URTICARIA

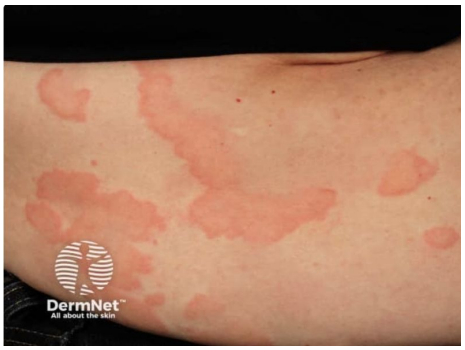
Urticaria (hives) are skin rashes characterized by diffuse, transient, raised, edematous and erythematous plaques called wheals.

Wheals are often pruritic, and can be accompanied by a burning sensation

PRESENTATION

- **Wheals**
  - Well-demarcated papules or plaques
  - Pink with central pallor and edematous base
  - Variable size and shape (round, rings, map-like), any location
  - Asymmetrical, non-predictive migration
  - Lesions last for min-24 hours, resolves without leaving a mark

PHYSICAL EXAM



ETIOLOGY

Acute (< 6 weeks):
- *Often* ***non-allergic***
- Idiopathic
- Viral infection
- Medications (antibiotics, NSAIDs, opioids, radiocontrast)
- Food and food additives
- Insect bites and stings
- Vaccines
- Bacterial and parasitic infection (less common)

Chronic (> 6 weeks):
- Idiopathic
- Physical stimuli (heat, pressure)
- Emotional stimuli (stress)
- Autoimmune (Lupus, Thyroid disease)
- Infections
- Malignancy

DIAGNOSIS

***Clinical diagnosis** in most cases*

- ❑ **HPI**: onset, location, duration, relieving and aggravating factors, recent exposure to triggers
- ❑ **ROS**: symptoms of underlying causes (i.e. itch, fever, weight changes, heat/cold intolerance)
- ❑ **PMHx**: allergy and atopic history, medications, recent travel, history of infection, FHx, SHx

Investigations:
**if an underlying disorder is suspected*

Red Flags (painful urticaria > 24hrs):
- Fever, lymphadenopathy, jaundice, cachexia → *systemic illness*
- Hyperpigmented lesions, ulcers, or painful urticaria for > 24 hours → *urticarial vasculitis*
- Stridor, wheezing, or respiratory distress → *risk of airway obstruction*

Angioedema:
Swelling of the face, lips, tongue or oropharynx

MANAGEMENT

- **Avoid triggers/stop offending medication**
- **Non-sedating antihistamines** (i.e. cetirizine).
  - *Dose can be up-titrated to 4x the standard dose if symptoms remain at 2 to 4 week intervals.*
- Systemic corticosteroids (i.e. prednisone) for chronic urticaria, but generally not indicated **avoid long-term use*
- Consider biologics (i.e. omalizumab) in conjunction with allergist/immunologist for refractory, chronic urticaria
- ***Angioedema***: C1 inhibitor replacement, refer as needed
- ***Anaphylaxis***: **IM epinephrine**, monitor airway, intubate immediately if signs of obstruction. Monitor 4-6hrs for biphasic reactions. If refractory, epinephrine infusion and pressors. *Adjunctive measures*: H1 & H2 blockers

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