Urticaria and Angioedema

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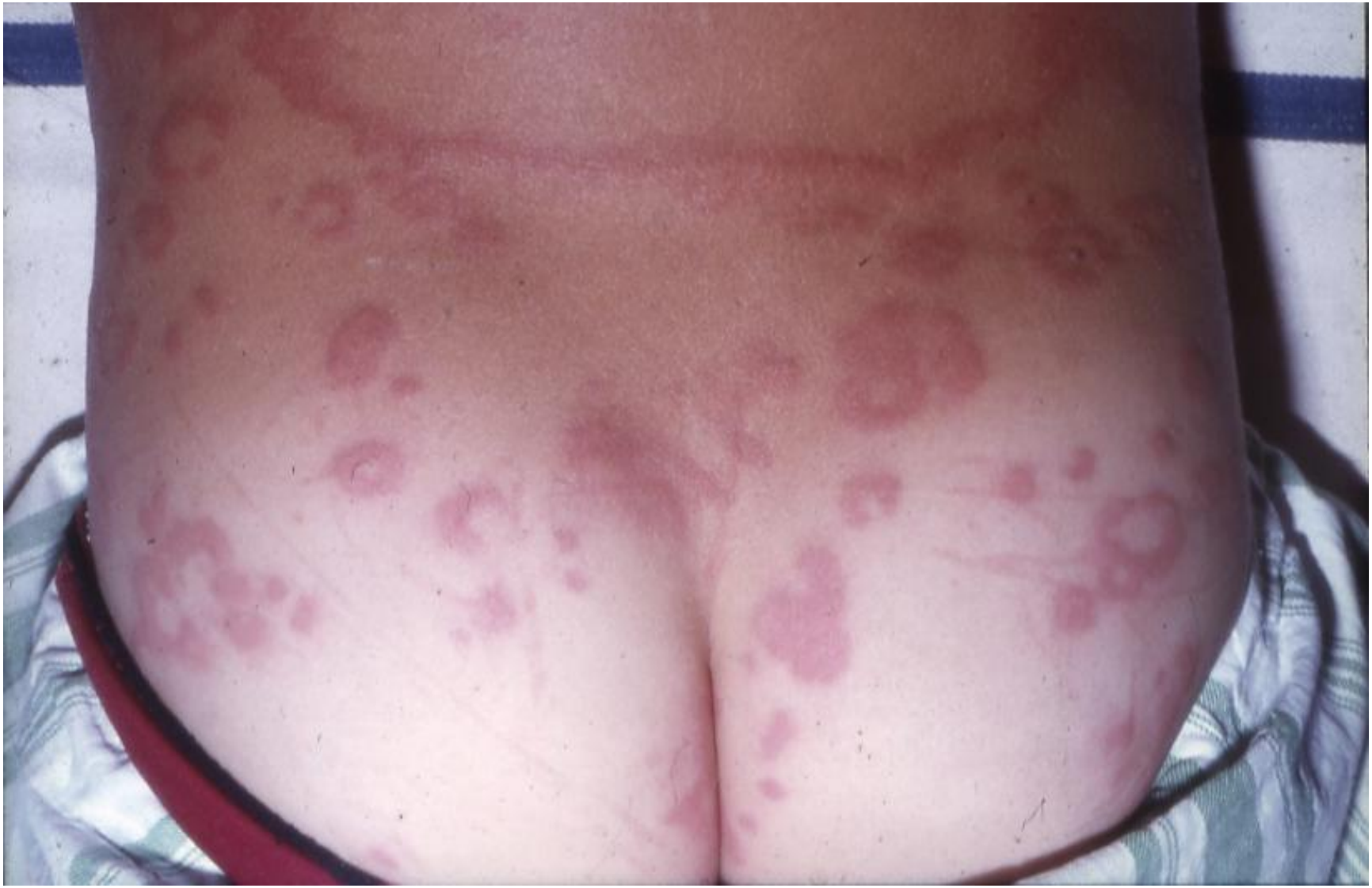
