

Naval Medical Center Portsmouth

Allergy/Immunology Referral Guidelines: Urticaria/angioedema

Definition

- A pruritic skin eruption characterized by transient wheals with well-defined erythematous margins and pale centers. Angioedema is localized deep tissue swelling which may occur in conjunction with urticaria.

Initial Diagnosis and Management

- Acute urticaria/angioedema (< 6 weeks duration)
 - Most commonly results from resolving viral illnesses. NSAIDS/ACE inhibitors may exacerbate urticaria/angioedema and should be avoided in patients with active urticaria/angioedema.
 - May be associated with food, drug or insect allergy..
- Chronic urticaria/angioedema (>6 weeks duration)
 - Most often etiology is idiopathic or autoimmune. Allergy is not a feature and epinephrine is not indicated.
 - Initial evaluation of chronic urticaria/angioedema to exclude other etiologies:
 - CBC with differential, ESR, CMP, T4/TSH
 - Skin biopsy if urticaria last > 48 hours, resolve with bruising or for painful urticaria
 - Initial treatment
 - Non-sedating antihistamine (ex. cetirizine 10 mg) BID with prn diphenhydramine or hydroxyzine
 - Antihistamine therapy should be continued for 3 months prior to referral.
 - 5-7 days of prednisone, 20 - 40 mg/day, may initiate remission or suppress acute flares
 - *Hives: Beyond the Basics* available at: www.UptoDate.com is an excellent patient resource.
 - Stress and anxiety play a large role in chronic urticaria and should be treated to provide maximum efficacy of any treatment regimen.

Evaluation and Management objectives

- Effective hive suppression using non-sedating, second-generation antihistamines.
- Exclusion of life-threatening allergy in cases of ACUTE urticaria.
- **Ensure condition is tolerable in cases of CHRONIC urticaria and reassurance that the condition is not allergic!** Cure or complete remission is not predictable or expectation.

Indications for Specialty Evaluation

- **Referral for ACUTE urticaria is only indicated if:**
 - A food or drug allergy is suspected due to recurrent urticarial reactions to a suspected trigger.
 - Venom allergy (bee, wasp or fire ant) is suspected.
 - Urticaria is related to physical triggers (cold, vibration, sunlight) or exercise.
- **Referral for CHRONIC urticaria is NOT emergent and is indicated for:**
 - Abnormal lab evaluation or systemic symptoms associated with urticaria. Atypical urticaria (pain or bruising) requires a skin biopsy and possibly Rheumatology evaluation.
 - Urticaria persisting beyond 3 months duration or refractory to management with non-sedating antihistamines twice daily after a trial period of 2 weeks.
- Referral is indicated for isolated episodes of angioedema that are:
 - Not associated with urticaria and persist > 48 hours despite the use of antihistamines.
 - Involve severe facial or tongue swelling, laryngeal involvement, or recurrent painful extremity swelling associated with abdominal pain and/or a family history of swelling disorders.

Return to Primary Care:

1. Evaluation and education completed and effective treatment plan provided.

Reference: European Academy of Allergology and Clinical Immunology Guidelines on Urticaria, 2009.

