Abstract

Urticaria represents a wide variety of conditions characterized by urticarial papules, wheals, and angioedema. The number of potential causes of urticaria is legion, but a diligent search by careful history and examination is indicated. Laboratory testing depends upon the specific situation, but routine screening examinations are not cost effective. Histamine from mast cells plays an important role in urticaria. Multiple factors, such as aspirin and other nonsteroidal anti-inflammatory agents, direct histamine-releasing agents (including benzoates), tartrazine and other azo dyes, and perhaps blockers of beta 2-adrenergic activity and H2 receptors, adversely influence histamine release either directly or indirectly. Vasodilation is also detrimental. Treatment of both acute and chronic urticaria necessitates removal of the patient from aggravating factors as well as the cause of the outbreak (if one can be found), along with effective antihistaminic agents and perhaps beta 2-adrenergic agonists. Treatment of specific entities within the urticarial group is briefly outlined in this article.

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