

Guidelines on the Diagnosis, Investigation and Management of Urticaria

Definitions:

Urticaria is a superficial swelling of the skin (Dermis) that presents as an erythematous, raised, pruritic plaque lasting less than 24 hours.

- ☞ Angio-oedema is a deeper swelling, with oedema in the dermis and submucosal or subcutaneous tissues.

Urticaria can be classified according to its duration as:

- ☞ Acute — symptoms for 6 weeks or less.
- ☞ Chronic — symptoms lasting for 6 weeks or longer (occurring on most days). This can further be classified depending on whether it is spontaneous or induced.

Urticaria can be triggered by:

- ☞ Infection (URTI, hepatitis, EBV, mycoplasma)
- ☞ Food or drug allergy
- ☞ Nonimmune mediated drug (NSAID, opiates, contrast)
- ☞ Helicobacter infection
- ☞ Systemic diseases (including thyroid disease and lupus)

STOP: Could this patient have anaphylaxis? (See anaphylaxis Guidelines)

History and examination:



History

- ☞ How long do the wheals last (should be less than 24hrs)
- ☞ Onset
- ☞ Identifiable triggers
- ☞ New medications (ACEI, NSAIDs, opiates, contrast)
- ☞ Systemic symptoms (recent infections, weight loss)

Examination:

- ☞ ABCDE
- ☞ Clinical observations
- ☞ Evidence of wheals
- ☞ Evidence of Angiodema

Investigations:

Blood tests:

- ☞ May not be required if patient is stable and isolated episode of urticaria
- ☞ FBC, U&E, CRP
- ☞ If infection suspected – EBV, hepatitis, mycoplasma, HIV
- ☞ If history of thyroid disease – TFTs
- ☞ Consider stool H pylori if suspected clinically
- ☞ If angioedema or chronic urticaria – C3/4, ANA

Management

Initial management

1. 2nd generation antihistamines (Fexofenadine, Loratadine, Cetirizine) at licensed dose
2. Titrate up to 4x licensed dose if no response to licensed dose
3. Switch to different 2nd generation antihistamine
4. Montelukast (10mg evening)
5. Rescue prednisolone – short term (eg. 30mg OD for 5days)

If persistent: refer to dermatology (referral on bamboo)