Urticaria Crónica en la Comunidad Hispana/Latina: Más que Ronchas

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Seminario web gratuito

24 de abril de 2025

4:00 PM ET

Chronic Urticaria in the Hispanic/Latino Community: More than Hives

Presented by: Allergy and Asthma Network

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Today's Speakers

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Administration Director,
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Medical Speaker
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FAAP, FACAAI, FAAAA
TOTAL Allergy, Asthma & Immunology,
Orlando

Patient Speaker
Mayra Medina

Patient Story
Mayra Medina

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UPDATE ON THE DIAGNOSIS AND TREATMENT OF CHRONIC URTICARIA

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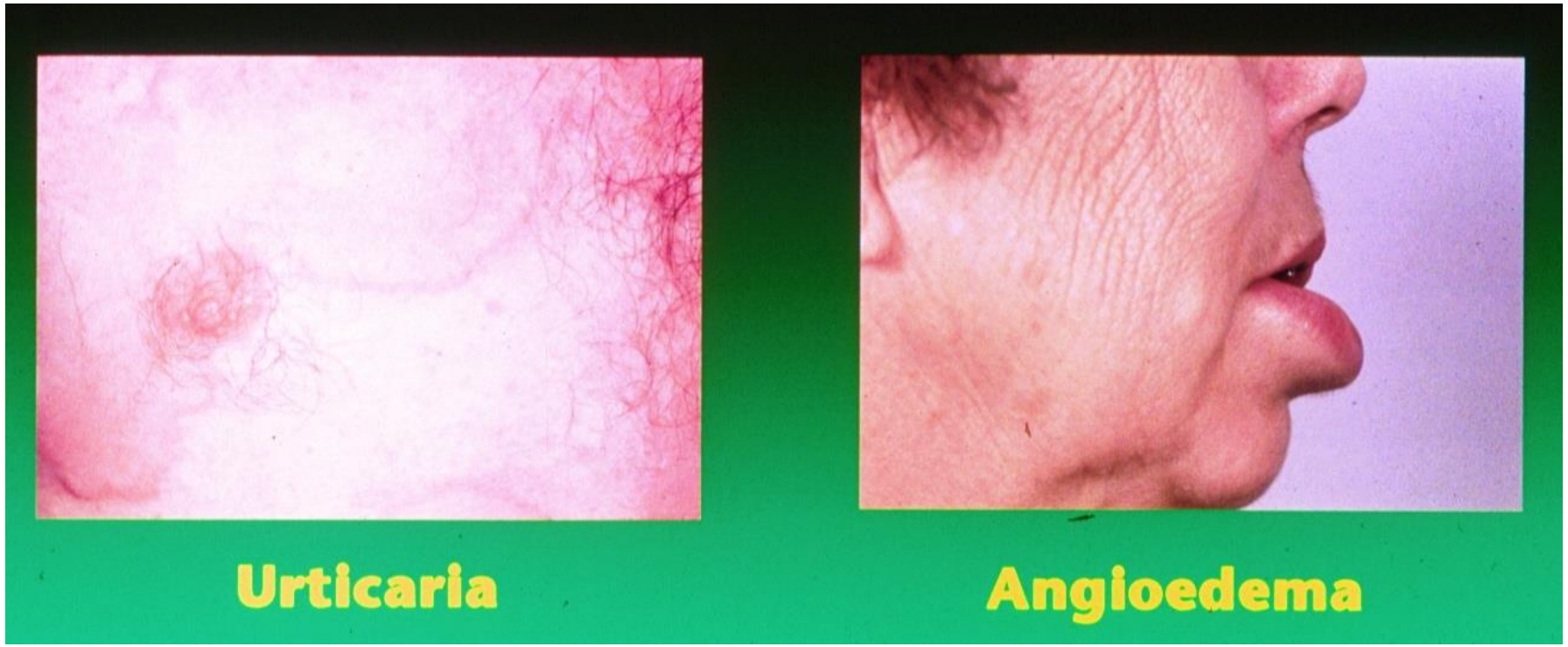
Introduction
URTICARIA AND ANGIOEDEMA



URTICARIA EPIDEMIOLOGY

Unknown precise incidence

It affects 10%-20% of the population at some point[1]

It is more common in young adults: cumulative incidence of around 15.7%[1]

It is twice as common in women[2]

Results in over a thousand visits to healthcare professionals in the US annually[3]

References:

1. Metzger. In Patterson et al., eds. *Allergic diseases: Diagnosis and Management.* 4th ed. Philadelphia, PA: JB Lippincott Co; 1993:331-351.
2. Fitzpatrick et al. *Color Atlas and Synopsis of Clinical Dermatology.* 3rd ed. New York, NY: McGraw-Hill; 1997:314-321.
3. National Center for Health Statistics. *National Ambulatory Medical Care Survey.* 1995.

URTICARIA

- Classic pruritogenic condition
- Evanescent itchy wheals
- Mainly caused by the release of histamine due to mast cell degranulation[1]
- It can also be caused by the release of other inflammatory mediators[1]
- Less than 6 weeks (acute): it is more likely to have an identifiable etiology
- More than 6 weeks: it is classified as chronic and is usually idiopathic

References:
1. Hagermark. Skin Pharmacol. 1992;5:2,4.

