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[Allergy in chronic urticaria]

[Article in French]

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Chronic urticaria is an intricate pathology, caused by numerous factors. The number of tests depend on the practitioner but very often no aetiology is found. Allergologist play a role in this research of an aetiology that can be cured. The rate of an allergic aetiology in chronic urticaria is not known but remains weak. Allergy to the aeroallergens has not shown any responsibility in chronic urticaria. Total IgE count is not a major tool in the allergologic investigation. If needed, skin tests confirmed by specific IgE, remains the best way to confirm an allergy. The result will always be interpreted in relation with the clinical history. In addition a double blind versus placebo provocation could be realised. Diets did not show their efficiency. The role of additives are much debated as well. However if they have an influence, this is only through a non-allergic mechanism. Concerning autologous serum skin test, it should allow to identify among chronic idiopathic urticaria, those for which the aetiology could be auto immune. For half of the positive results, an histamine liberation could be found highlighting the presence of functional autoantibodies anti Fc epsilon RI alpha, anti IgE less frequently or both. Progresses are expected before proving their pathogenic role and to define when this test must be done.

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[Allergic and pseudo-allergic reactions to foods in chronic urticaria]

[Article in French]

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The fact that more than 30 p. 100 of patients with chronic urticaria incriminate foods, and that acute urticaria is a frequent symptom of

food allergy, argue in favour of a systematic search for food involvement in chronic urticaria. A global overview of publications through Medline selects 49 out of 189 papers upon strict criteria, devoted to the links between chronic urticaria and foods. Possible links exist between chronic urticaria and intolerance to additives, intolerance or allergy to contaminants, pseudo-allergic reactions to foods and IgE-dependent food allergy. The diagnosis of intolerance to additives relies on double blind placebo-controlled oral challenges, showing positivity in 2 to 3 p. 100 of cases. Flavours are being suspected but have not been validated by such oral challenges. Contaminants are nickel salts, penicillin residues in meats and milk, Anisakis larvae in fish. Intolerance to biogenic amines could be somewhat frequent and is well-documented by experimental studies of the metabolism of histamine and by the results of specific diets with a low content of amines. IgE-dependent food allergy has been evidenced in 1 to 5 p. 100 of cases. The author puts forward a methodology to search for the implication of foods in chronic urticaria, restricting the search to non-inflammatory CU, discarding moreover chronic urticaria due to physical agents, or to contact. Idiopathic chronic urticaria, that might include a subgroup of auto-immune chronic urticaria is under scope. A preliminary study of the regimen during one week needs to be carried out in order to detect an excess of consumption of categories of foods inducing pseudo-allergic reactions, or of additives. An eviction diet for biogenic amines may be proposed first. Its failure may lead to skin prick tests to foods that are daily consumed. Biological tests are not advised. When sensitization is confirmed, a 3 week eviction of the food comes ahead of a double blind placebo-controlled oral challenge. The positivity indicates that this food is likely to be a causal agent and the diagnosis can finally be based on the recovery after the implementation of strict avoidance diets.

Ann Dermatol Venereol. 2003 May;130(5 Suppl):28-30.

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[Chronic contact urticarias]

[Article in French]

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In most cases, contact urticaria is acute and is diagnosed straightforward; indeed it appears immediately after the application of the urticariogen(s) and disappears promptly after removal of the

contact. On some rare occasions, contact urticaria is chronic for two main reasons: sometimes, it is provoked by an unknown urticariogen; in other cases, it is one of the clinical signs of protein contact dermatitis. In both situations, diagnostic procedures to be applied are of prime importance; treatment is submitted to the elimination of the responsible urticariogen. Acute and chronic varieties of contact urticaria can be subdivided into two categories: immunological and non-immunological. Diagnostic procedures include prick testing and/or patch testing (with immediate reading).

PMID: 12843806 [PubMed - in process]

Ann Dermatol Venereol. 2003 May;130(5 Suppl):31-4.

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[Drug-induced chronic urticarias]

[Article in French]

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Urticaria is a classic cutaneous manifestation of drug allergy considered like the second most frequent drug eruption after maculopapular exanthemas. Most of the time drugs are responsible of acute urticaria lasting less than 24 hours. The mechanisms of these acute urticarial reactions are multiple, mostly related to an IgE-induced reaction. Nevertheless, some drugs can induce immune complexes and activate the complement cascade (sickness disease). Others may directly release mast cells mediators or activate complement by non immunologic mechanisms in the absence of antibody. In every case, these drugs are unable to generate urticaria during more than 6 weeks, time allowed for calling a chronic urticaria. However drugs like nonsteroidal anti-inflammatory drugs and acetylsalicylic acid can, by a pharmacologic mechanism, exacerbate or trigger chronic urticaria. Angiotensin-converting enzyme inhibitors, by a defect of degradation of bradykinin, may also induced angioedemas. In this context, if an allergologic investigation is useful in the exploration of acute urticaria, it seems useless for chronic urticaria.

PMID: 12843807 [PubMed - in process]