Acute Urticaria and Anaphylaxis

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ACUTE URTICARIA

ANGIOEDEMA

NOT TO BE MISSED

SHOCK . DYSPNEA : ANAPHYLAXIS → EPINEPHRINE

SUPERFICIAL WHEALS = URTICARIA

FLEETING, COMING & GOING

ASSOCIATED WHEALS

YES

NO

Deep cutaneous swelling (normal skin color) = angioedema

Urticaria

Associated cutaneous lesions

frequent

- Vasculitis
- Erythema multiforme
- Drug eruption
- Viral eruption

- C1 INH deficiency
- Idiopathic angioedema
- Drugs:
  - Non steroidal anti-inflammatory
  - Angiotensin converting enzyme inhibitors (ACE)
  - Angiotensin receptor blockers

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Urticaria is characterized by the rapid appearance of wheals with three typical features:

- A central swelling of variable size, surrounded by a reflex erythema.
- Associated itching or sometimes burning.
- A fleeting nature with a duration of usually 1–24 h; the lesions resolve without any trace.

The size of the wheals varies, ranging from a few millimetres to many centimetres. They appear on any part of the body, and may be associated with angioedema.

Some clues for the diagnosis of urticaria:

- If the wheals are not transient, or are associated with blisters, pigmentation or purpura, vasculitis, erythema multiforme, erythema annulare centrifugum, bullous pemphigoid, or maculopapular drug eruption, viral eruption must be considered.
- If the epidermis is injured (vesicles, desquamation, etc.), allergic or irritative contact dermatitis, infectious diseases, etc. may be involved.

Angioedema (Quincke’s oedema) is defined by a sudden, pronounced swelling of the lower dermis and sub-cutis, sometimes painful rather than itching, with a frequent involvement of mucous membrane the resolution of which can take 72 h.

If epidermal injury (vesicles, desquamation, etc.) or fever is present, or if the oedema is bilateral and symmetrical, it is not an angioedema.

A familial history of angioedema, some previous episodes, associated abdominal pain are in favour of C1 Inh deficiency;

Some drugs may be responsible for angioedema: non-steroidal anti-inflammatory drugs (NSAID), angiotensin-converting enzyme (ACE) inhibitors, or angiotensin receptor (AR) blockers.

Generalised urticaria and angioedema are the most common manifestations of anaphylaxis, and are often the initial signs of this acute life-threatening reaction with respiratory compromise and cardiovascular collapse.

A classification of urticaria is proposed on the basis of the duration:

- In acute urticaria, the duration of appearance of wheals is less than 6 weeks. Anaphylaxis can occur in this form. Most often, there is only one episode. No diagnostic tests are necessary. Questioning for a triggering factor in the few hours before the onset (drugs, foods, insect bites, infection, etc.) is important in order to identify and treat or avoid it. Secondary, allergic evaluation is useful.
- In chronic urticaria, the duration of appearance of wheals is more than 6 weeks, daily or almost daily in continuous chronic urticaria, or with symptom free-intervals in chronic recurrent urticaria. No allergic reactions are responsible for such urticaria, but some drugs, physical stimuli (pressure with dermographic urticaria or delayed urticaria, cold, cholinergic, etc.) and infections can raise the lesions. The risk of anaphylaxis is very low. No tests are needed during the events. Secondary, dermatologic evaluation is useful (Figs. 38.1–38.2).