

## Understanding urticaria—better known as hives

You know the condition as hives. Allergists call it urticaria. But by any name, the intensely itchy bumps or welts this condition causes can be irritating, unsightly, and sometimes debilitating or even life-threatening. In some cases, they signal a serious underlying health problem.

“Urticaria, or hives, is a common skin disorder, sometimes attributable to allergy, sometimes to immunology, and sometimes to no identifiable cause,” explains board-certified allergist Dr. Lois Nelson. “Perhaps because of the high temperatures this summer or the viral gastroenteritis that’s been going around, hives has been a very common complaint in our office recently.” Hives can be either acute (lasting less than six weeks) or chronic (lasting longer than six weeks). The characteristic itchy bumps occur when something triggers the release of histamine in the skin. As a result, small blood vessels leak fluid, which leads to localized swelling similar to mosquito bites. Hives differs from angioedema in that the latter causes a more diffuse swelling deeper in the skin. Hives and angioedema can occur together, sometimes as an allergic reaction.

The potential triggers for hives are numerous and varied. “We see hives in acute allergic reactions or anaphylaxis; drug reactions; food allergies; theoretically with insect stings; and with bug bites. As we’ve observed recently, heat can be permissive for hives because it increases blood flow to the skin,” says Dr. Nelson. “Other examples of urticarias triggered by physical stimuli include solar urticaria, which is caused by exposure to certain wavelengths of sunlight and is sometimes a sign of an autoimmune disease, such as lupus; aquagenic urticaria, a rare form caused by contact with water; cold urticaria, a not-so-rare form caused by exposure to cold temperatures or contact with something cold, such as an iced beverage; exercise-induced urticaria; and papular urticaria due to bug bites, which usually occurs in small children. I’ve even treated a truck driver for vibratory urticaria, which is caused by exposure to vibration.”

Dr. Nelson recalls two cases of cold urticaria that illustrate just how varied hives can be in its severity—ranging from merely inconvenient to potentially deadly. At one end of the spectrum was a teenage girl who worked in a fast-food restaurant and was unable to hold cold beverages because her hands would break out every time. At the other extreme was a 31-year-old man who almost died while working on his car out in his garage on New Year’s Day. When he went inside, he broke out in hives and passed out due to the sudden fluid shift in his body.

It’s important to note that the trigger for hives isn’t always some form of environmental stimulus or allergen exposure. Hives can also stem from various infectious diseases, such as viral gastroenteritis, strep infections (in children), and hepatitis. Exercise-induced hives can sometimes be tiny, very itchy hives which tend to be localized to warm areas of the body or can occur as part of an exercise-induced allergic reaction.

The physical forms of hives are usually acute, though there are exceptions. For example, delayed-pressure urticaria—a physical form—is often a component of chronic urticaria of unknown cause. People with this condition may experience symptoms such as swelling on the bottoms of their feet after standing for a prolonged period or swelling beneath the strap of their purse or shoulder bag.

The underlying cause of acute hives is sometimes easy to identify but sometimes not so obvious. Food allergen ingestion and a variety of medications together trigger about half of acute hives. Acute outbreaks usually resolve in a relatively short period. “However, chronic hives is a completely different story,” says Dr. Nelson. “In about 40 percent of cases, there is no known cause, even after an appropriate evaluation. Some cases are a manifestation of autoimmune disease. A fair number of people make antibodies to some component of their own skin and develop hives as a result but have nothing wrong with them otherwise. Rarely does chronic urticaria occur due to contact with an aeroallergen. One possible exception might be latex.

Sometimes mistaken for allergic reactions or hives, angioedema without itching or hives, brownish skin lesions which hive up on rubbing, and individual hives that last more than 24 hours in a specific location are different disorders with different therapies. These problems, as well as chronic hives, should be evaluated by an allergy/immunology specialist.

For both acute and chronic hives, antihistamines are the medication of first choice. Dr. Nelson notes that acute hives without other significant symptoms will usually respond to a few doses of Benadryl®. For longer-lasting cases, the doctor might recommend a medication such as Claritin®, Zyrtec®, or Allegra® or some combination of these drugs. If that doesn't work, your allergist always has the option of adding other prescription medications. While systemic steroids are often helpful in the short-term, they are not a good long-term solution, especially in high doses, because of the many possible complications.

"If you experience hives as part of a more generalized reaction, don't wait. Seek medical attention immediately. And remember, it's always okay to take a dose of Benadryl on the way," Dr. Nelson advises.

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