



Urticaria - Hives

Urticaria (Hives) are swellings of skin also called wheals or welts. These are raised areas of variable size and shapes surrounded by redness with itching and burning. They fade spontaneously over 1-24 hours without scarring.

Clinically Urticaria is classified into two types. Acute cases resolve spontaneously and patient usually knows the cause. Chronic Recurrent Urticaria is usually a recurrent problem. It is usually a diagnostic and therapeutic dilemma.

Acute Urticaria: Less than 6 weeks Cause identified in >15% Chance of Remission >90% Incidence 10-20%
Chronic Urticaria: More than 6 weeks Cause identified in < 5% Chance of Remission <30% Incidence 0.1%

Chronic Allergic Urticaria: Foods, Inhalants, Insect Stings or Bites, Medications, Contactants, Parasites etc
Food related recurrences are usually caused by one or two foods and < 1% last 6 weeks.
The longer the list of food allergies, the less likely that they are causing the problem.

Chronic Physical Urticaria: **Cholinergic** (Generalized Heat, Exercise, Sweating, Hot Shower, Strong Emotions), Cold Solar (Visible & UVB), Scratching (Dermographism), Pressure (Delayed Angioedema)
Adrenergic type with palpitations caused by release of catecholamines from a variety of triggers, including emotional upset, tension, stress, coffee, chocolate, spices & ginger etc.

Chronic Urticaria Systemic Disorders: Thyroid Disorders in 25%, Hashimoto's Thyroiditis in 15%, SLE, Arthritis etc.

Chronic Urticarial Vasculitis: Non-blanching wheals with dark purpuric centers. Lesions last 24-48 hours and leave black & blue marks (sprinkled nutmeg appearance). Sore, tender, burning sensation than itching.

Chronic Idiopathic Urticaria: (CIU) Hives occur anytime in virtual any area, 40-80% associated with angioedema. Eyelids, Lips, Tongue & rarely Throat can be affected but no Laryngeal blockage.
50% have Symptomatic Dermographism or Delayed Pressure Urticaria.
40-45% have some abnormalities in the auto-immune system of the body.
Up to 40% of the patients with history of hives for > 6 months still have hives 10 year later.
Majority of the people with Spontaneous Acute or Chronic Urticaria have no identifiable cause but we must keep on looking for a treatable underlying problem to cure the disorder.

Complete Medical Evaluation with a 'thorough clinical history & physical exam', routine laboratory work up and selected additional diagnostic studies should exclude most of the occult diseases eg autoimmune, infectious, neoplastic disorders etc.

Allergy Testing: A diary may give you clues as to what could be a suspected cause for your hives. In general routine allergy testing is not recommended. Positive tests to foods and air-borne allergens may have no relevance to your hives.

Limited Lab Workup recommended for chronic urticaria includes CBS, TSH, LFTs & ESR/CRP.

Additional tests if indicated may include CBC with differential, ESR, TSH, T4, Antithyroid antibodies, Hepatitis B & C, Cryoglobulins, Complement, CH50, C2, C3, C4, C1-esterase Inhibitor, ANA, Anti-dsDNA, Anti IgE & Anti IgE Receptor antibodies, Urinalysis, Stool exam for ova & parasites. Periodic clinical assessment with testing as indicated is important.

Biopsy: Atypical petechial or purpuric lesions lasting >24 hours, associated with systemic symptoms & other organ involvement may show leukocytoclastic vasculitis instead of typical CIU perivascular infiltrate of eosinophils.

Our approach is to provide relief of discomfort and keep on looking for a cure