

Overview of Acute and Chronic Urticaria

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Urticaria versus angioedema

- Urticaria: evanescent circumscribed raised pruritic erythematous lesions involving the superficial dermis; lesions vary in size (mm to cm) and stage (may coalesce); individual lesions last minutes to hours (usually ≤ 24 hrs) and resolve without marks
- Angioedema: swelling involving the deep dermis; generally localized; mildly pruritic &/or burning or painful; lasts hours to several days
- Often occur together
- Most often due to release of histamine

Acute versus chronic urticaria/angioedema

- Arbitrarily separated at 6-8 weeks
- Exogenous trigger sometimes found for acute urticaria; rarely for chronic

Acute urticaria/angioedema

- Inciting cause most often viral, food, venom or drugs
- Often idiopathic
- Also infection related, popular urticaria, toxin-associated, contact, immune complex
- Differentiate from anaphylaxis

Chronic urticaria/angioedema

- Daily to several days/week for $>6-8$ weeks
- Often lasts for many years
- Categories include idiopathic, autoantibody associated, physical
- Need to consider possibility of urticarial vasculitis
- Recurrent angioedema – consider bradykinin-mediated

Evaluation of urticaria/angioedema

- H&P are key
- Testing for specific IgE only if allergic etiology is suspected
- Limited testing often done
- Extensive evaluation rarely indicated
- Utility of measuring thyroid antibodies or anti-FcεR1 antibodies unclear