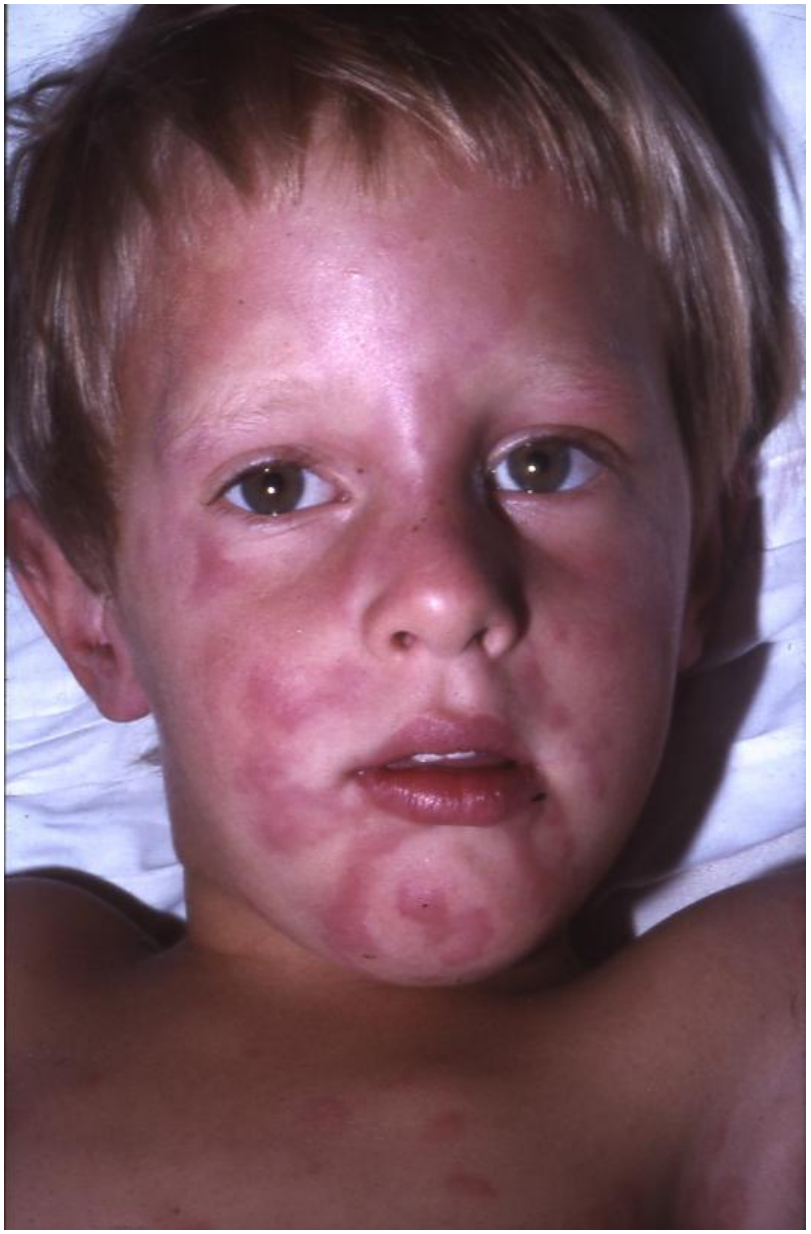
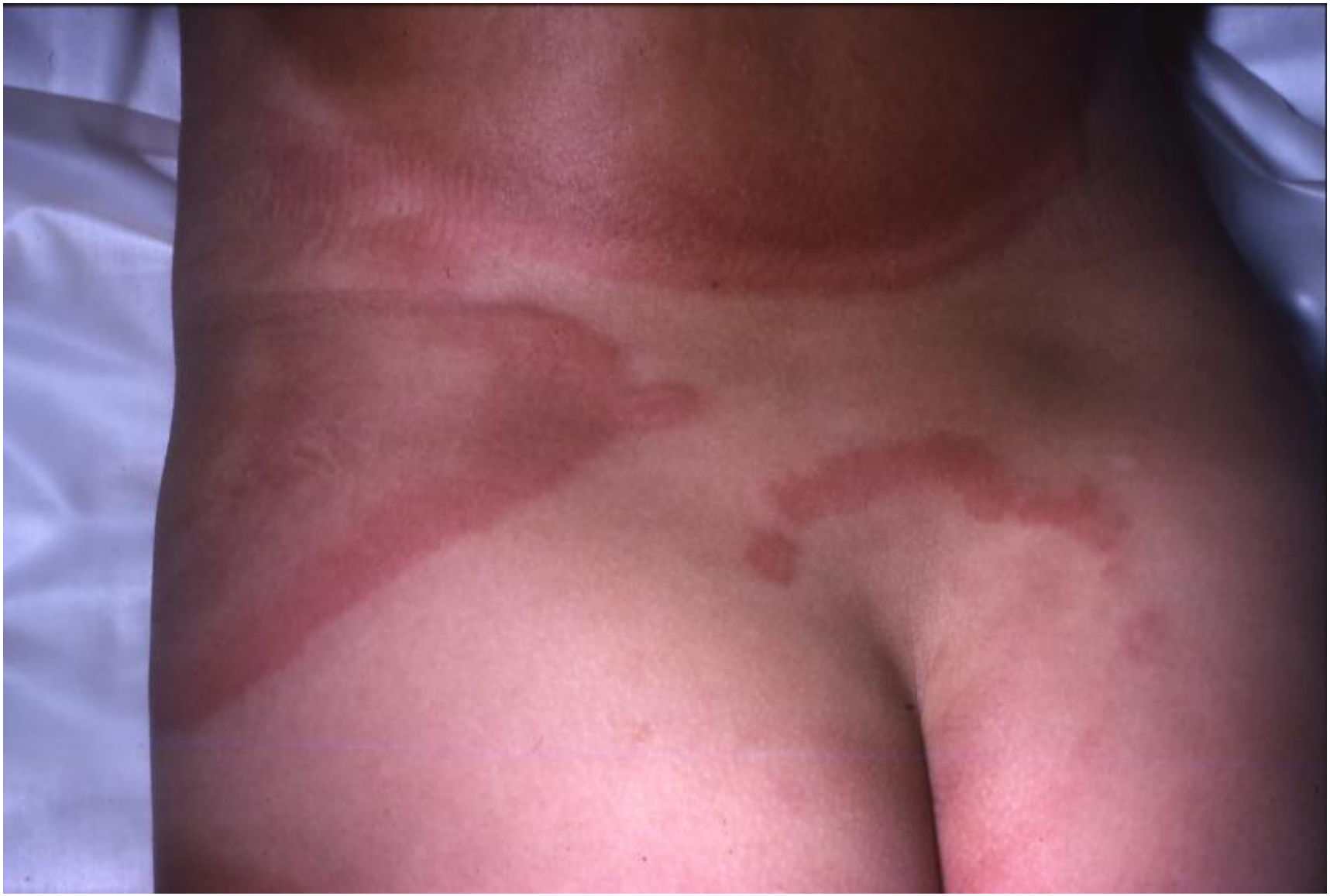
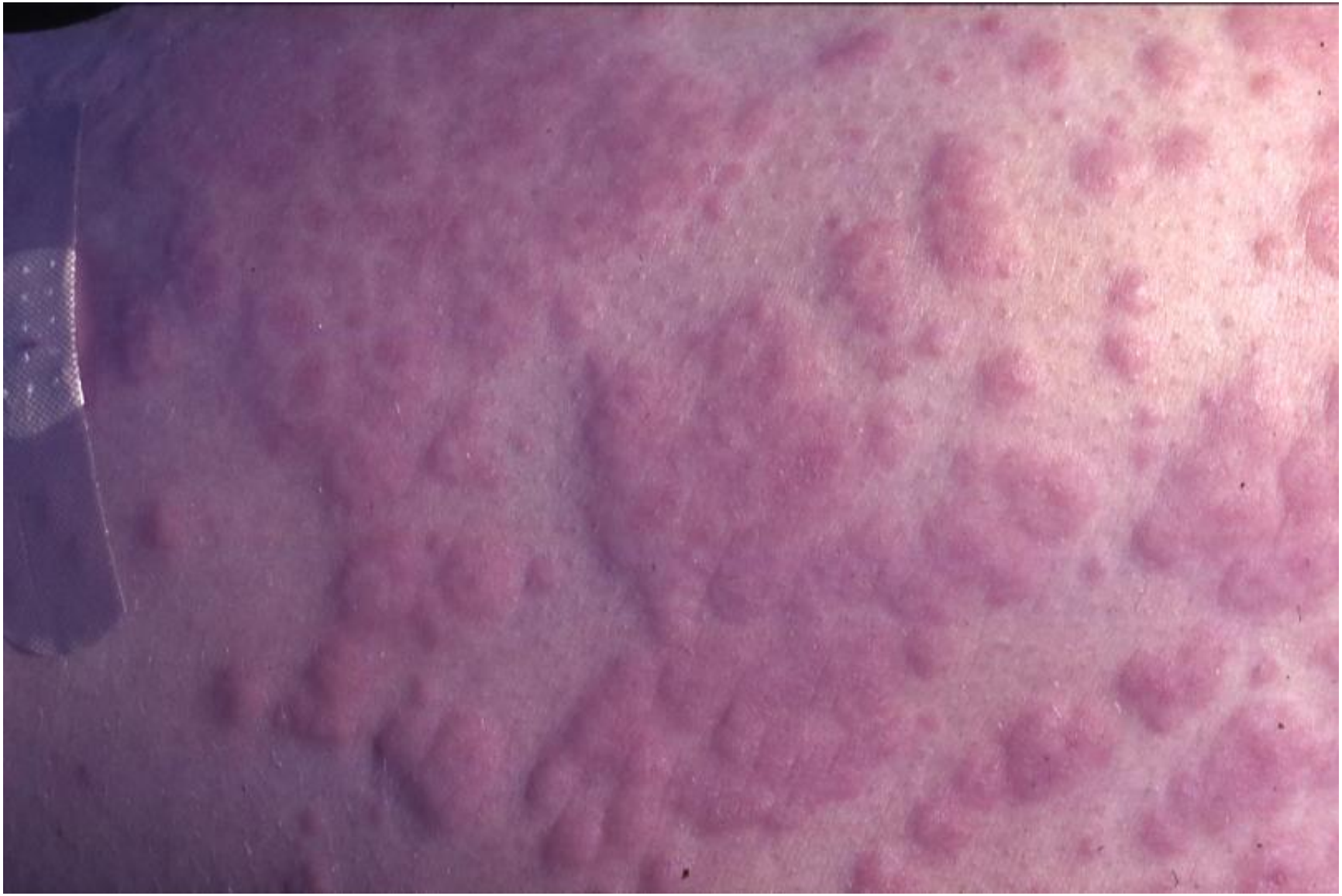
Wheal-Urtica

