URTICARIA

allergy foundation south africa
www.allergyfoundation.co.za

Hives or wheals (referred to by doctors as urticaria) are raised swellings that occur on the skin's surface. Each swelling is usually surrounded by an area of redness (also known as a flare). They may appear on any part of the body and blanch (become fainter) when pressed by a finger. Urticaria is caused by a chemical (called histamine), released from allergy cells within the skin. The following are distinguishing features:

- Urticaria lasts for a few hours before fading away, leaving no trace and no scarring.
- Urticaria are migratory, meaning they move around on the body. Some hives may appear, while others disappear during the same episode.
- Lesions can vary in size (from 1mm to many centimetres) and may be round or have a wavy border.
- Urticarial lesions are usually very itchy.
- Urticaria may be a skin condition on its own or may occur with systemic allergic reactions and anaphylaxis.
- When urticarial episodes come and go over a period of less than 6 weeks, it is referred to as acute urticaria.
- Chronic urticaria refers to urticarial episodes that have been present for longer than 6 weeks or urticaria associated with physical triggers (called physical urticaria).
- Chronic urticaria significantly affects a patient's quality of life with stress, anxiety, depression, and sleep deprivation commonly reported.
- The causes of acute and chronic urticaria are different from each other.
- Unfortunately, in many cases, no specific cause or trigger can be found and treatment is purely symptomatically.

CAUSES

Infections

- Certain infections, especially viral infections, are the most common cause of acute urticaria.
- Parasitic infestations and bacterial infections can also cause acute urticaria.

Medicines

- Almost any drug or over-the-counter medication can cause urticaria.
- Common offending medications include antibiotics, pain medication (also referred to as non-steroidal anti-inflammatory drugs), anti-epileptic drugs and oral contraceptives.

URTICARIA

allergy foundation south africa
www.allergyfoundation.co.za

Foods

- Foods (milk, egg white, peanut and tree nuts, fish, and shellfish) are common causes of immediate onset urticaria.
- Spoiled fish, food additives (preservatives, colourants and flavourants) may also cause urticaria.
- Many foods can increase histamine levels in the body – examples are cured meat, canned and processed fish products, fermented cheese and soya products and alcohol.

PHYSICAL URTICARIA

- Some people get urticaria after being exposed to physical triggers from their environment.
- Dermographism ("skinwriting") is the most common form and is caused by gentle stroking of the skin.
- Cold urticaria occurs during cold exposure (e.g. sudden exposure to cold water during swimming) – this form of urticaria may trigger a severe allergic reaction and even anaphylaxis.
- Other physical triggers of urticaria include pressure on the skin (e.g. sandal straps or tight clothing), vibration, exposure to heat, water, sunlight, and an increase in body temperature (during physical exercise).

AUTOIMMUNE AND AUTOALLERGIC URTICARIA

- Some people may develop chronic urticaria due to their immune system producing antibodies against their own immune cells and/or substances occurring naturally in the body.
- Autoimmune urticaria occurs more commonly in females.
- Autoimmune urticaria may be associated with autoimmune diseases (e.g autoimmune thyroid conditions, vitiligo, SLE and rheumatoid arthritis).

TESTS

- Your doctor should take a good history from you and perform a thorough clinical examination, before deciding on appropriate special tests.
- Acute urticaria: in general, no routine tests are recommended, unless accompanying systemic features or anaphylaxis is suspected (see anaphylaxis).
- Chronic (including physical and autoimmune) urticaria: more extensive investigations may be required, including specialised tests to identify a specific cause or underlying mechanism of your urticaria.
- Provocations tests may be necessary in the case of physical urticaria.

URTICARIA

allergy foundation south africa
www.allergyfoundation.co.za

TREATMENT

- Try to identify specific triggers of urticarial reactions and avoid these.
- Your doctor may recommend that you avoid some medications.
- Do not avoid any specific foods unless food allergy has been proven and your doctor has instructed you to do so.
- Your doctor may advise a short trial of a food preservative/additive-free diet, only after careful consideration.
- Newer generation (non-sedating) antihistamines are the best treatment for urticaria.
- Older antihistamines should be avoided as these may have serious side effects (e.g. drowsiness, poor concentration and dizziness).
- Patients with chronic urticaria require daily use of non-sedating antihistamines.
- For acute or infrequent urticarial episodes, antihistamines may be used only when necessary.
- Higher doses of non-sedating antihistamines or other medication may be prescribed by your doctor, or referral to a specialist may be warranted if your symptoms remain uncontrolled.
- When urticarial episodes are associated with anaphylaxis, intensive patient education, an anaphylaxis action plan and an adrenaline auto-injector should be prescribed (see anaphylaxis).

ANGIOEDEMA

- Angioedema is caused by swelling of the deeper layers of skin (see angioedema brochure)
- Angioedema may occur with acute and chronic (including physical) urticaria or may appear in isolation.
- Angioedema takes longer than urticaria to resolve and may last for up to 72 hours.
- Angioedema is usually painful, rather than itchy.