URTICARIA

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References:

1. Reprinted with permission from Fireman and Slavin. Atlas of allergies 1991.

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Extrinsic Factors in Chronic Urticaria and Angioedema

With hidden infectious diseases (parasitic)

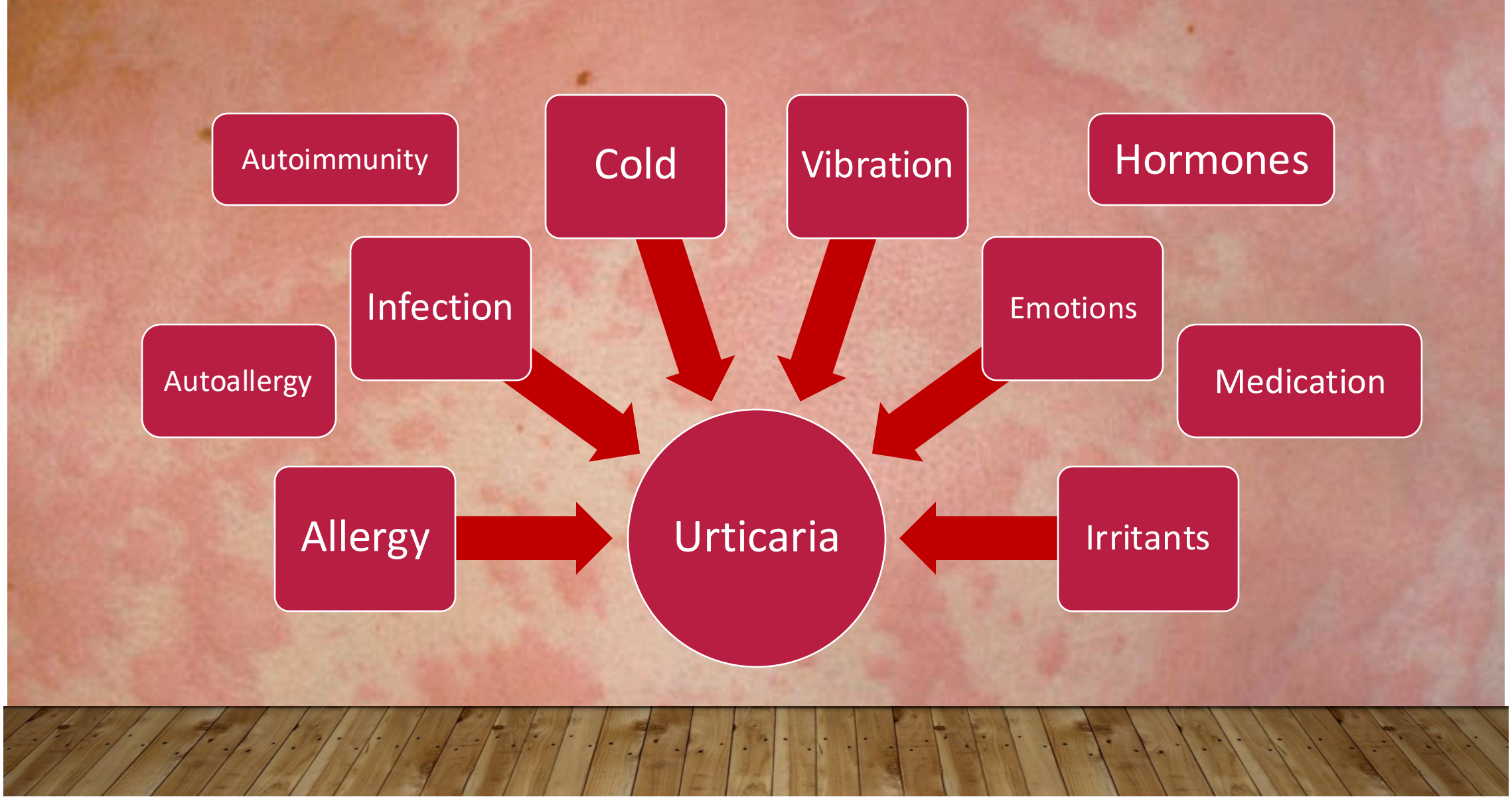
Recurrent exposure to food: IgE-mediated

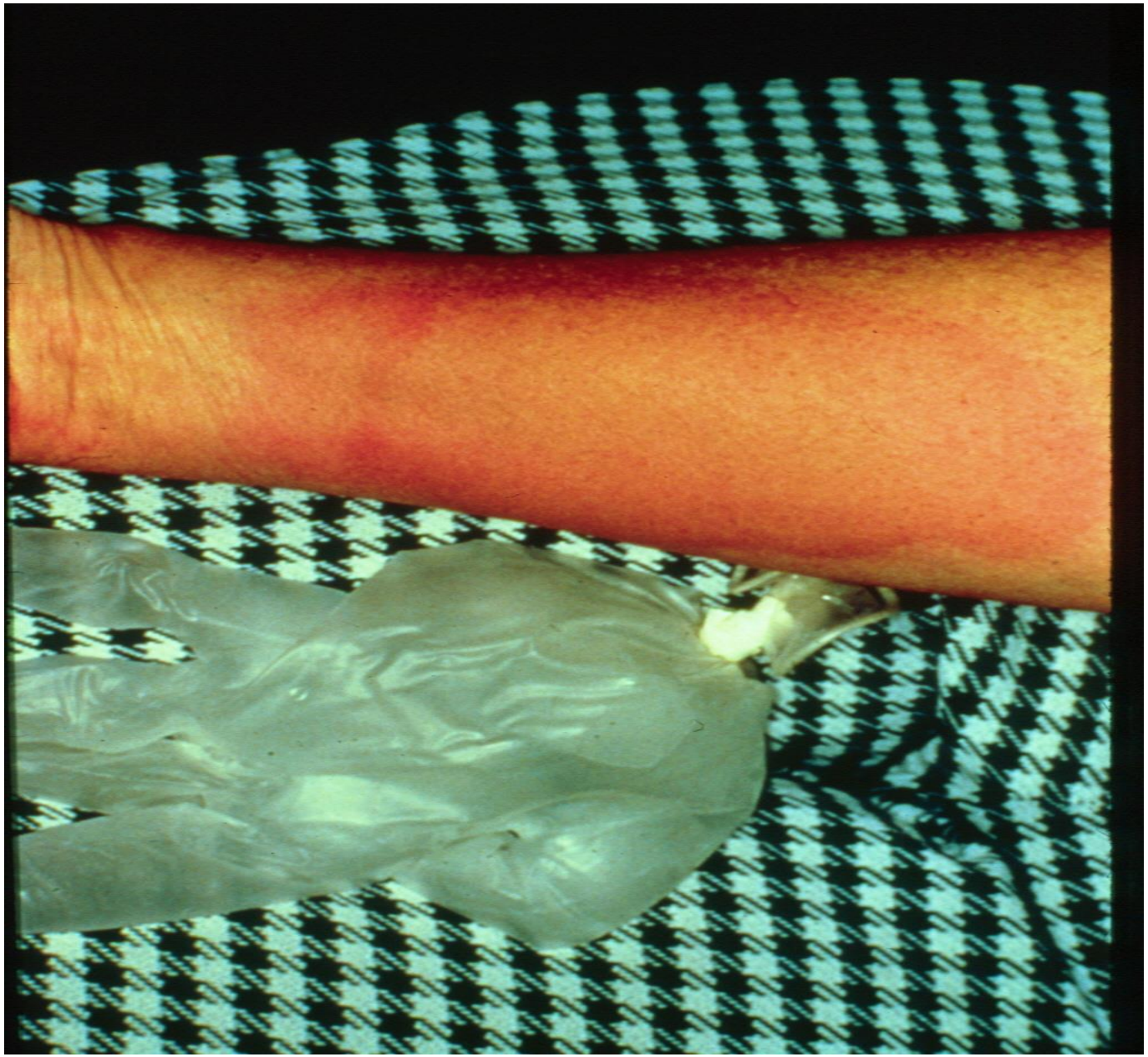
Recurrent exposure to medications:

