Angioedema with eosinophilia (AE) is mostly reported in Japanese young females and likely showed
development in the context of eosinophilia. The AE diagnosis was based on angioedema developing concurrently with eosinophilia and improving with the recovery from eosinophilia.

Results: All of the 11 patients were Japanese young females. One patient with clear arthralgia showed radiouclide accumulation in the joints by bone scintigraphy, and was diagnosed as having arthritis. The peak peripheral blood eosinophil count was 7,839 ± 6,008 (2,130–23,170) μL after visiting our hospital. An increase in white blood cell count was only due to an increase in eosinophil count. Serum C-reactive protein and Immunoglobulin E (IgE) levels remained almost normal. Peripheral blood eosinophil count decreased steadily for 8 weeks after the first visit, regardless of steroid use. Edema in all of the patients and arthralgia in 6 patients improved within 12 weeks. None of the patients had a recurrence of AE.

Conclusions: AE developed in Japanese young females and likely showed a single course. In AE, the count of eosinophil of 10^6/μL was observed. Only eosinophil count increased without changes in counts in the counts of other leukocyte series. Serum C-reactive protein and Immunoglobulin E (IgE) levels remained almost normal. The eosinophil count in AE patients will return to the normal level within 8 weeks even without steroid therapy.

Chronic Urticaria Associated with Thyroid Disease

Flor de Guadalupe Peñaloza-González, MD,1 Andrea Aida Velasco-Medina, MD,2 Aida González-Carso, MD,1 Andres-Leonardo Burbano-Ceron, MD,2 Adriana Barreto-Sosa, MD,2 and Guillermo Velázquez-Sámano, MD,2.1Hospital General de México, Mexico City, Mexico; 2Servicio de Alergia e Inmunología Clínica, Hospital General de México, Mexico City, Mexico.

Background: Chronic urticaria has an incidence of 15% in the general population and sometimes is associated with chronic diseases such as rheumatoid arthritis, vitiligo and thyroid disorders. Chronic urticaria is characterized by wheals lasting more than 6 weeks, with alterations of the upper layers of the skin only. On histopathology there is a perivascular infiltrate characterized by T CD4 and CD8 lymphocytes and other inflammatory cells. Cytokines produced by lymphocytes, mast cells and other cells increase the expression of vascular adhesion molecules. Other mediators such as histamine increase vascular permeability causing edema, clinically represented by wheals. Treatment of chronic urticaria includes first and second generation antihistamines as first line treatment. Sometimes there is a poor response to there drugs and second line treatments such as immunosuppressors are indicated. A search for systemic disorders is helpful to identify associated pathology which makes chronic urticaria reluctant to therapy.

Methods: We performed a retrospective study considering patients with chronic urticaria attending our clinic during the last 5 years. Three hundred patients with urticaria were considered, with 16% (50 patients) with a chronic disease. Six patients with chronic urticaria were associated with thyroid disease.

Results: We considered 6 patients with chronic urticaria with altered thyroid function tests; 4 with subclinical hypothyroidism and 2 with subclinical hyperthyroidism. All of them had a poor response to antihistamines. When a thyroid disorder was identified, they received appropriate treatment achieving control of chronic urticaria. Treatment with antihistamines was continued.

Conclusions: Chronic urticaria is a disease often associated with systemic disorders including thyroid disease. We found an association with thyroid pathology in 2% of patients with chronic urticaria, with remission of cutaneous symptoms after treatment of endocrinologic disorder. No patient had clinical manifestation of thyroid disease so it is important to perform thyroid function tests to patients with chronic urticaria since identification of these disorders and appropriate treatment helps to control cutaneous symptoms.

Epidemiology of Urticaria Cases in the Allergy Service from a Third Level Medical Center. Six Year Experience

Monica Martin Del Campo Perez, MD. Allergy service, dermatologist. Hospital General de México, Mexico.

Background: The purpose of this study is to report the cases of Urticaria diagnosed in the Allergy service from a Third level medical centre since its creation in July 2005.

Methods: This is a descriptive, retrospective, transversal study from July 2005 to February 2011. Selected medical records of patients apply for diagnostic criteria for an allergy disease. EAACI/GA2LEN/EDF/WAO guideline 2009 was used to make diagnosis of urticaria. Patients were classified by age and sex, and how many of them had skin prick test, also how many patients began treatment with immunotherapy.
Results: Thirteen thousand seven hundred and thirty seven consultations were attended in the Allergy service between the period mentioned; 2,337 medical records of patients were selected; 1,608 patients applied for a specific diagnosis for an allergy disease; 90 completed criteria for urticaria, after allergic rhinitis, asthma an atopic conjunctivitis. 49 (54.4%) patients were found to be in the range of 30 to 40 years; 36 (73.4%) of them were female. The majority of urticaria patients were in the range of 40’s with 28 (18 F/10 M) corresponding to 31.1% of total of patients. 43 patients were classified with acute urticaria, 26 as chronic urticaria. 19 patients presented angioedema at the time of diagnosis. Skin prick test were made in 27 patients only in 10 were positive and began immunotherapy. Patients with positive skin prick test results with 9 at dust mites, 4 cockroach, 3 mosquito, 3 fungus and 8 grass and tree pollen.

