Urticaria and angioedema are the same pathophysiologic process with the variation of clinical presentation between the two resulting from the cutaneous tissue level involved. Urticaria is a well-demarcated skin reaction occurring in the superficial epidermis. The lesions are characterized as erythematous, blanchable, raised lesions that occur and resolve within hours. Occasionally, single lesions will last up to 24 h. Typically the involved skin itches intensely. The raised lesions may vary from 1–2 mm to many centimeters in diameter and usually have serpiginous borders (Fig. 1). Angioedema is a swelling of the deeper cutaneous and subcutaneous tissue with a predilection for the periorbital, perioral, and oral tissues (Fig. 2A, B). The swelling does not itch and resolves over 24–48 h. Individuals experience both conditions in approx 50% of cases, urticaria alone in 40%, and angioedema alone in 10%.

Urticaria and angioedema affect approx 15–20% of the population, with <5% experiencing chronic symptoms. By definition, urticaria and angioedema of duration >6 wk are designated chronic. Chronic urticaria and angioedema are more prevalent in middle-aged adults and females. The natural history of chronic urticaria and angioedema is poorly defined. The chronic condition usually resolves within 1 yr, but approx 10–40% experience exacerbations for a decade or more.

ETIOLOGY AND CLINICAL FEATURES

Etiology

The determination of the etiology is more likely with acute than chronic disease owing to historical identification of causal factors in the former. The more common eti-
Fig. 1. An urticarial skin lesion demonstrating the typical serpiginous, well-defined border with raised margin. The central clearing often occurs in larger lesions but not as commonly with smaller hives.

### Key Features of Urticaria and Angioedema

- **Urticaria**—erythematosus, well-demarcated, highly pruritic lesions usually persisting at same site no longer than a few hours;
- **Angioedema**—swelling in dermis and subcutaneous tissue, nonpruritic, usually lasting no longer than 48 h;
- Affects up to 20% of population;
- Considered to be chronic if present >6 wk;
- Cause of reactions usually not established, more likely to be found in acute cases; and
- In the vast majority of cases, urticaria and angioedema are not owing to the presence of a systemic illness

ologies of acute urticaria and angioedema include ingested foods, medications, immunotherapy injections, and insect bites or stings. The pharmaceuticals frequently producing urticaria and angioedema are listed in Table 1. Foods most commonly responsible are listed in Table 2. Allergens causing inhalant sensitivity rarely trigger urticaria and angioedema, although cutaneous pollen exposure and animal contact, such as licking by a cat, will occasionally result in reactions in highly sensitive subjects. Dermal contact with latex or methylparaben (a preservative used in topical preparations) is another example of contact urticaria in subjects with specific allergy to these substances. Cinnamaldehyde, a fragrance, is another contact cause of urticaria, but this does not appear to be owing to allergy or IgE antibody specific for the substance. Urticaria and an-