

Urticaria

(Hives, Nettle rash or Weals)

Introduction

Classification - acute
- chronic

Brief pathophysiology

Clinical presentation

Management

Angioneurotic edema

Types of Angioneurotic edema

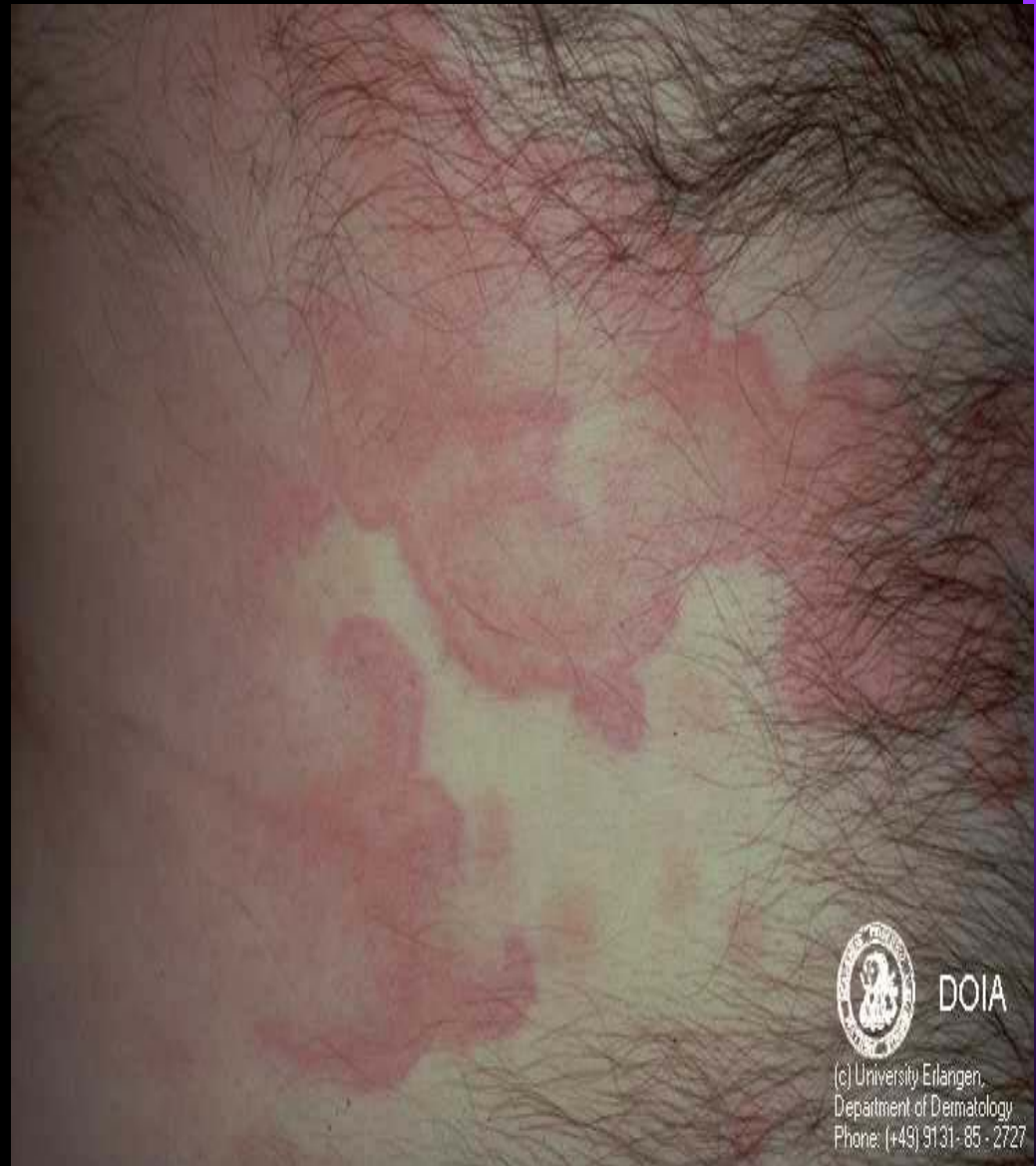
Purpura

Urticaria vs Vasculitis

purpura

URTICARIA

- Erythematous/
edematous swelling
- Dermis
- Transient
- Usually associated
with itching



