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Hives and angioedema

Hives or *urticaria* are red, itchy, swollen areas of the skin that can range in size and appear anywhere on the body. Approximately 25% of the U.S. population will experience an episode of hives at least once in their lives. Most common are *acute* cases of hives, where the cause is identifiable-often a viral infection, drug, food or latex. These hives usually go away spontaneously. Some people have *chronic* hives that occur almost daily for months to years. For these individuals, various circumstances or events, such as scratching, pressure or "nerves," may aggravate their hives. However, eliminating these triggers often has little effect on this condition. In >95% of cases with chronic hives, a specific cause cannot be found and the goal of management is treatment to make the patient comfortable.

Angioedema, a swelling of the deeper layers of the skin, sometimes occurs with hives. Angioedema is not red or itchy, and most often occurs in soft tissue such as the eyelids, mouth or genitals. Hives and angioedema may appear together or separately on the body. Hives are the result of a chemical called *histamine* - responsible for many of the symptoms of allergic reactions-in the upper layers of the skin. Angioedema results from the actions of these chemicals in the deeper layers of the skin. These chemicals are usually stored in our bodies' *mast cells*, which are cells heavily involved in allergic reactions. There are several identifiable triggers that release histamine and other chemicals from the mast cells, causing hives.

Potential Triggers:

- Aspirin and NSAIDs (like ibuprofen)
- ACE-inhibitors
- Codeine
- Viral infections
- Heat/cold

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- Pressure on the skin
- Physical exertion
- Stress/anxiety

Treatment

Whenever there is an identifiable trigger of hives, it should be eliminated. In patients with acute hives, some drugs or foods may take days to be eliminated from the body. For these individuals, an allergist may prescribe antihistamines to relieve symptoms until the culprit is eliminated.

For patients with chronic hives, the treatment objective is to provide comfort. If you experience chronic hives, your allergist will prescribe antihistamines, and will combine medications and adjust your dosages as needed for your individual symptoms. In rare cases, if antihistamines do not provide appropriate comfort, the allergist will prescribe an oral corticosteroid.

“Will I have hives for the rest of my life?”

- 40% of patients with chronic hives will have at least one more episode of chronic hives in their lifetime.
- For patients with chronic hives, treatment may not fully control the eruptions, but these hives will eventually disappear on their own, with or without treatment.
- 50% of patients: hives will clear in 3 to 12 months
- 40% of patients: hives will clear in 1 to 5 years
- Up to 1.5% of patients experience hives for more than 20 years.

Modified from AAAAI Web site: www.aaaai.org