

## Abstract

### Objective:

To evaluate the etiology of chronic urticaria (CU) in patients hospitalized at our Allergy service between the years 2002 and 2004.

### Materials and Methods:

We included 161 patients with CU self referred to our Allergy Service and Luis Vernaza Hospital, Guayaquil – Ecuador. The data was included in microsoft excel. The descriptive statistical analysis were done using this program.

### Results:

We observed higher prevalence in women (76.4%). The most common cause of chronic urticaria was the idiopathic (57%) followed by urticarial vasculitis (12%), food urticaria 9%, physical urticaria 9%, autoimmune thyroiditis 6%, pigmentosa urticaria 2%, drug urticaria 2%, angioedema 1% and autoimmune chronic urticaria (ACU) 1%. The age of presentation was 37,7 (SD: ± 17) years.

**Conclusions:** Idiopathic was the main cause of CU. Urticarial Vasculitis, the second most common cause, needs further analysis to establish why it is so prevalent among our population.

## Background

In order to achieve a proper treatment and management of Chronic Urticaria is essential to establish which subtype we are dealing with. Little is known about it in our population. Knowing the major causes of chronic urticaria will lead us into better patient care.

Guayaquil is a city in the coast and is the most populated of our country. Our Hospital is one of the major referring center of the country. This allowed us to attend a great variety of people. At the same time part of the data was collected at an Allergy Service letting us analyze a subgroup of patients characterized for having a higher income and a wider age range.

## Methods

### Design:

It was a patient based Cross-sectional Retrospective Multicenter Study

### Patients and administration

161 self referred patients were tabulated according to recorded data from 2002-2004 in both centers.

Main authors were directly responsible for collecting and tabulating the information.

### Variables

**Diagnosis:** We used a diagnostic protocol that has been used at our service during the last 4 years. It divides the patients in: Idiopathic, Urticarial Vasculitis, physical, autoimmune thyroiditis, food related, drugs, pigmentosa urticaria, angioedema, and autoimmune

**Demographic variables:** We collected age and sex according to the self referred status.

### Statistics

The data was analyzed with Microsoft Excel statistics tools. We used mean and Standard Deviation for normally distributed quantitative data. Percentages were used for qualitative values.

## Results

The main results are shown in the table below. The most frequent cause is the idiopathic 57%. Urticarial vasculitis (12%) and food urticaria (9%) are also common in our country.

### Chronic urticaria subtypes characteristics

Diagnosis	Age	Male (%)	Female (%)	n
Idiopathic	37,1±15,8	23,3	76,7	90
Urticarial vasculitis	48,4±17,3	25,0	75,0	20
Food	27,9±13,4	26,7	73,3	15
Physical	35,6±18,5	26,7	73,3	15
Autoimmune Thyroiditis	45,6±12,6	33,3	66,7	9
Pigmentosa Urticaria	17,6±28,4	25	75,0	4
Drugs	34±18,6	0	100,0	4
Angioedema	45,5±46	0	100,0	2
Autoimmune	74	0	76,4	2
n	41±15,8	23,6	76,4	161