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Classification

- Acute (less than 6 weeks duration)
- Chronic (more than 6 weeks to 3 months)
- Immune complex urticaria
- Physical

• Acute Urticaria

(less than 6 weeks duration)

Drugs-Antibiotics- Penicillin

Tetracycline

Cephalosporin

Sulphonamides

NSAIDS

Neuropeptides, subs. P

Morphine, codeine

Radiocontrast Medium

Foods – Strawberries

Cheese

Chocolates

Idiopathic

Pathophysiology

Type I hypersensitivity

Linkage of 2 adjacent IgE receptors
on mast cell by Ag



Mast cell activation



Releases Histamine/mediators from receptors

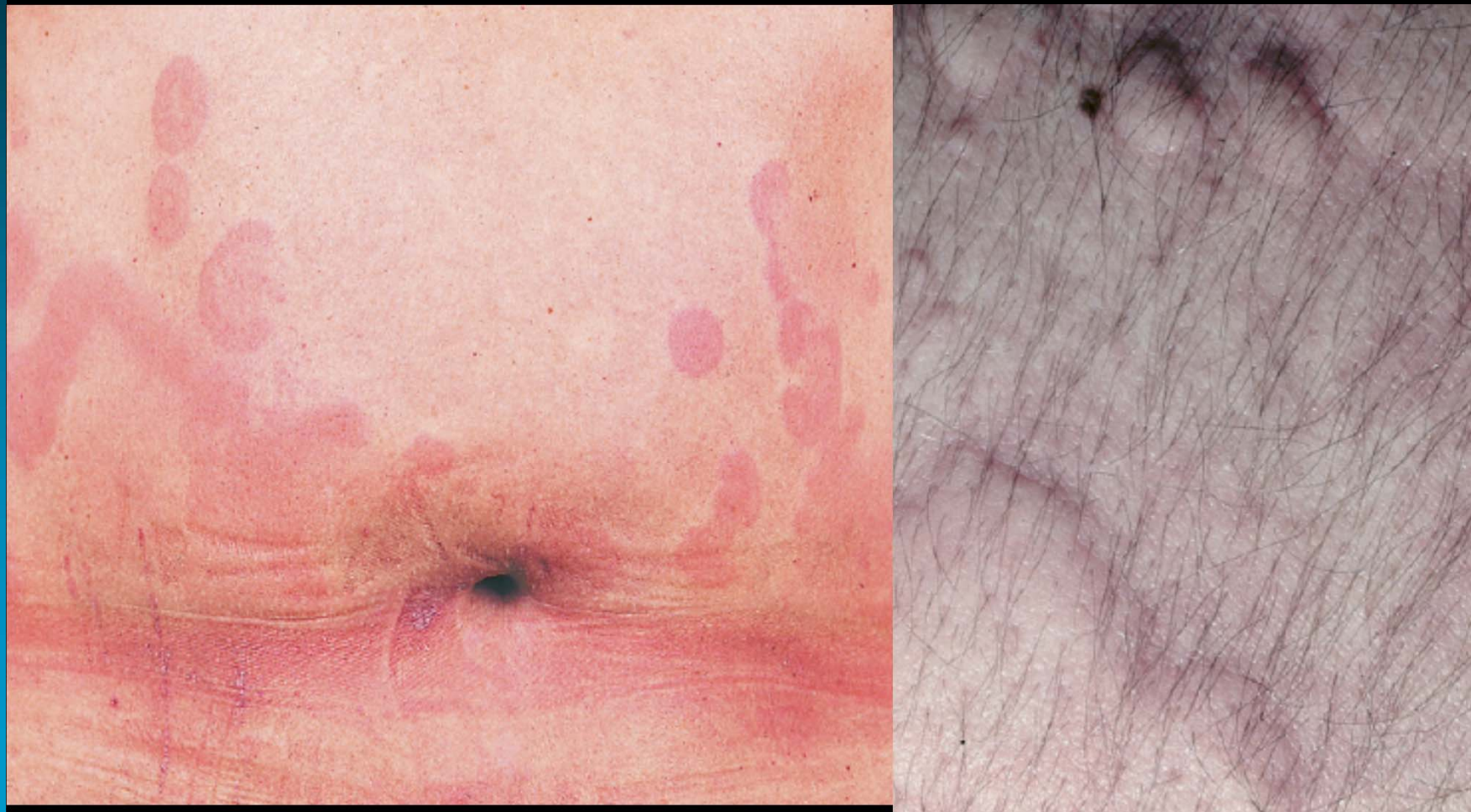


Weals

Clinical features

- Any age group
- Anywhere on body
- Itchy erythematous macules, weals
(Pale, pink, oedematous, raised skin)
- Variable in number
size
shape (annular, serpiginous, bizarre)

