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 months
  - chronic continuous
  - chronic recurrent

Physical urticaria (physically induced)

Contact urticaria
Physical urticaria

- Dermographism
- Cold
- Heat
- Solar
- Pressure
- Cholinergic
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
- Systemic 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