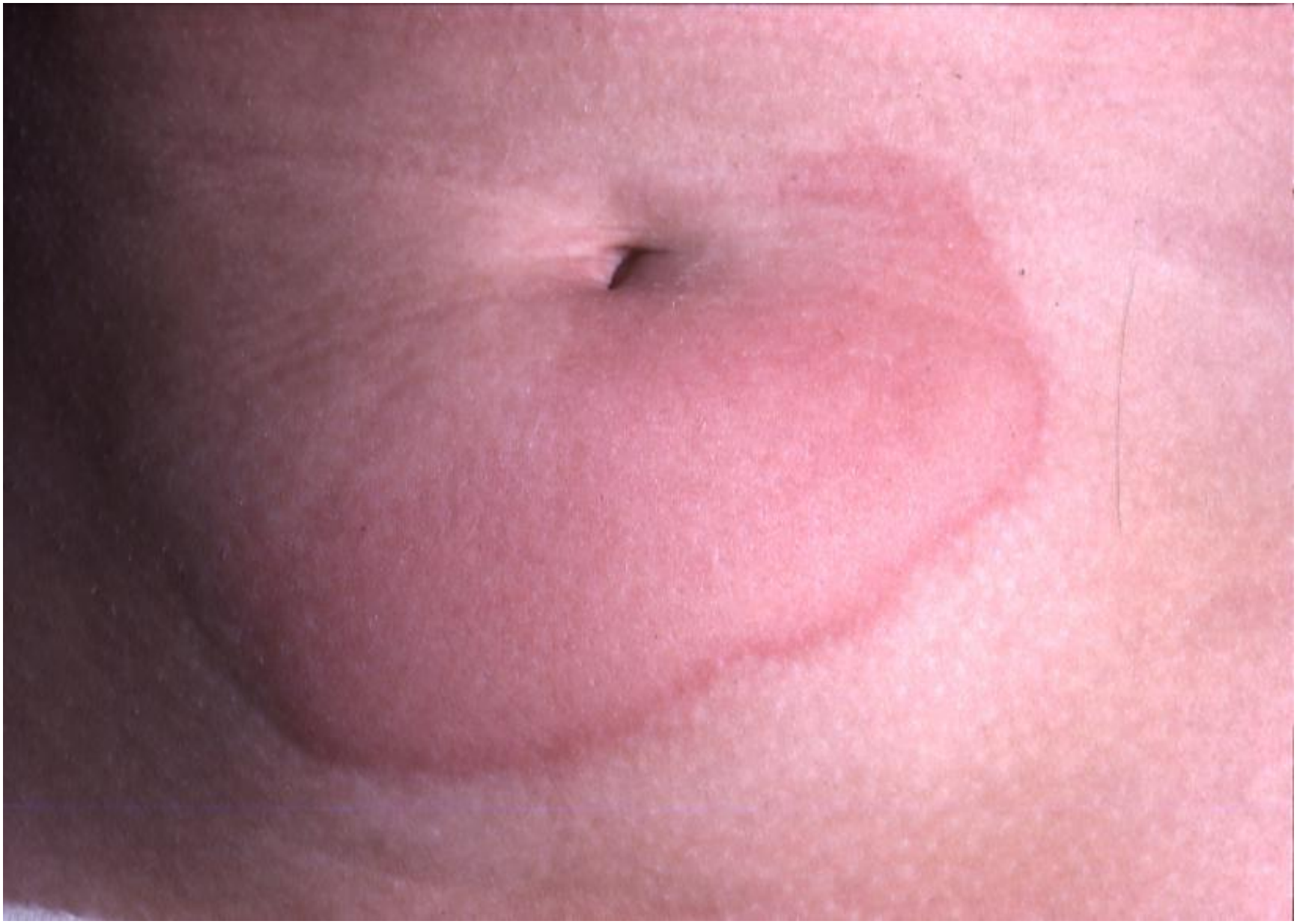
- A central swelling of variable size surrounded by an erythema
- Associated itching
- Fleeting nature, resolves 1-24 hrs
- Swelling upper and mid dermis

