Predictive Parameters of Antihistamine Responsiveness in Chronic Urticaria

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Most patients with chronic urticaria (CU) respond to H1-antihistamine (AH) treatment. However, 20-30% of patients do not improve and require more aggressive treatment. The aim of this study was to examine clinical and laboratory parameters potentially predictive of AH responsiveness. We recruited 38 patients with CU (26 females and 12 males; mean age of 39.1 years; range 1-80). Clinical and laboratory parameters were evaluated before starting treatment with conventional doses of AH for two weeks.

Most patients had a significant improvement of the lesions and were considered “responder” (N=27), whereas a minority (N=11) was resistant. Results showed that dermographism (10/27 vs 2/11; p:0.2), C3 consumption (<90 mg/dL: 1/21 vs 0.8; p:0.5), ANA (>1:40: 4/19 vs 1/11; p:0.4) and IgE elevation (>120 UI/L: 14/25 vs 4/9; p:0.5) were more frequent in responsive patients; whereas, coexistent angioedema (17/27 vs 9/11; p:0.3), eosinophilia (>500 cell/L: 0.27 vs 1/11; p:0.1), ESR (>20 mm/h: 4/23 vs 4/9; p:0.1) and CRP elevation (>1: 5/23 vs 4/10; p:0.3), C4 consumption (<20 mg/dL: 1/22 vs 2/8; p:1), positive ASST (1/9 vs 3/8; p:0.2) were more frequent in patients who did not show any responsiveness to AH treatment.

None of the clinical and laboratory parameters explored in this study is predictive of responsiveness to AH in patients with CU.