IgE-mediated (penicillin [PCN])

Non-IgE mediated (ACE inhibitors, NSAIDs)

Physical stimuli (passive heat, cold, pressure)


Autoimmunity
Cold
Vibration
Hormones
Infection
Emotions
Autoallergy
Medication
Allergy
Urticaria
Irritants



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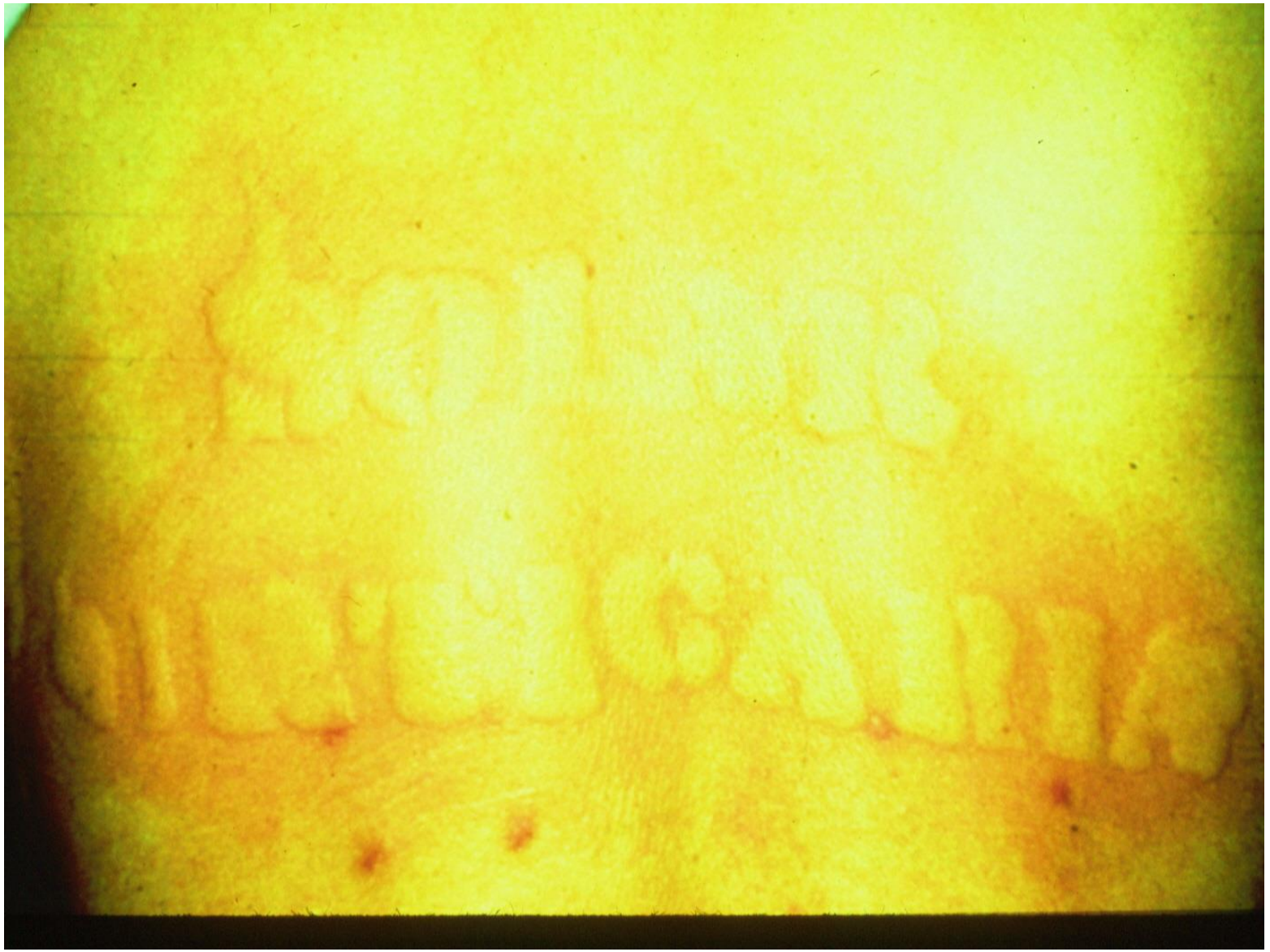

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EXERCISE-INDUCED ANAPHYLAXIS AFTER FOOD INTAKE

- URTICARIA AND SHOCK AFTER RUNNING
- IT IS NOT ASSOCIATED WITH EXERCISE-INDUCED ASTHMA, AND SHOULD BE DIFFERENTIATED FROM CHOLINERGIC URTICARIA
- FOODS INVOLVED (CELERY, SHRIMPS)

Intrinsic Factors in Chronic Urticaria and Angioedema

Acquired autoantibody or excessive consumption of C1 inhibitor (lymphoproliferative disorders and/or immune complex-related diseases).