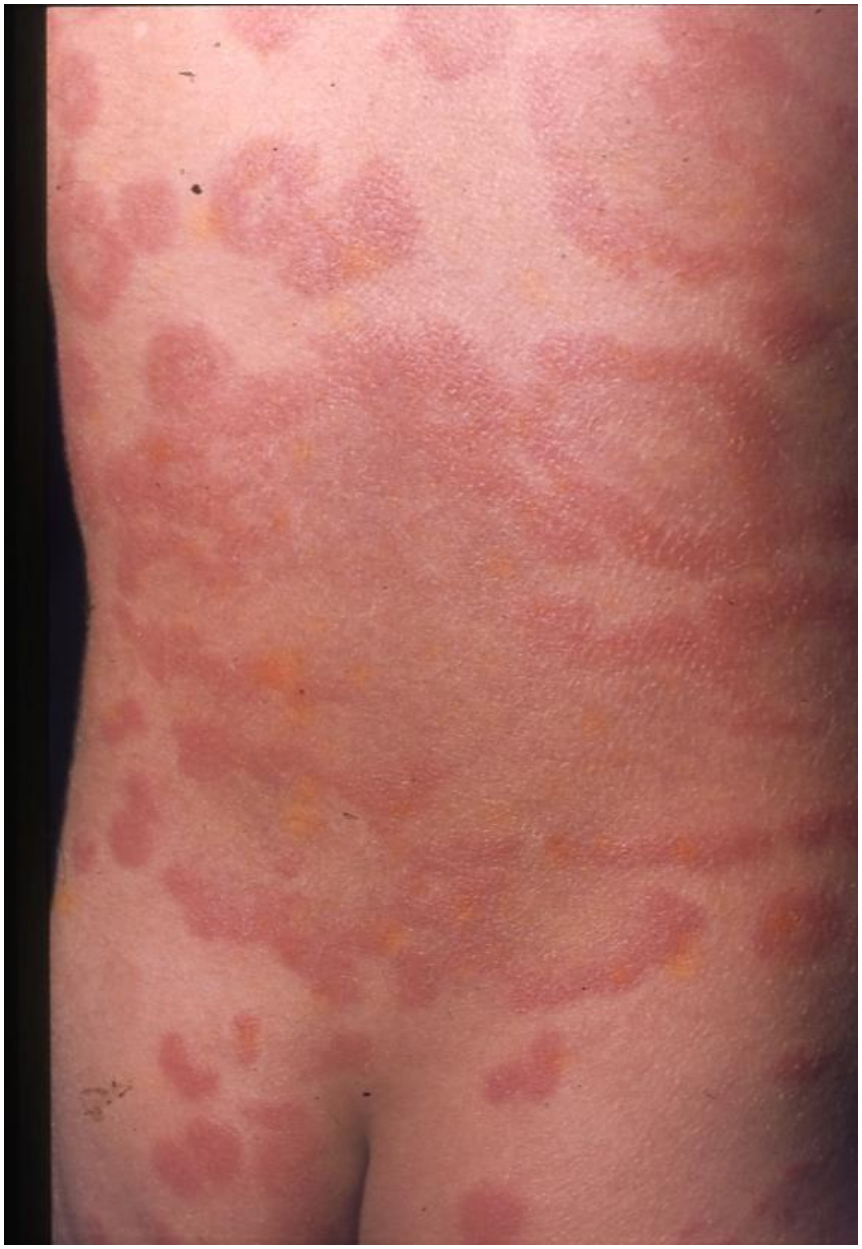


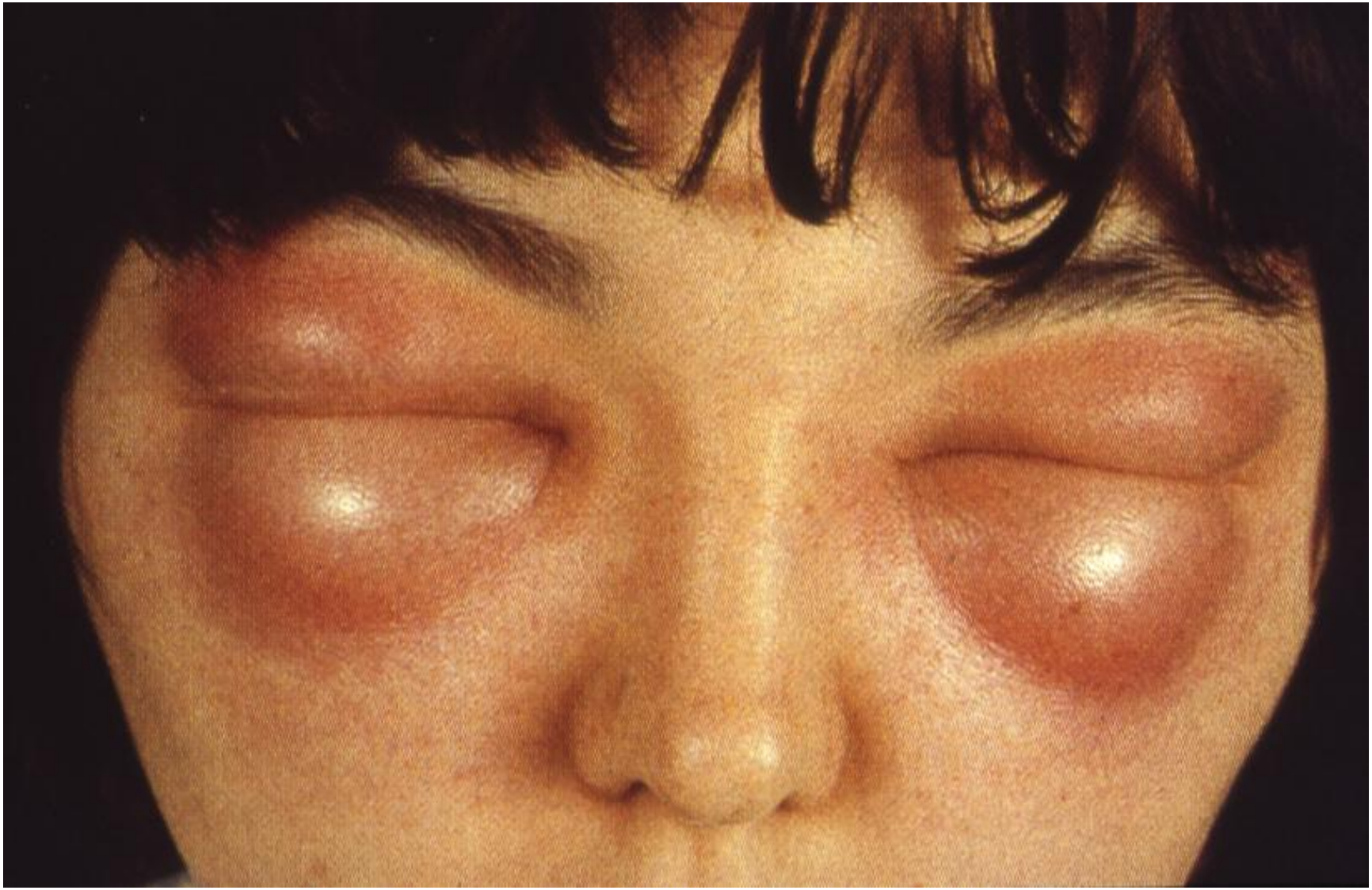


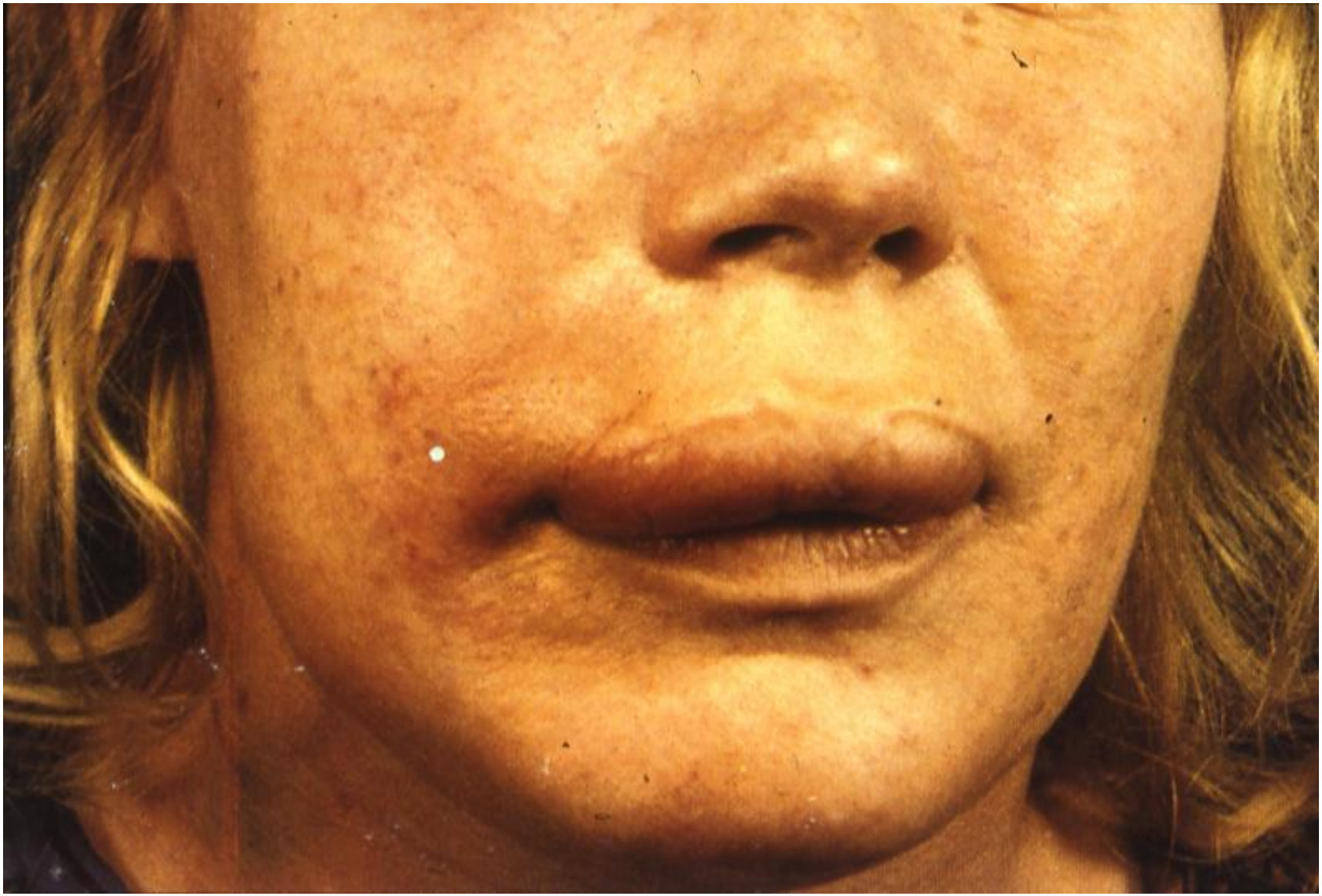












Angioedema

- Swelling of lower dermis and subdermis
- Sometimes pain rather than itching
- Frequent involvement of mucosa
- Lasts longer than urticaria up to 72 hrs

