An Etiological Study of Chronic Spontaneous Urticaria in 300 Patients at Tertiary Care Hospital in Gujarat

Sonal J. Patel¹, Rima Joshi², Raksha M. Patel³, Mahipal Patel⁴

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Author Affiliation:

¹Senior Resident, Department of Skin, ³Professor and Head, ⁴Final Year, Dept. of Dermatology, GMERS Medical College, Gotri, Vadodara, Gujarat 390021, India. ²Associate Professor, Dept. of Dermatology, B.J. Medical College, Ahmedabad, Gujarat 380016, India.

Corresponding Author: Raksha M. Patel, Professor and

Head, Dept. of Dermatology, GMERS Medical College, Gotri, Vadodara, Gujarat 390021, India.

E-mail: rakshamp@yahoo.co.in

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Abstract

Chronic Urticaria remains a major problem in terms of etiology, investigation, and management. Chronic spontaneous urticaria affects 0.5-1% of individuals (lifetime prevalence) and significantly reduces quality of life (QOL).

Aims of the Study: 1) To evaluate the types of chronic urticaria with reference to etiology from history and investigations. 2) To identify the specific cause of urticaria by thorough history and investigations.

Materials and Methods: Out of 300 patients with chronic spontaneous urticaria were enrolled. Autologous serum skin test (ASST) was performed after excluding physical urticaria. Routine laboratory tests were performed after ASST in all patients; and other specific investigations were done where necessary. Skin prick test was done in idiopathic urticaria.

Results: Out of 300 patients, 100 (33%) had history of angioedema. Out of 300 patients, auto-immune condition was present in 48 (16%) patients. Provocating factors were present in 81 (27%) patients. In our study 123 (41%) patients showed infective focus on routine screening investigation. ASST was positive in 60% of patients. Physical urticaria were found in 47 (15.66%) patients by challenge test, most common was dermographism. In prick test, maximum number of patients reacted positively to food allergens followed by pollen, dust, fungus in decreasing frequency.

Conclusion: Nearly half of the patients had chronic autoimmune urticaria on the basis of ASST. Chronic spontaneous urticaria requires extended diagnostic measures based on the patient's history.

Keywords: Auto antibodies; Autoimmune disease; ASST; CSU; Skin prick test.

Introduction

Urticaria is a common, heterogeneous group of disorders with a large variety of underlying causes. It is characterized by the sudden appearance of fleeting wheals, each of which last 1-24 hours and/or angioedema lasting up to 72 hours [1].

Chronic Urticaria, with or without angioedema, has traditionally been defined as daily or

almost daily symptoms recurring for more than 6 weeks [2]. affecting 0.1% of the population. Mast cell degranulation and histamine release is of central importance in the pathogenesis of CU. In contrast, acute urticaria is a single episode lasting for < 6 weeks.

Although the condition is rarely life-threatening, it generates anxiety and embarrassment and has an impact on quality of life comparable with that of severe coronary artery disease and exceeding