Acute Urticaria



- Transient – last a few hours
resolve within 24 hours
- On resolving skin is normal

- Systemic complaints

Malaise

Headache

Vomiting

Diarrhoea

Abdomen pain

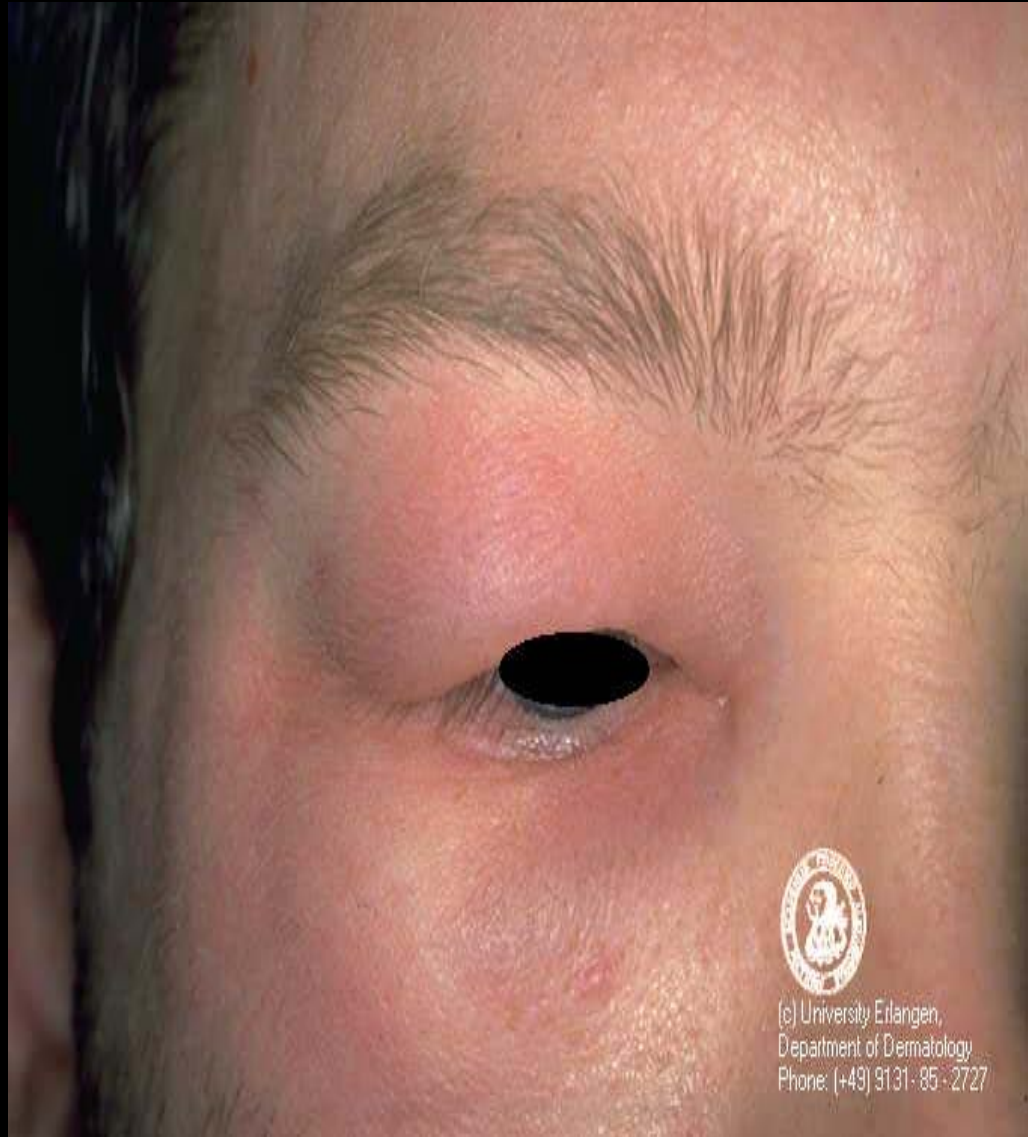
Arthralgia

Dizziness/syncope

In children-

- More acute
- Less itchy
- More tendency to purpura

- May be assoc. with angioedema
- Mucosal swelling (angioedema)
 - buccal mucosa, tongue, pharynx & larynx