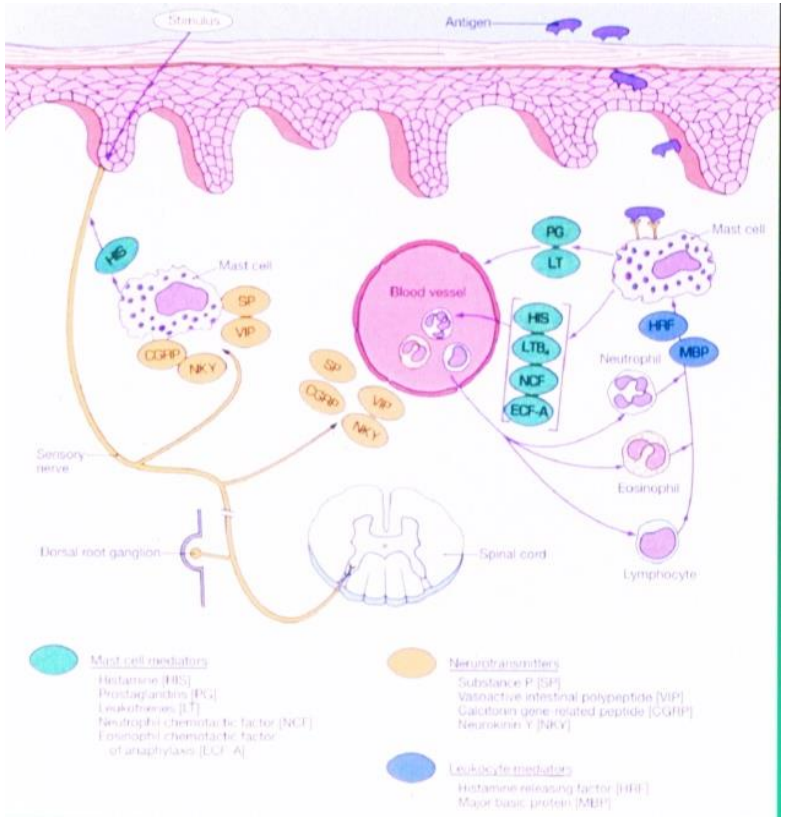
Underlying systemic disease (autoimmune disorders or collagen/vascular diseases).

“Idiopathic”: lack of clinical or laboratory evidence for the disease entity.

CHRONIC “IDIOPATHIC” URTICARIA AND ANGIOEDEMA

- Chronic (more than 6 weeks)
- Recurring (remittent and recurring)
- Lack of laboratory abnormalities (CBC, ESR, UA, serum chemistry, ANA, RF, C3, C4 and CH50)
- Histopathology: perivascular mononuclear infiltrate

URTICARIA PATHOGENESIS CELLULAR MEDIATORS



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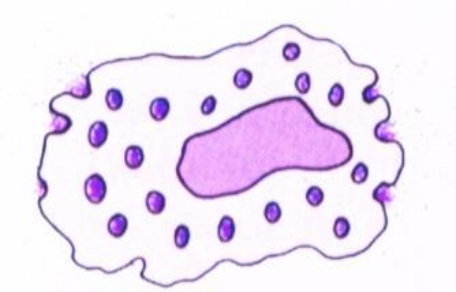
THE ROLE OF MAST CELLS IN CHRONIC URTICARIA: LOWERING THE THRESHOLD FOR HISTAMINE RELEASE



MAST CELLS

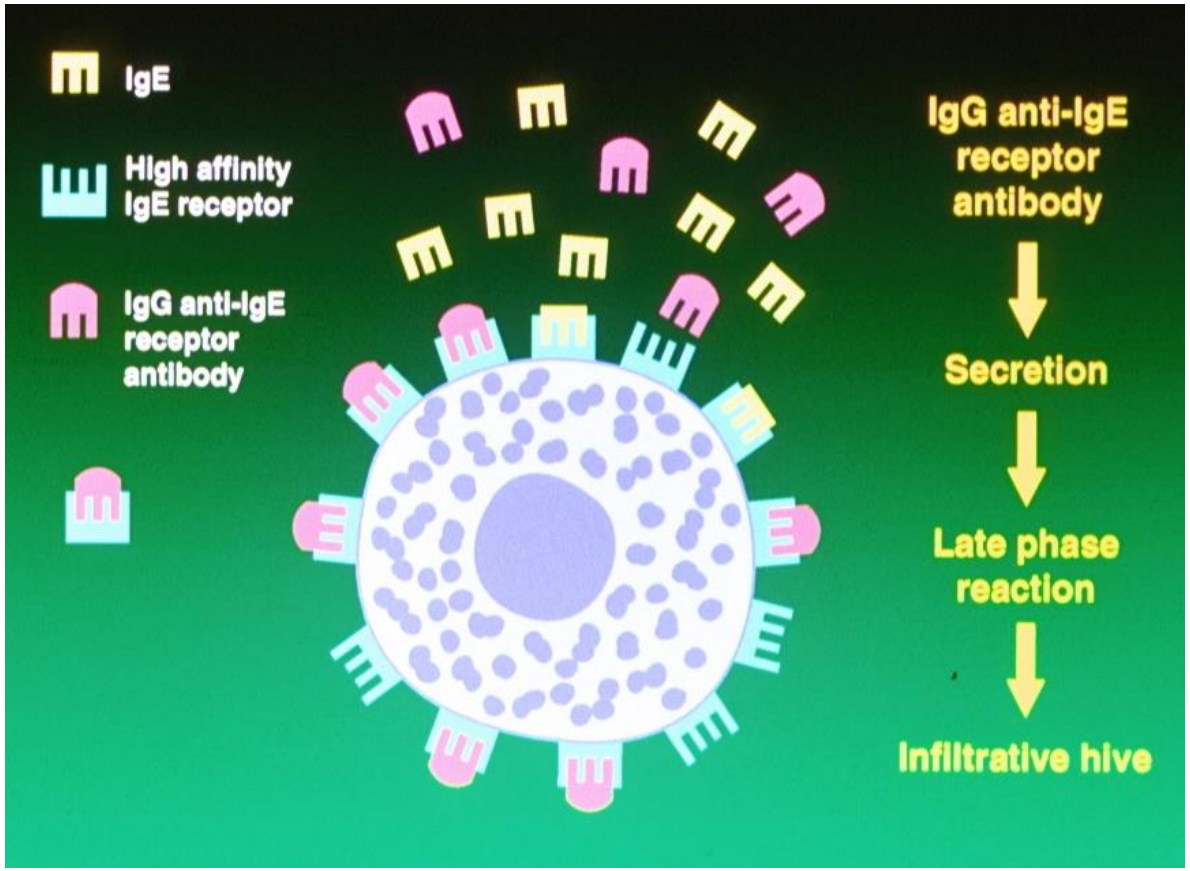
FACTORS THAT LOWER THE RELEASE THRESHOLD:

- CYTOKINES AND CHEMOKINES IN THE SKIN
- EXPOSURE TO ANTIGEN
- HISTAMINE RELEASE FACTOR
- PSYCHOLOGICAL FACTORS

FACTORS THAT INCREASE THE RELEASE THRESHOLD:

- CORTICOSTEROIDS
- ANTIHISTAMINES
- CROMOLYN (IN VITRO)

AUTOIMMUNE BASIS FOR CHRONIC IDIOPATHIC URTICARIA: IgE ANTIBODIES



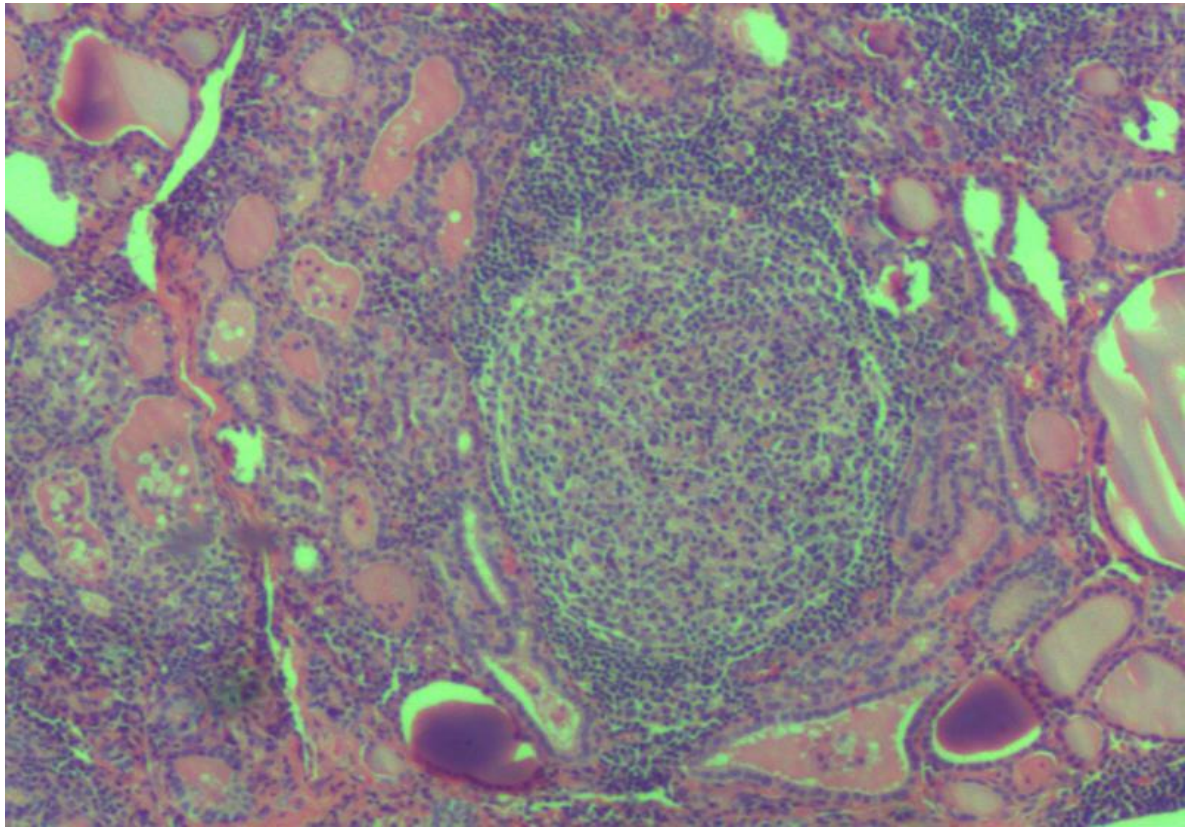
IgE RECEPTOR ANTIBODIES

- Detected in chronic “idiopathic” urticaria
- Detected in chronic “idiopathic angioedema”
- Detected in “idiopathic” anaphylaxis
- Pathogenic or epiphenomenal (non-pathogenic)?

Autoimmune thyroid disease and chronic idiopathic urticaria

- In the 1980s, Leznoff found an increase in antithyroid antibodies in approximately 12% of patients.
- In 1996, studies of patients referred to an allergy/clinical immunology visit for severe chronic urticaria revealed antithyroid antibodies in approximately 20% of patients.
- Of patients with antithyroid antibodies, a significant percentage has abnormal thyroid function.

