess for internal causes. Skin tests may provide useful information in some cases. Your allergist-immunologist will consider which tests to order based on different types of urticaria and the suspected cause.

What are the different types of urticaria?

They can be classified into two categories: allergic and non-allergic. Allergic urticaria is the least common form, although it is somewhat more common in children than adults. It is caused by the immune system's overreaction to foods, drugs, infection, insect stings, blood transfusions or other substances. Foods such as eggs, nuts and shellfish, and drugs such as penicillin and sulfa, are common causes of allergic or immunologic urticaria. Recent studies also suggest that some cases of chronic urticaria are caused by autoimmune mechanisms, when the patient develops immune reactions to components of his or her skin.

Non-allergic urticaria is the type of urticaria where a clear-cut external allergic cause seems unlikely.

- Dermographism is urticaria that develops when the skin is stroked with a firm object.
- Cold-induced urticaria appears after a person is exposed to low temperatures – for example, after a plunge into a swimming pool or when an ice cube is placed against the skin.
- Cholinergic urticaria, which is associated with exercise, hot showers and/or anxiety, is a form of hives that is related to release of certain chemicals from parts of the nervous system that controls such body functions as blood pressure and heart rate.
- Pressure urticaria develops from the constant pressure of constraining clothing such as sock bands, bra straps, belts or other tight clothing.
- Solar urticaria arises on parts of the body exposed to the sun; this may occur within a few minutes after exposure.

Certain types of urticaria are more painful than itchy, may go away leaving a bruise on the skin, and individual hives may last more than 24 hours. In such cases, and selected other situations, a biopsy of the skin may be necessary for diagnosis.

How is urticaria treated?

Your allergist first will prescribe medications such as antihistamines to alleviate the discomfort. Severe attacks of urticaria can be temporarily relieved by injections of epinephrine; rarely in these cases, corticosteroids may be prescribed for a short period. Other drugs may be required for specific types of urticaria.

Xolair (Omalizumab) is a monoclonal antibody monthly injection used very successfully in many patients to induce remission.

If the cause can be identified, the best course of treatment is avoidance of the substance that triggers urticaria. If a problem with a specific food is strongly suspected, then it should be avoided. This may require careful reading of packaged food labels and inquiry about ingredients in restaurant meals. Persons with solar urticaria should wear protection clothing and apply sunscreen lotions when outdoors. Loose-fitting clothing will help relieve pressure urticaria. Avoid harsh soaps and frequent bathing to reduce the problem of dry skin which can cause itching and scratching that can aggravate urticaria. Vigorous toweling after a bath may precipitate hives.

Although success of identifying the cause of chronic urticaria varies from clinic to clinic according to patient populations, it usually is no higher than 20% of cases. Chronic urticaria may last for months or for years and burn itself out, never to bother the sufferer again.

Angioedema

Angioedema is defined as local swelling of the skin and typically involves the face, lips, mouth, tongue, throat and extremities. Interestingly, it can also involve the bowel wall and cause colicky abdominal pain. Angioedema can occur on its own or it can be associated with hives or anaphylaxis. Swelling from angioedema tends to occur rapidly (within hours) and can appear in any asymmetric pattern. Angioedema can be itchy, but more often it is tender and painful because of the stretch on the skin. The swelling usually resolves in a couple of days, but in some cases can persist and may require long-term treatment. Chronic angioedema can be frustrating and uncomfortable, but usually will not progress to a more serious disease. It is difficult to know the exact incidence of angioedema, but it is estimated to affect 10-20% of the population at some time during life.

Common causes of angioedema include food, medications (antibiotics, pain medications, ACE inhibitors), stinging insects and latex. Medications such as aspirin and nonsteroidal anti-inflammatory drugs (Motrin, ibuprofen, Aleve, Advil) can also cause angioedema. In some cases, it is helpful to know if other family members have experienced swelling in the past. It is not infectious, although sometimes a concomitant infection can precipitate angioedema. A superficial skin infection can also mimic angioedema. The most effective treatment of angioedema is avoidance of the trigger; however, this is not always known. Cold compresses may provide local comfort. Do not use hot compresses or heat on the swelling. Lotions or creams typically are not effective as they do not penetrate deep

enough. Treatment of angioedema includes oral antihistamines on a regular basis and sometimes steroid medication.