Chronic Urticaria

Weals present on most of days for a period
>6 weeks

Cause rarely identified

- Idiopathic
- Auto-immune

Chronic Urticaria



Provoking factors

- Drugs
- Penicillin, NSAID's
- Foods/food additives
- Infection
- Dental
- Inhalants

Systemic Diseases

- Collagen vascular diseases
- Thyroid DS
- Sarcoidosis
- Pregnancy
- Psychological stress

Natural History :

resolves in 6 weeks

Management

- Explanation
- Non specific measures to
↓ provoking agents
- H₁ Antihistamines
 - I Generation
 - II Generation

Management

Resistant Cases

- Combination of H₁ & H₂ antihistamines
- Oral steroids in severe cases
- Cyclosporine
- If laryngeal oedema – adrenaline

Physical Urticaria

Physical stimulus

Heat

Cold

Exercise

Reproducible wealing

Dermographism



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- Factitious urticaria involving triple response
- Young adults
- Severe itching, more at night

Treatment

Antihistamines

PUVA

Cholinergic Urticaria

- Small weals
- With sweating
 - Increase in temp.
 - Emotion
 - Gustatory
- In adolescence

Angioneurotic oedema/ Angioedema

Manifestation of
urticaria

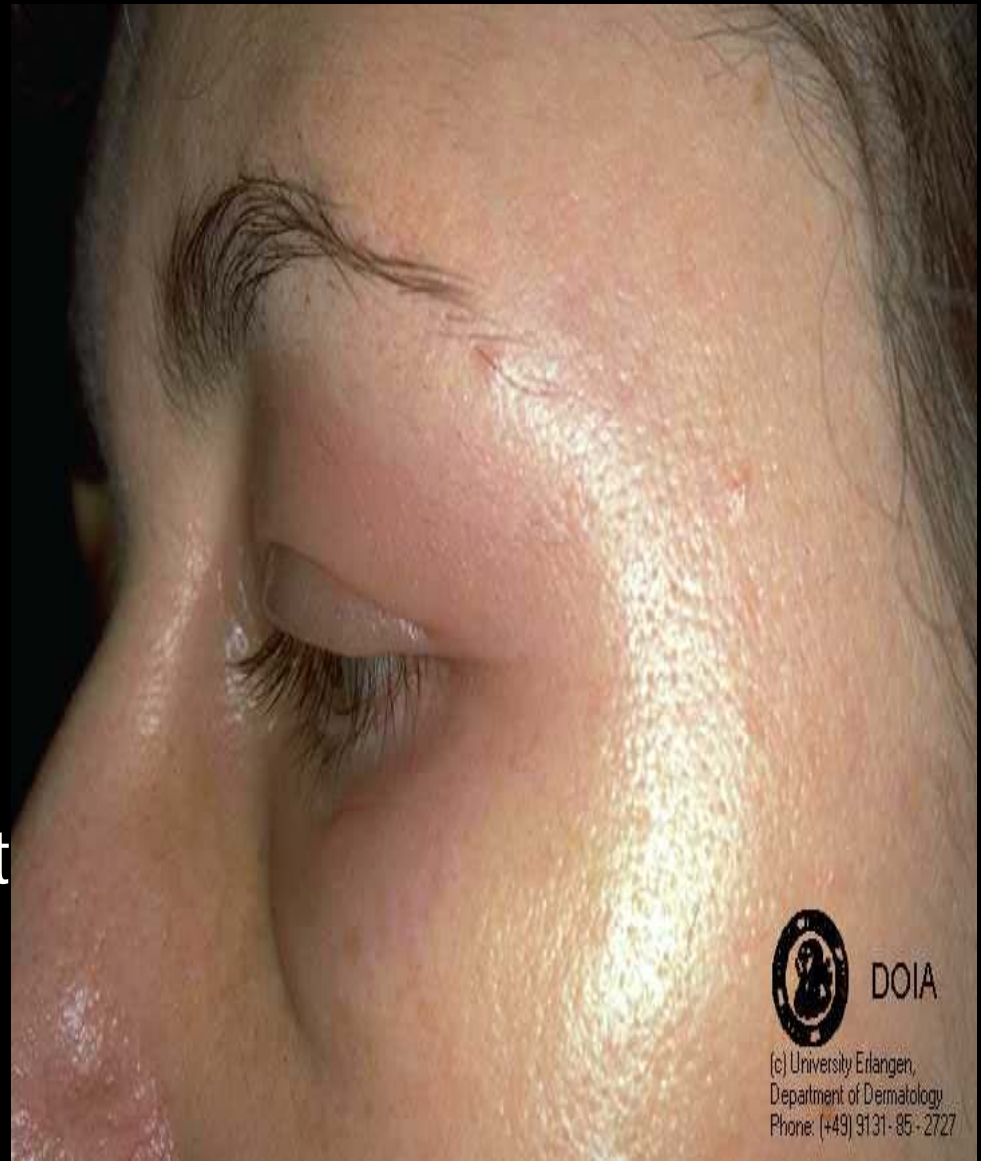
- Transient swelling
Deeper dermis
subcutaneous
submucosal tissue



