

Urticaria and Angiodema

(Hives, wheals)

Urticaria → Transient erythematous papules and plaques occurring due to plasma leakage

Angiodema (Angioneurotic edema)

→ Transient erythematous swelling of the dermic, subcutaneous & submucous layers.

- Affects larynx, eyelids, lips, genital and can be life threatening.

Pathogenesis

- Mast cells degranulation, → Histamine and other vasoactive mediators.

Etiology

- ① Infection ② Infection ③ Injections
- ④ Inhalation ⑤ Ingestion ⑥ Insect bite
(Pollen grain, dust, smoke) (Food & drugs) (Mosquito, Wasp, Bee stings)
- ⑦ Implants (Dental and orthopedic)

Clinical Features

- Transient erythematous plaques, or papules with severe pruritis.
- Lesions are round, oval, annular, serpiginous.
- They are transient not lasting more than 24 hours and then fresh crops appear.
- Angiodema causes life threatening laryngeal edema, upper respiratory medical emergency.
- Meticulous history taking is always an important.

Dermographism is an exaggerated triple axonal response that occurs over striking with a blunt object.

Classification

① Acute and chronic

- less than 6 weeks usually due to food, drugs or infection.
- chronic → more than 6 weeks.

② Physical Cholinergic Urticaria

- Dermographism, Cholinergic (Heat), Cold, Aquagenic, Solar (Sunlight).

③ Urticarial Vasculitis

- Type III hypersensitivity occurs due to autoimmune disorders like SLE.

- Here wheal persists more than 24 hours.

④ Contact Urticaria

- Immune Mediated → External allergens, rubber gloves latex etc. Atopic children.
- Non Immune mediated → Cosmetics, Eye solution, nettle stings.

Investigations

• CBC → ↑ Eosinophilia, ↑ ESR.

• Urea & electrolyte, liver & thyroid → Systemic.

• Total IgE and IgE to shellfish, peanut, house dust mite.

→ Autoantibodies → ANA → SLE, RA Factor.

• Complement levels, HIV, Hepatitis, Skin Biopsy.

→ Challenge test → To perform physical, cold.

Management → Avoid the trigger.