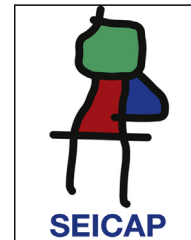




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### ORIGINAL ARTICLE

## Demographic and clinical profiles in patients with acute urticaria



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### KEYWORDS

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Antihistamines;  
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### Abstract

**Background:** Urticaria is a common cause for consultation in general and specialised medical practices. There is scarce information on the characteristics of patients suffering acute urticaria in Latin America.

**Objectives:** To investigate demographic and clinical features of patients with acute urticaria attending two allergy clinics in Caracas, Venezuela.

**Methods:** A prospective study of all new patients who consulted during a three-year period because of acute urticaria. Information on age, gender, symptom duration, previous medical history, body distribution of wheals and angio-oedema, laboratory investigations, skin prick tests, and pharmacological treatment, was collected. Patients were classified according to their age as children/adolescents and adults.

**Results:** Two hundred and forty eight patients (177 adults and 71 children) were studied. Acute urticaria was more frequent in middle-aged atopic female patients. Lesions more often involved upper and lower limbs and head, and 31% of patients exhibited generalised urticaria. Laboratory investigations, performed only in selected cases, did not contribute to the final diagnosis. Most frequent subtypes of acute urticaria were spontaneous, dermographic, papular, and drug-induced urticaria. Most patients were treated with non-sedating antihistamines, with increased use of cetirizine and levocetirizine in children, while 5.6% of children and 20.3% of adults required the addition of short courses of systemic corticosteroids.

**Conclusions:** Acute urticaria is a frequent cause of consultation for allergists, affecting more often middle-aged female atopic patients. The use of extensive complementary tests does not seem to be cost-effective for this clinical condition. Spontaneous, dermographic, papular and drug-induced urticaria are the most common subtypes.

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## Introduction

Acute urticaria (AU) is a common cause for consultation in emergency services, general practices, and specialised dermatology and allergy clinics. The prevalence of urticaria in the general population has been estimated to be between 2.1% and 6.7%<sup>1</sup> with lifetime prevalence rates of up to 8.8%.<sup>2</sup> It may affect between 15% and 23% of individuals at some point of life,<sup>3</sup> and about 40% of patients with urticaria exhibit concomitant angio-oedema (AE).<sup>4</sup> Acute spontaneous urticaria is common in infants and young children, particularly in atopic subjects. In fact, in the ETAC study 16.2% of placebo-treated children developed urticaria.<sup>5</sup> Furthermore, in a study carried out in Spain, the prevalence of urticaria in the past 12 months was 0.8%, more often in female patients among 35 and 60 years (mean age 40 years).<sup>6</sup>

The prognosis of acute urticaria is generally favourable with most patients responding to conventional therapies and showing a short-lasting disease, although 20–30% of cases of AU may progress to chronic urticaria.<sup>7–11</sup> AU compromises patient's quality of life and pruritus is a major cause of discomfort.<sup>12–14</sup>

Since there are scarce data on the clinical expression of acute urticaria in Latin America, we have performed a prospective study that investigated the demographic and clinical characteristics of all patients with AU attending outpatient allergy clinics in Caracas, Venezuela for the first time, during a three-year period. This information is relevant for clinicians taking care of patients with this common condition in countries from Latin America and other developing areas of the world.

## Methods

This is a prospective study that included all new patients who attended to two ambulatory allergy services in Caracas, from January 1<sup>st</sup>, 2010, to December 31<sup>st</sup>, 2012. After signing the informed consent statement, patients of any age or sex were included into the study. The protocol was approved by the Ethics Committee of Clínica El Avila. The following information was obtained by direct patient interrogation and physical examination: age, gender, duration of symptoms, previous or current medical conditions, and body

distribution of the wheals and angio-oedema. Patients were classified into two groups according to their age: children and adolescents (1–18 years old), and adults ( $\geq 19$  years old).

Acute urticaria was defined according to the current International Guidelines on Urticaria and Angio-oedema as the occurrence of wheals and/or angio-oedema lasting six weeks or less.<sup>15</sup> Additional laboratory investigations and immediate-type hypersensitivity skin tests with inhalant and food allergens were performed only in selected patients as deemed necessary by the treating allergist according to the medical history and physical examination, as recommended in the guidelines.<sup>15</sup> Treatment of AU consisted mainly of second generation (non-sedating) antihistamines and in severe cases with the addition of oral corticosteroids.<sup>16</sup>

**Statistical analysis.** The Mann–Whitney *U* test was used to compare two groups for non-normal distribution data. Proportions were analysed using the Chi-square test. A *P* value  $< 0.05$  was considered statistically significant.

## Results

### Demographics

During the period of this investigation 618 new patients with urticaria and angio-oedema were studied. This amount constituted 21.8% of all patients consulting to the allergy services. Two hundred and forty eight (40.1%) had acute urticaria and 370 (59.8%) had chronic urticaria. Age and sex distribution of patients with AU, as well as the time of disease duration before consulting are shown in Table 1. AU was more frequent in adults, and predominated in female subjects ( $p < 0.05$ ). The number of days with wheals before consulting was not significantly different between children/adolescents and adults.

### Clinical data

Table 2 presents a summary of previous and concomitant medical history of studied patients. Rhinitis, asthma, and atopic dermatitis were frequent in children with AU; whereas rhinitis, hypertension and asthma were frequently present in adults, but no statistically significant differences in the prevalence of these comorbidities were present. The

**Table 1** Demographic and clinical characteristics of studied population.

	Children (n = 71)			Adults (n = 177)			All patients (n = 248)		
	n	%	P value	n	%	P value	n	%	P value
Female	34	47.8	–	129	72.8	–	163	66.7	–
Male	37	52.1	n.s.	48	27.1	<0.05	85	34.2	<0.05
Duration of wheals (days)	18.6 ± 10.6 (range 1–40 days)			17.6 ± 10.1 (range 1–40 days)			18.0 ± 10.4 (range 1–40 days)		
Mean age (years)	6.14 ± 5.1 (range 7 months–18 years)			40.6 ± 15.3 (range 19–83 years)			30.4 ± 20.9 (range 7 months–83 years)		

n.s.: not significant.

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