Resolution of chronic urticaria and autoimmune markers after surgery for Hashimoto's thyroiditis



Martinez, S. et al. Annals of Allergy, Asthma & Immunology: 2008; A93

Autoimmunity/ Immune Dysregulation

- Anti-thyroid (microsomal antibodies and thyroglobulin antibodies)
- Anti-IgE antibodies
- Anti-IgE receptor antibodies (high affinity)

Urticaria associated with other conditions

- Collagen vascular disease (e.g., systemic lupus erythematosus)
- Complement deficiency, viral infections (including hepatitis B and C), serum sickness, and allergic drug eruptions.
- Chronic tinea pedis • Pruritic urticarial papules and plaques of pregnancy (PUPPP)
- Schnitzler syndrome

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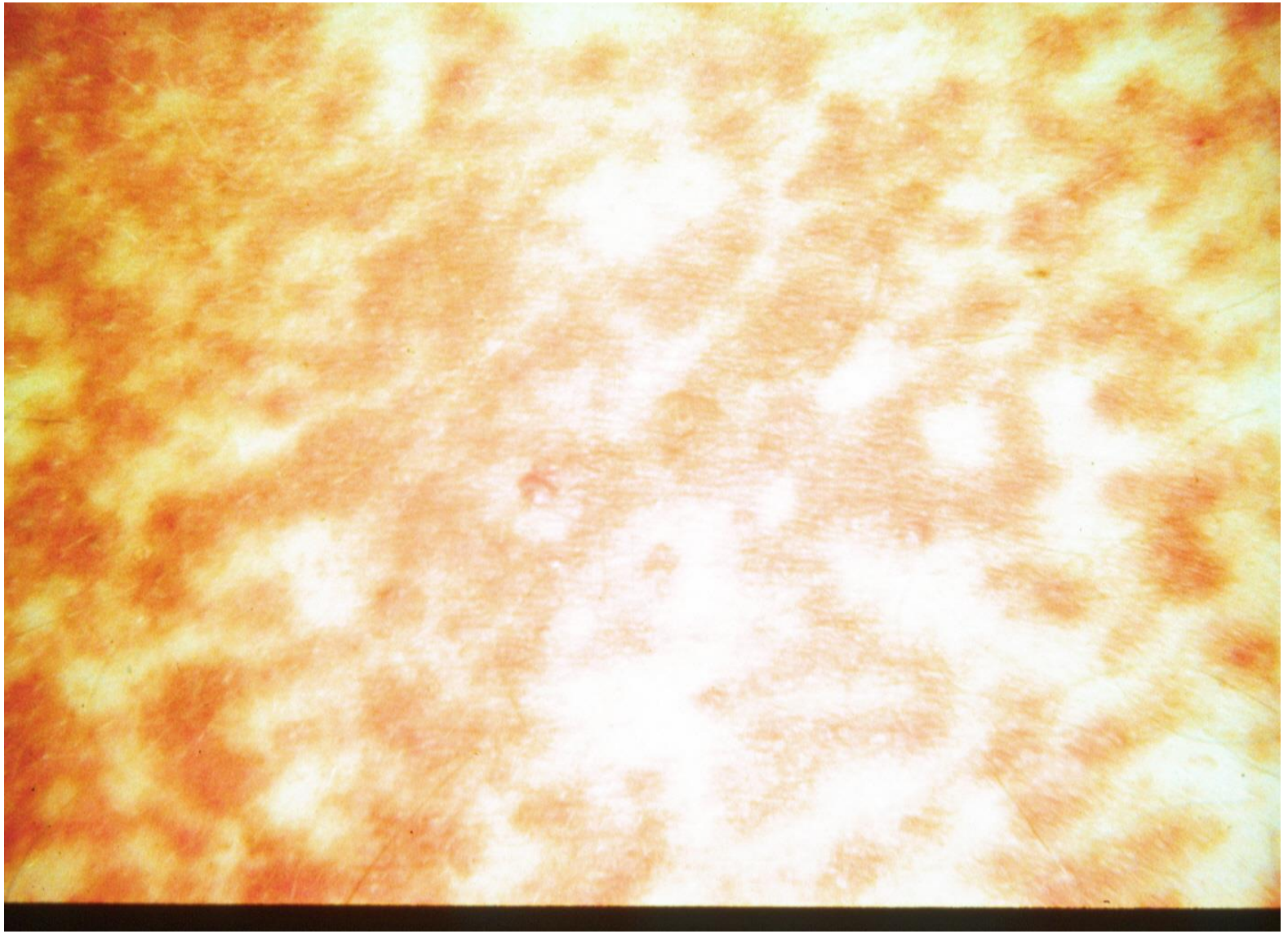