Classification of urticaria

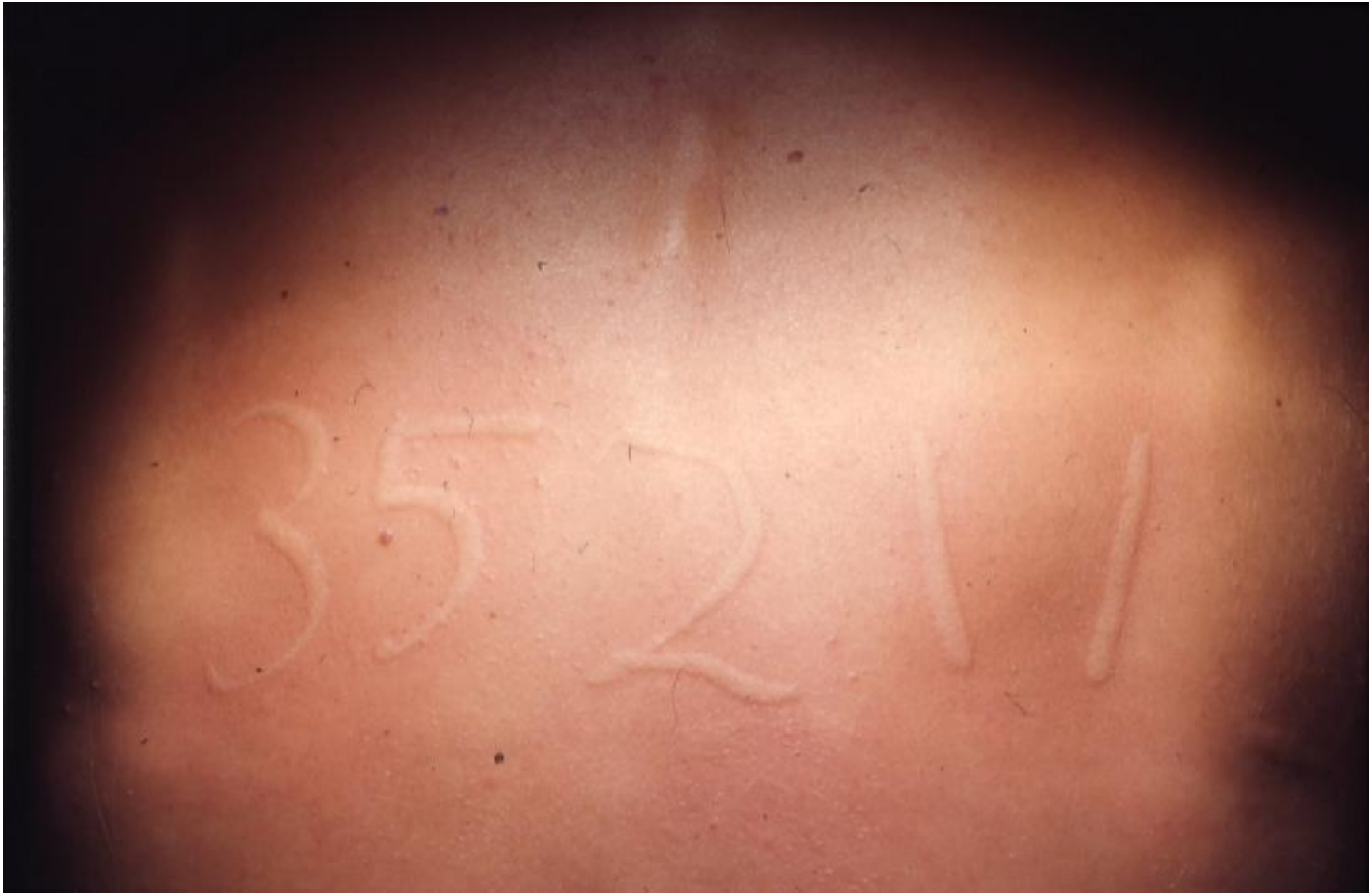
- Spontaneous- acute , less than 6 months
  - chronic, more than 6 mnths
  - chronic continuous
  - chronic recurrent

Physical urticaria (physically induced)

Contact urticaria

Physical urticaria

- Dermographic
- Cold
- Heat
- Solar
- Pressure
- Cholinergic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Aetiology of chronic urticaria 1

- Usually not a single aetiology
- Multifactorial triggers whose importance varies from patient to patient and in 1 patient from time to time

Aetiology of chronic urticaria 2

- Intolerance of certain foods (additives)
- Aspirin
- NSAIDS
- ACE inhibitors
- Other medications
- Thyroid autoimmunity

Pathomechanism

- Degranulation of mast cells and release of histamine
- Immunological and non-immunological mechanisms

Tests of value

- Full blood count and differential counts
- ESR
- Stool for parasites

Tests of dubious value

- Routine skin tests (RAST)
- IgE levels

Paramount significance of taking a history

- “if the history gives no inkling of a positive answer to any of the questions, it is highly improbable any investigation will contribute and the patient can be treated symptomatically until the next opportunity to reassess the history”

Champion

Management 1

- History taking
- Examination of hives
- Avoidance of aspirin and NSAIDS
- Prescribing antihistaminics (anti H1)
- Non-sedative
- Sedative

Management 2

- Non sedating

loratidine,

Desloratidine

Cetirizine

levo-cetirizine

- Sedating – numerous, several pharmacological groups

i.e. hydroxyzine, cyproheptadine

Management 3

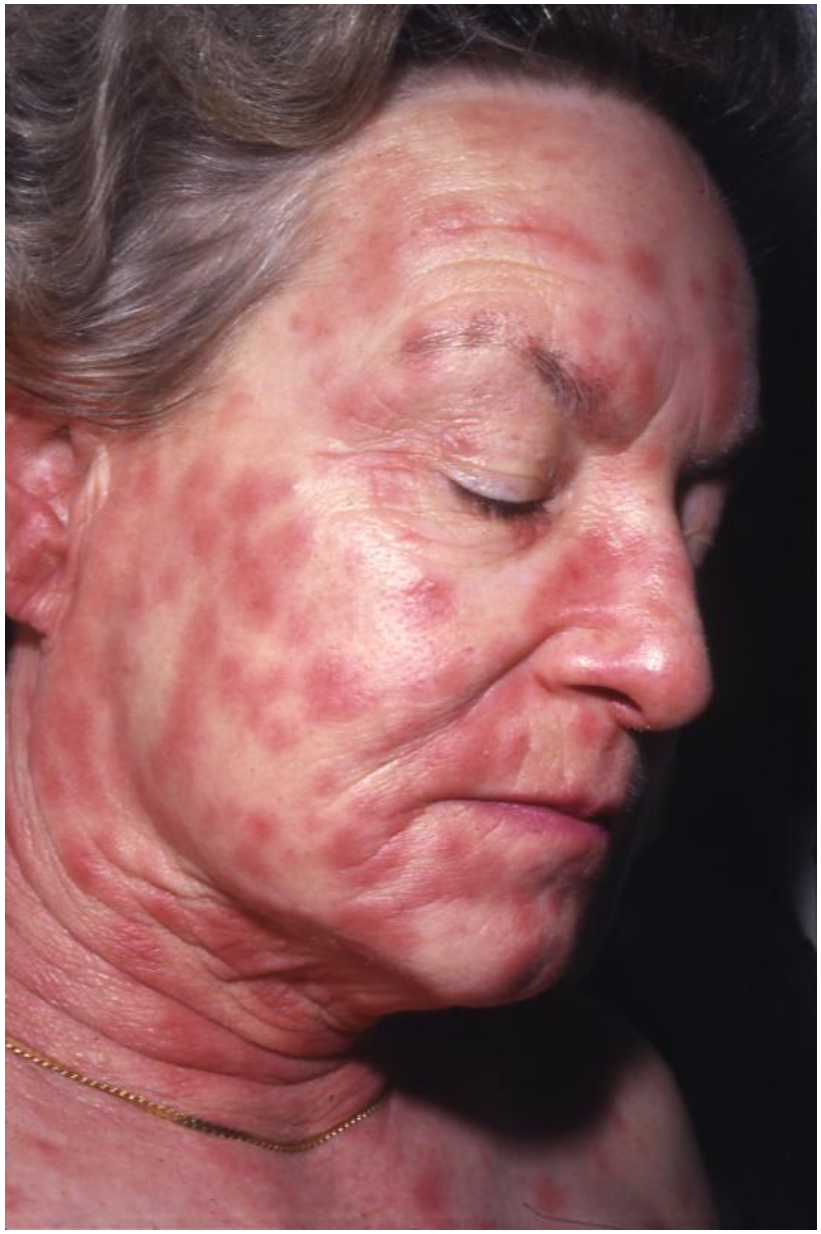
- Not the first line
- Sytemic corticosteroids
- Cyclosporin
- Methotrexate
- Tricyclic antidepressants

