Urticaria

General points

Urticaria and angioedema are closely related, share many causes and treatments and can coexist

They are both manifestations of mast cell degranulation in superficial or deep skin layers respectively

They are not usually due to allergies.

Patient information

Acute urticaria lasts less than 6 weeks, chronic is 6 weeks or longer

- Acute urticaria here
- Chronic urticaria here

CLINICAL FEATURES

Rapid appearance of raised erythematous very itchy skin swellings “wheals”

Individual lesions disappear within 24 hours and if not consider a differential diagnosis e.g.

- erythema multiforme
- urticarial vasculitis (lesions can last for days and leave bruising)
- erysipelas
- if female of child bearing age - polymorphic eruption of pregnancy

CAUSES

Acute urticaria

- Idiopathic in about half of cases
- Viral infections
- Physical – touch, pressure, hot, cold, solar, water, chemicals, cosmetics
- Drugs – aspirin, opioids, NSAIDs, antibiotics, ACE inhibitors, statins, diuretics
- Allergic – foods, infections

Chronic urticaria

- Idiopathic most common
    - Chronic idiopathic urticaria is not an allergy but more because of irritable mast cells that degranulate with little or no provocation
    - Often in 20-40y old females
    - Often a response to emotional stress or hormonal changes
    - Usually burns out after several months to a couple of years
- Physical – touch, pressure, hot, cold, solar, water
- Drugs – aspirin, opioids, NSAIDs, antibiotics, ACE inhibitors, statins, diuretics
- Allergic – foods, infections

- Secondary to other disease – SLE, viral hepatitis, hyperthyroidism, lymphoma, infection
- Auto-immune urticaria

MANAGEMENT

- Reassure the patient that urticaria is benign and usually self-limiting, give information sheet above and use www.allergyuk.org
- Minimise any identifiable triggers as outlined above
- Use cooling antipruritic lotion e.g. calamine or 1% menthol in aqueous cream
- The mainstay of treatment is long-acting, non-sedating antihistamines (H1 blockers), often at higher doses than usual e.g.
    - cetirizine once a day and increased up to 10mg qds which can be used long term
- If unsuccessful or side-effects try another antihistamine e.g. loratadine, desloratadine, fexofenadine, levocetirizine, +/- sedating antihistamine if sleep disturbed (piriton) . Up to 2 to 3 x normal dose if necessary
- Add H2 blocking anti-histamine e.g. ranitidine or
- Try H1 blocker and montelukast
- There is relatively little to choose between different antihistamines but individuals may vary in their response to different agents
- Many antihistamines block histamine wheals and itching but do not suppress the rash completely
- Use continuous medication if attacks occur regularly

Steroids: reasonable to try for 3-5 days in acute urticaria if antihistamines don't work but NEVER in chronic urticaria

Pregnancy – use piriton

Referral criteria

- chronic urticaria refractory to the above treatment
- urticarial vasculitis (painful lesions that last for days)

Investigations

- Urticarial blood screen, results must be included with referral
    - FBC
    - CRP
    - LFTs
    - ANF
    - Complement C3/C4
    - Total IgE