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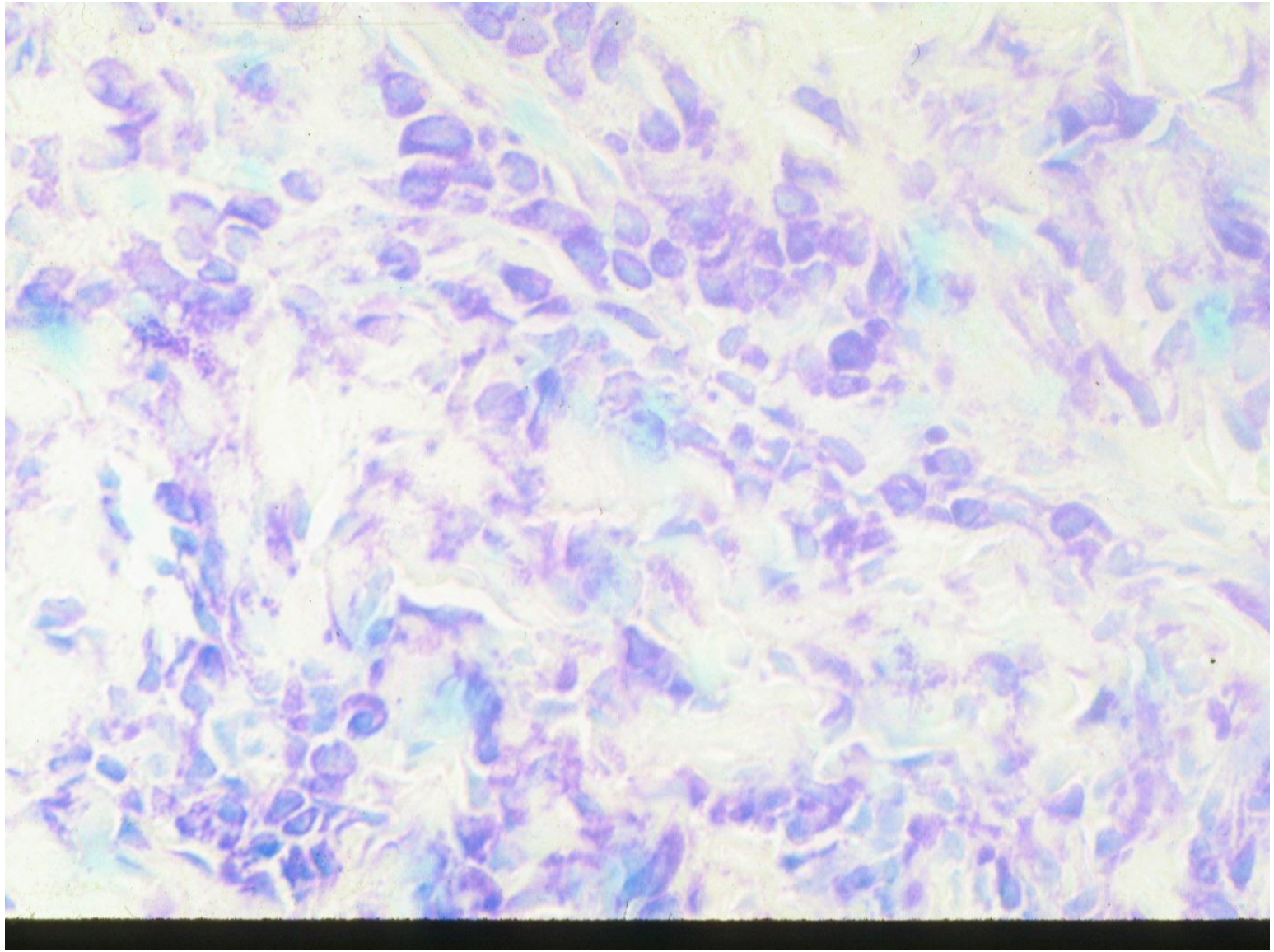

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Papular urticaria

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Bernard Cohen, MD, Dermatlas; http://www.dermatlas.org.

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Initial Screening of Urticaria

Medical record

- Sinusitis
- Arthritis
- Thyroid disease
- Fungal skin infections
- Urinary tract infection symptoms
- Upper respiratory tract infection (particularly important in children)
- Travel history (parasitic infection)
- Sore throat
- Epstein-Barr virus, infectious mononucleosis
- Insect bites
- Food
- Recent transfusions with blood products (hepatitis)
- Recently started medication

Physical exam

- Skin
- Eyes
- Ears
- Throat
- Lymph nodes
- Feet
- Lungs
- Joints
- Stomach

Laboratory Tests for Chronic Urticaria

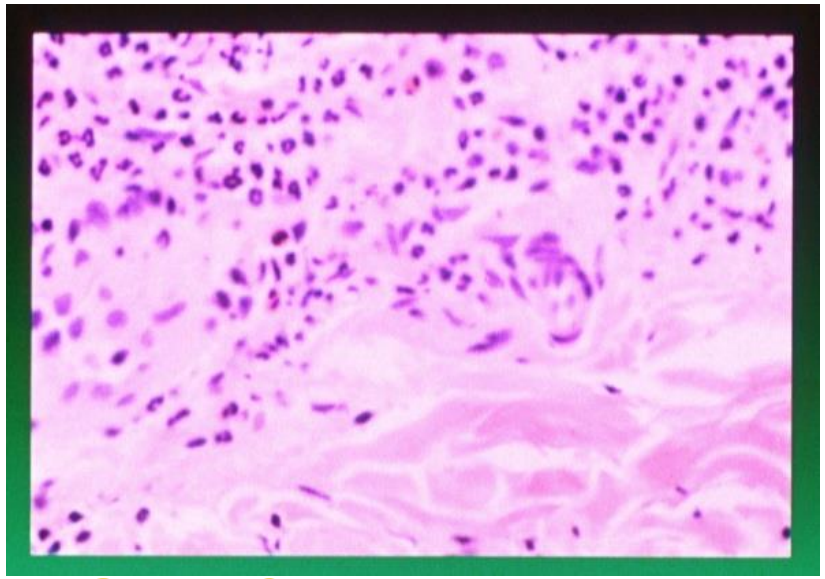
Initial Tests

- Complete blood count (CBC) with differential
- Erythrocyte sedimentation rate
- Urine analysis