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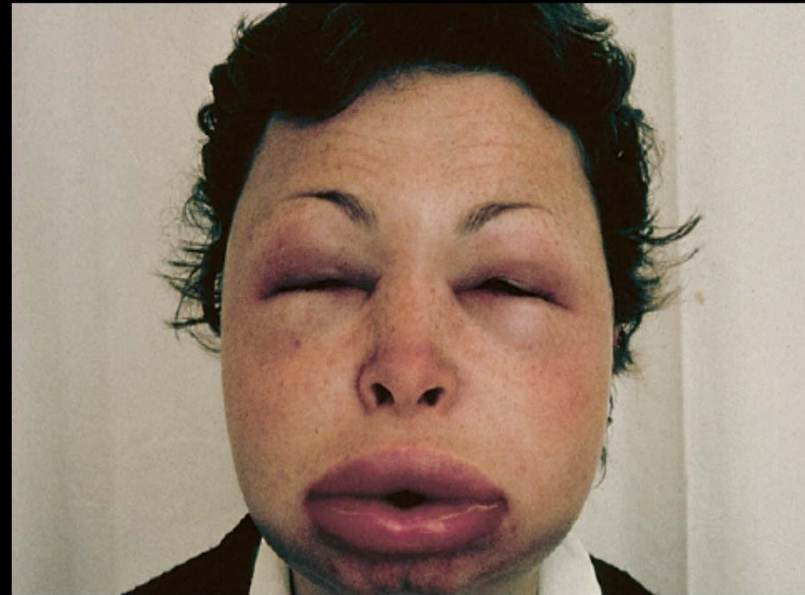
- Any part
 - lips
 - eyelids
 - genitalia
- Sudden onset
- Itching usually absent



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Angioneurotic oedema



-Lasts few hours to 2-3 days

-Treatment

Same as chronic urticaria

ACE inhibitor induced Angioedema

After 3 weeks of treatment
but can occur at any time during treatment

TREATMENT -Stop ACE inhibitor

Hereditary Angioedema

Deficiency of natural inhibitor of C1 esterase

Rare AD transmission

Family history present

Onset childhood

Recurrent swellings

Associated with nausea

vomiting

colic/urinary symptoms

Treatment

Androgens/Anabolic drugs – Stanazolol

Fresh frozen plasma

Purified inhibitor

Purpura

Discoloration of
skin /mucus
membranes due to
extravasation of
R.B.C



Purpura

<2mm - petechiae

>2mm - ecchymosis



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Classification of purpura

- **Platelet disorders** (Thrombocytopenia)

 - Defective production

 - Decreased survival

 - Excessive consumption

- **Vascular or nonthrombocytopenic**

 - Physical-coughing

 - Senile

 - Scurvy

 - Toxic purpura

Clinical Classification

- Palpable
- Nonpalpable

Treatment-

Treatment of cause