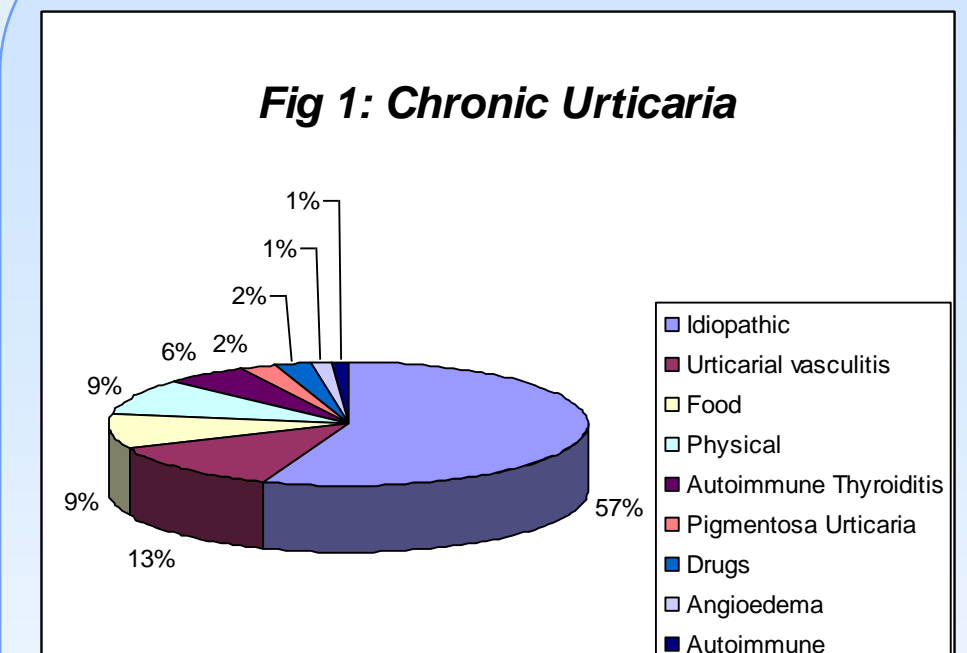


Fig.1 ACE inhibitors urticaria

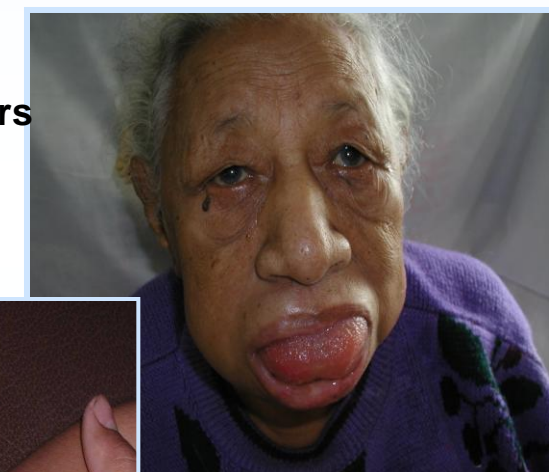


Fig. 2 Physical urticaria

Fig.3 dermatographism

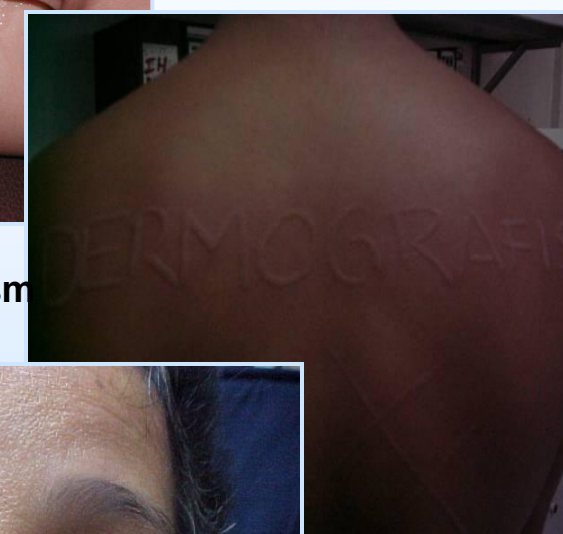


Fig. 4 U. vasculitis

## Conclusion

The idiopathic turn out to be more than 50% something already established in previous studies. The other 2 most prevalent causes were urticarial vasculitis and food urticaria. Diagnosis in a 78% is stated between these three causes.

The strenght of being a Multicenter Study allowed us to analyze a subgroup of individuals of different age and income. On the other hand, our protocol is not validated, but now that we know the 3 most prevalent causes a cost-effective improvement in our protocol will be done.

Urticarial vasculitis was higher than the common values established in other places. Further analyzes should be done in order to establish the reason.

## References

1. Dibbern D., Dreskin S. Urticaria and angioedema: An overview. *Immunol Allergy Clin N Am* 24 (2004) 141 – 162.
2. Malcolm Greaves. Chronic urticaria. *J Allergy Clin Immunol* 2000;105:664-72.
3. Bindsvlev-Jensen C, Finzi A. Chronic urticaria: diagnostic recommendations. *J EADV* (2000);14:175–180