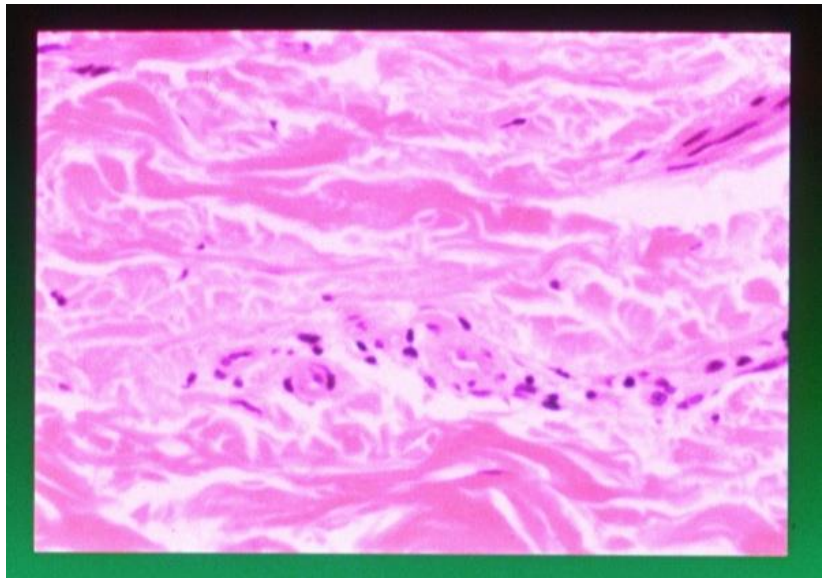
Possible Tests for Selected Patients

- Stool test for ova and parasites
- Blood chemistry profile
- Antinuclear antibody (ANA) titer
- Hepatitis B and C
- Skin tests for IgE-mediated reactions
- RAST for specific IgE
- Complement studies: CH_{50}
- Cryoproteins
- Thyroid microsomal antibody
- Antithyroglobulin
- Thyroid-stimulating hormone (TSH)

Histopathology



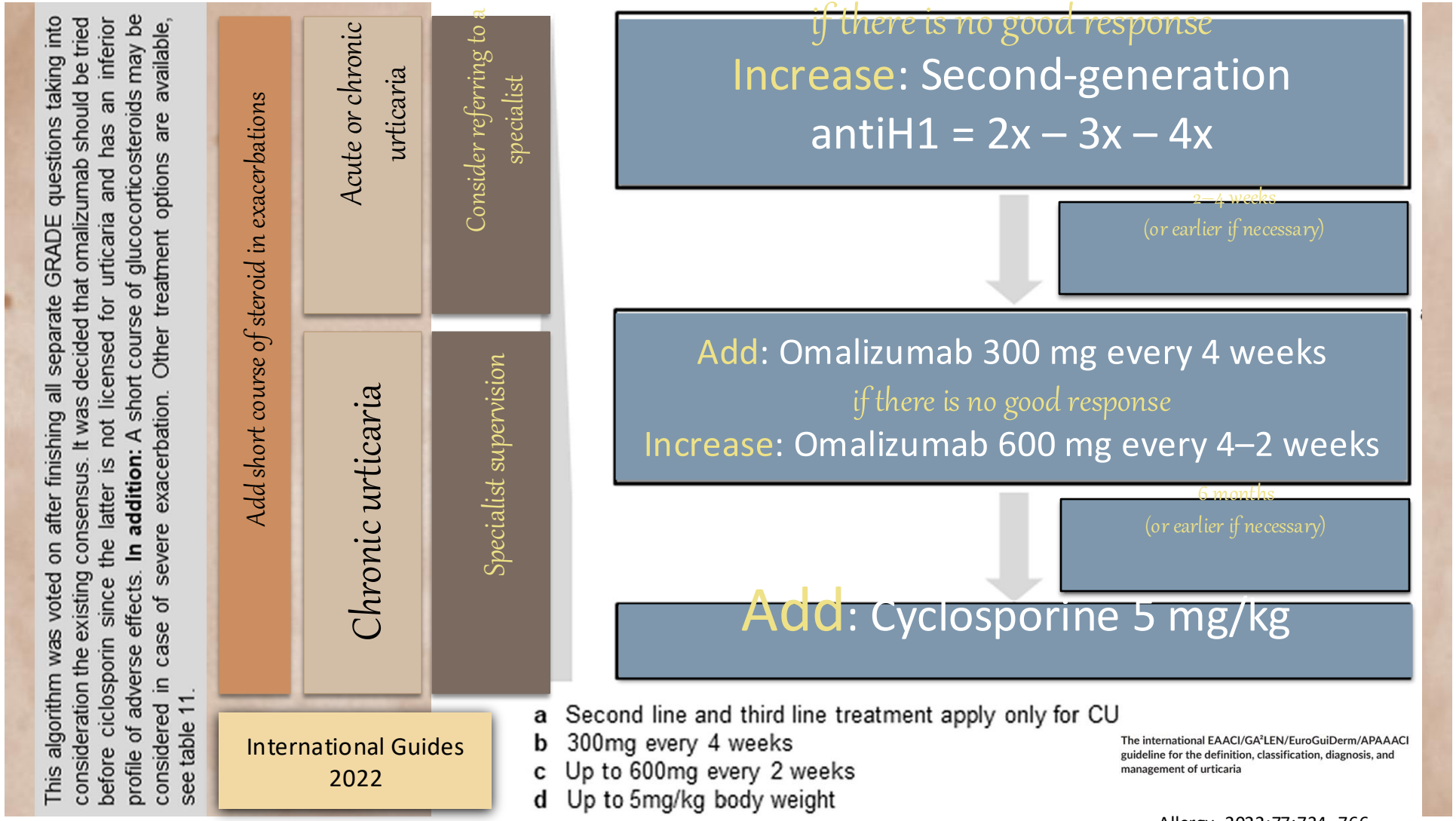
- **Group 2**
- Polymorphic perivascular infiltrate
- Neutrophils
- Mononuclear cells



- **Group 3**
- Scattered perivascular lymphocytes

Treatment for Chronic Urticaria and Angioedema

- Non-pharmacological
    1. Avoidance of physical stimuli
    2. Avoid:
        - ETOH
        - ASA
        - NSAIDs
        - Beta-blockers



Allergy. 2022;77:734–766.

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Questions & Answers Section

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Closing Remarks & Thank You!