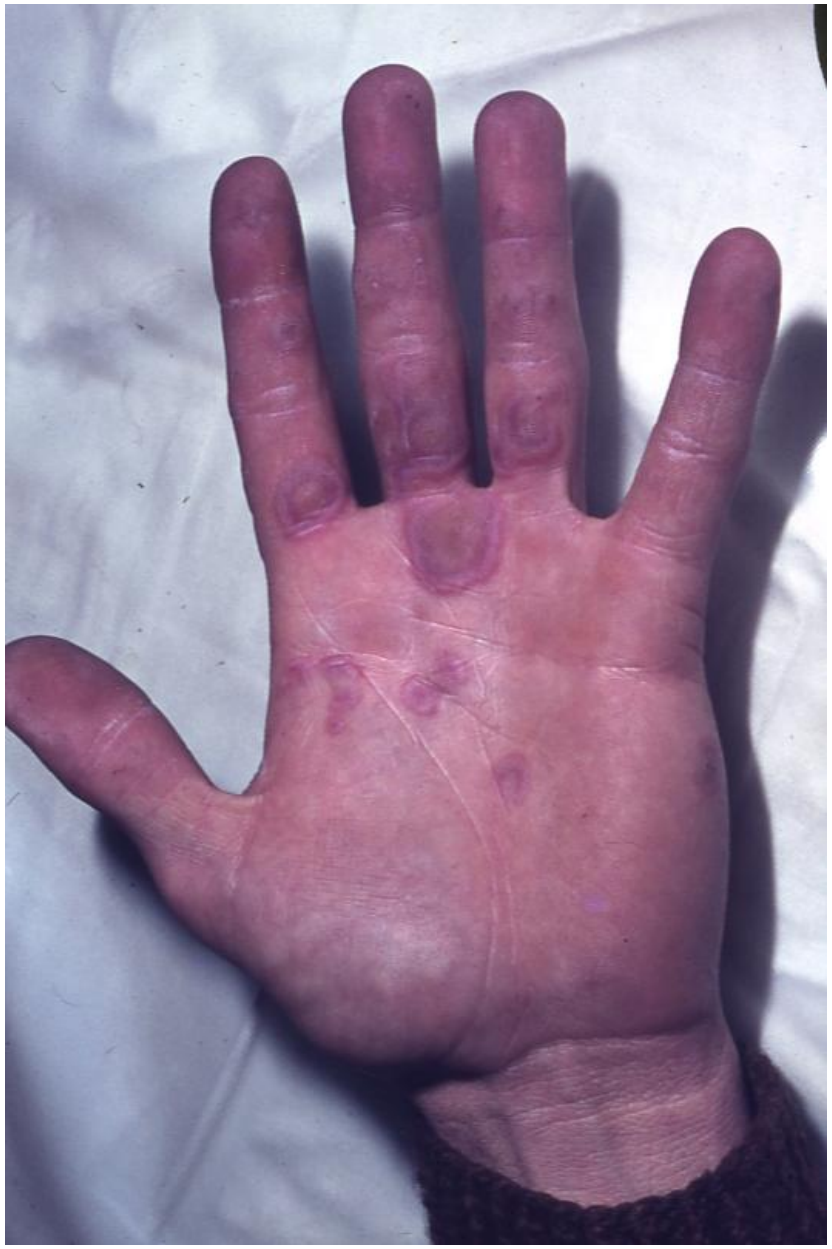
Erythema multiforme

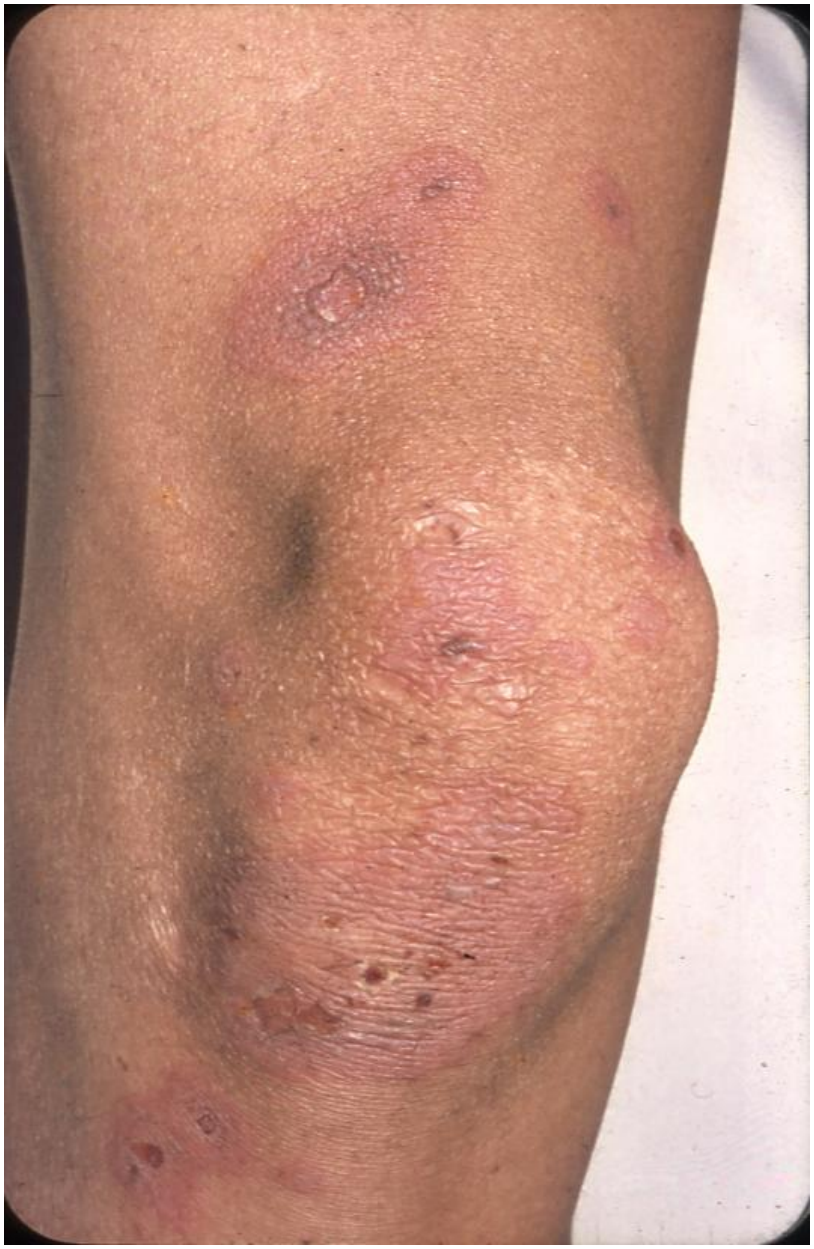
- Acute, self limiting, frequently recurrent eruption, affecting skin and mucous membranes

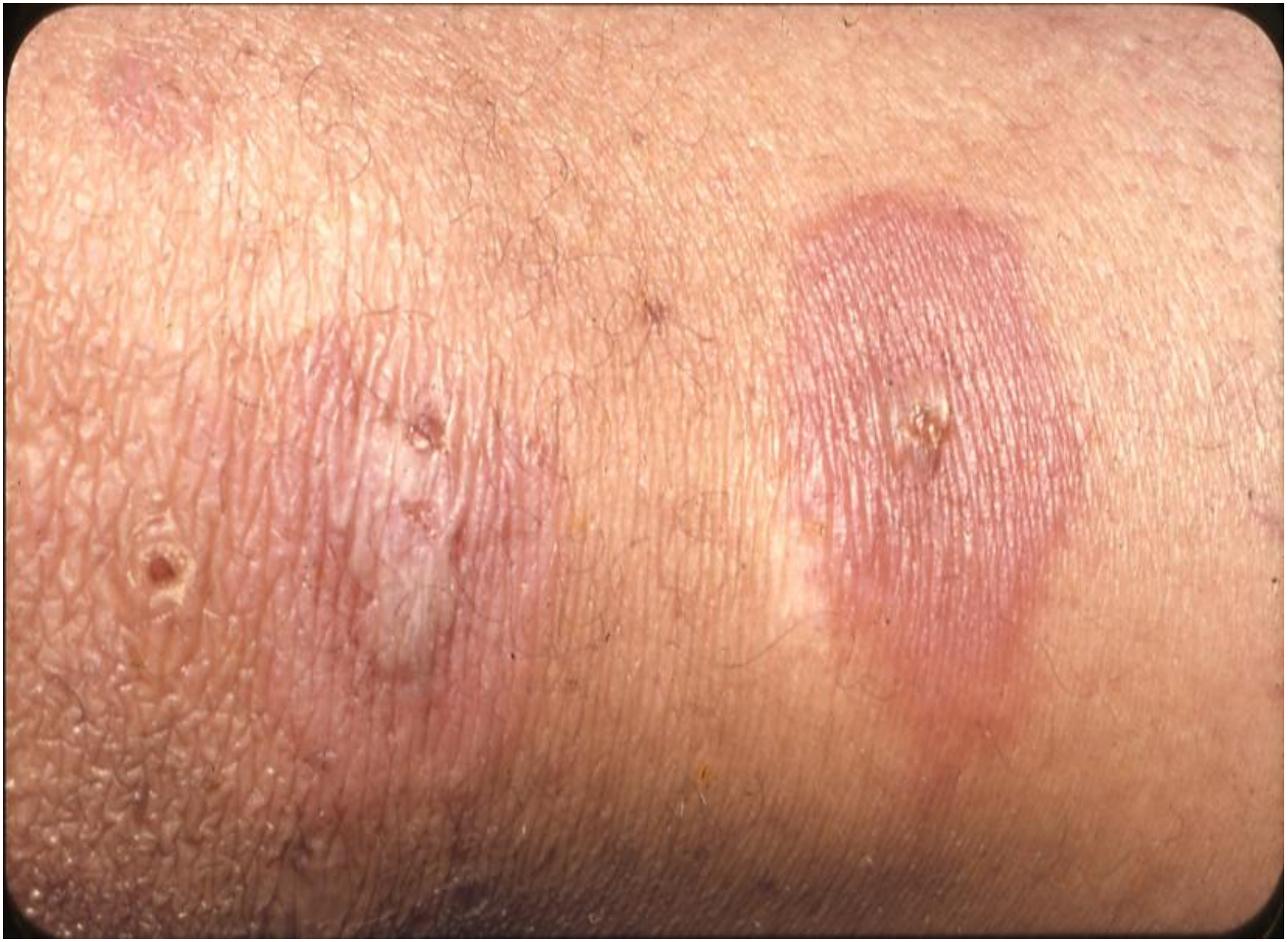
How does it look?

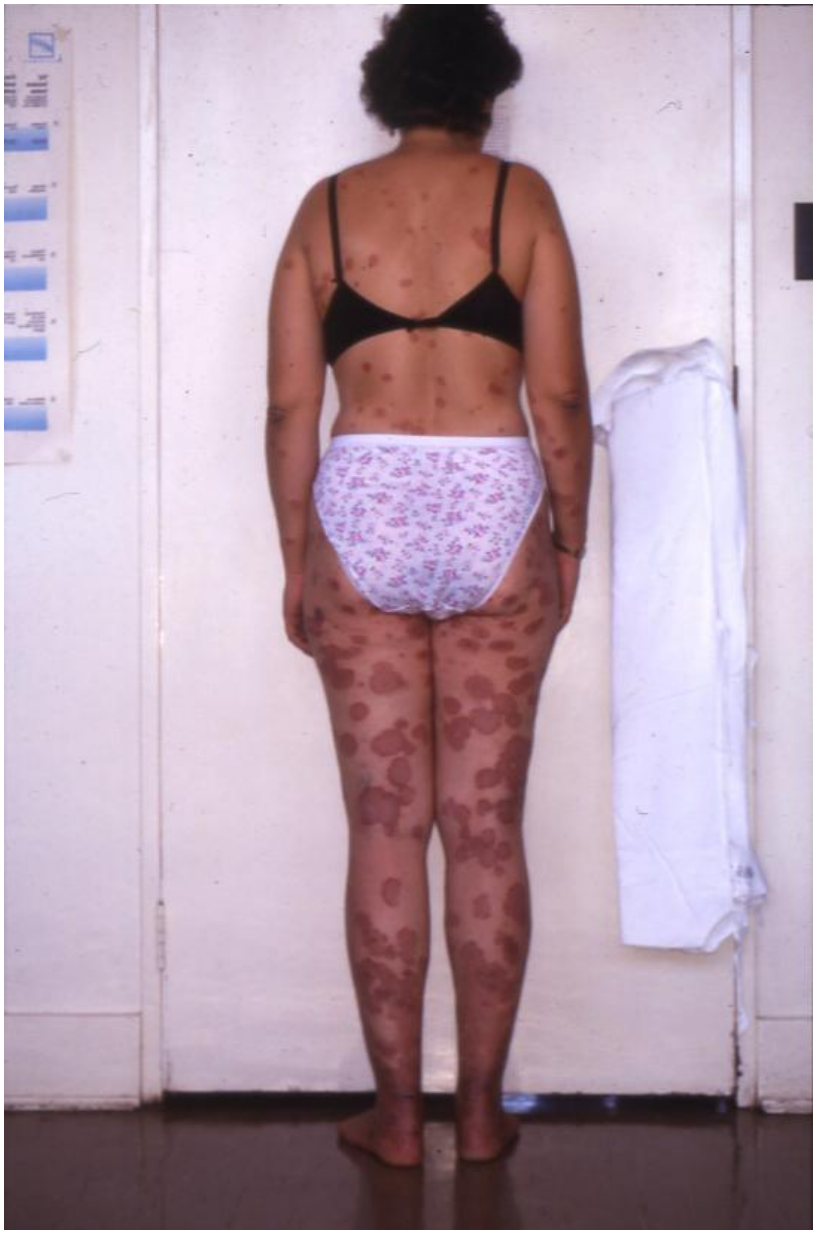
- Eruption of red maculo-papules, often annular
- Often target-like (the centre of the lesion is more oedematous or forms a blister)
- Appears suddenly, often symmetrical
- Sites of predilection-backs of the hands, elbows, knees and face

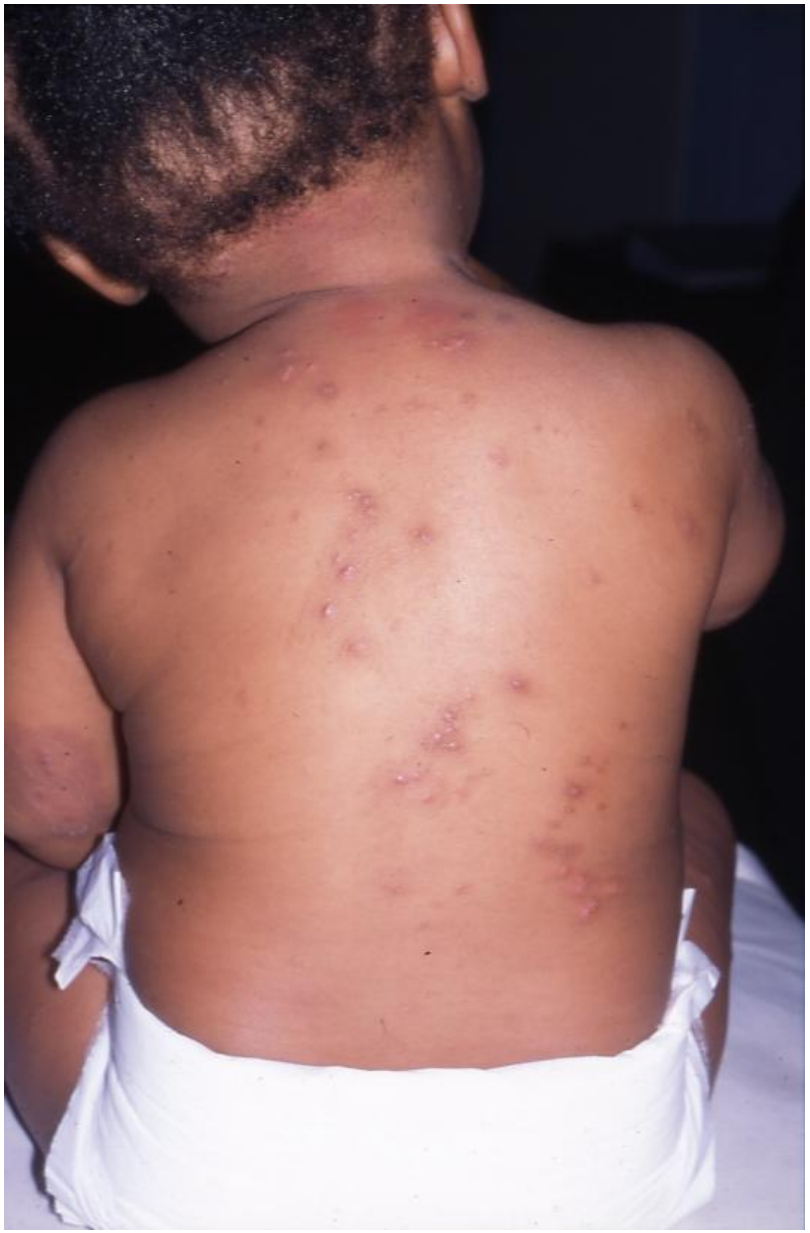


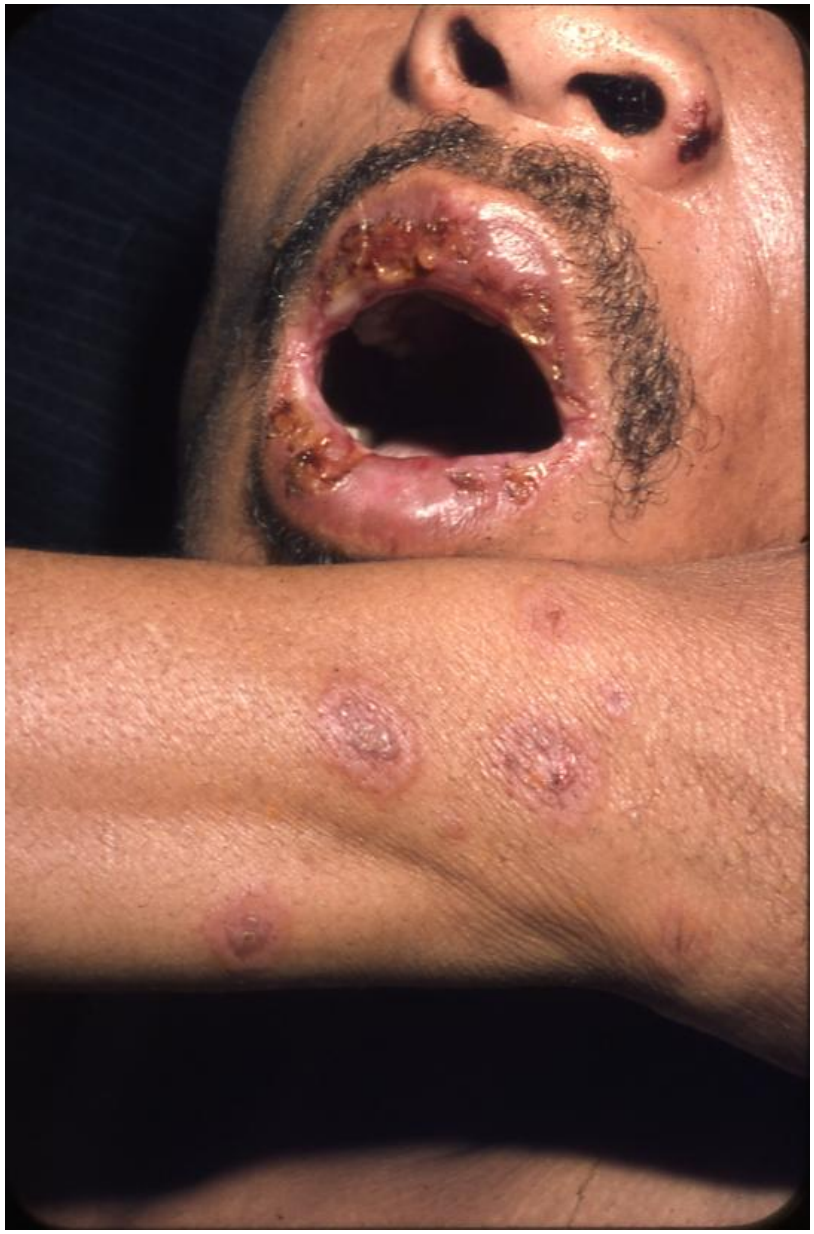












Causes

- Most often either caused by HSV or by medications
- Medications – most often
- Phenolphthalein in laxatives, sulphonamides, anticonvulsive
- Other less common causes

Viruses other than Herpes simplex

Bacterial, deep fungal infection

Connective tissue disease

Systemic malignancies

HSV induced Erythema multiforme

- Has in general a more benign course, affects mainly young adults, involves mucosae less often
- Is frequently notoriously recurrent

Medication induced erythema multiforme

- Maybe very severe
- Occurs in any age
- Often extensive muco-cutaneous lesions

Treatment

- Elimination of triggering factors
- Acyclovir (other anti herpes agents) prolonged course
- In mild cases

Symptomatic, wet dressings, steroid creams

- In severe cases

Systemic corticosteroids but only in early phase of the process

Act against infection

Fluid balance, nutrition

Care of eye lesions