Conclusions: Urticaria represents the fourth cause of incidence in allergy diseases in this study. Female sex is more frequently affected in the range of 30 to 40 years of age. We found statistical data comparable with international information, that forms part of our data base en Mexican patients in our center, also we standardized procedures for testing physical urticaria.

584
Frequency of Autoreactivity Demonstrated by Autologous Serum Skin Test in Patients with Chronic Urticaria in the Valley of Mexico During a Period of 8 Years
Maria Isabel Rojo Gutiérrez, Jaime Mellado-Abrego, MD, Misael Gonzalez-Ibarra, QFB, Teresa Sandoval, QFB, and Mario-Alberto Bermejo, MD.

Background: Urticaria is a skin disease characterized by rapid emergence of hives, accompanied or not with angioedema. Usually lasts less than 24 hours. Approximately 12 to 24 per cent of the population will have hives or angioedema at least once in their life. Some patients with chronic urticaria has been classified as autoimmune. The autologous serum skin test (ASST) has been used to show pro-inflammatory circulating endogenous factors and it is regarded as a test for autoreactivity. The autoreactividad does not define an autoimmune urticaria, but may be an indicator of the presence of auto-reactive antibodies with the capacity of to activate the mast cells however functional antibodies need to be confirmed through of release of basophils histamine test from basophils (BHRA) and its specificity immunoassay (Western Blot or ELISA)-confirmed. Objective: to evaluate the auto-reactivity by autologous serum skin test in patients with chronic urticaria idiopathic in a study of 8 years. Material and methods: we made 216 ASST and autologous plasma skin test (APST) in patients with chronic urticaria without specific cause identified, of any age, during the period of 2003 to 2011.

Results: Thirty five thousand patients were evaluated only 261 patients not identified the cause (0.6%) and we realized ASST, of these 190 (88%) were negative, and 26 (12%) were positive, 20 (76.9%) were female and 6 (23.1%) male, the median of age for women was 30 years ago with medium of 28 and men average 29 years and median 20. Of the 26 patients one was positive for anti-thyroglobulin senior titles (1: 170) dos with positive anti uncles and one with pANCA and cANCA positive of a total of 216 patients, 156 (72.2) had APST and 60 (27.8%) were positive, 46 (76.6%) women and 14 (23.3 %) men. Mc Neman concordance between tests P < 0.0001 and kappa index gives us a highly significant concordance P < 0.0001. The correlation between ASST and APST by Sperman was high significance value of P < 0.001. The correlation of both tests was moderately high (76.8%).

585
Chronic Idiopathic Urticaria and Neglected Toxocara Infection
Rosanna Qualizza, MD, Cristoforo Incorvaia, MD, and Romualdo Grande, MD.

Background: Toxocara canis has a wide geographical distribution and affects cats and dogs. Human infection is caused by the accidental ingestion of embryonated eggs of Toxocara; the larvae do not develop into adult worms but may migrate to several organs, giving rise to a number of clinical expressions, including chronic urticaria.

Methods: From 2005 to 2011 in our Allergy Unit were selected 336 patients with a positive result for IgG antibodies to Toxocara canis as assessed by ELISA or Western blotting (WB). Of them, 52 patients (33 F, 19 M, age ranging from 19 to 76 years old), suffered from chronic urticaria that lasted from 3 to 10 years and was poorly responsive to antihistamines. In all these patients anthelminthic therapy was prescribed using mebendazole (one 100 mg tablet b.i.d. for 3 days), repeated after 20 days up to 3 times. In case of insufficient improvement, albendazole (one 400 mg b.i.d. for 5 days) was used, repeated after 2 months.

Results: All patients showed a complete remission of urticaria and a decrease in serum IgG levels to Toxocara canis. In 29 patients (60%) a negative result to ELISA and WB was observed.

Conclusion: These findings suggest taking into account the role of Toxocara canis in patients with apparent chronic idiopathic urticaria. In patients with positive IgG to Toxocara anthelminthic therapy achieves remission of urticaria.

586
Mucocutaneous Disease as a Presentation of Hereditary Angioedema. Report of 2 Cases
Angelica Alaniz, MD.

Background: Hereditary angioedema is an autosomal dominant disease the affected gene encodes C1 esterase inhibitor located on chromosome 11q22-13.1. The worldwide incidence ranges from 1 in 10,000 to 1 in 50,000. Three varieties are described. Type I is characterized by a lack of functional protein with complete absence of C1-INH activity. Type II has a dysfunctional protein with reduced activity of C1-INH. While Type III is due to mutations in the gene for clotting factor XII or defects not identified. Clinically is characterized by recurrent non itchy edema on skin and mucous membranes associated with pain syndromes, nausea, vomiting, diarrhea and compromise of the airway that is unresponsive to epinephrine, antihistamines and angioedema conventional therapy. Because of this, it is imperative to establish the diagnosis to initiate early treatment with recombinant C1-INH or preventive treatment if there is no replacement therapy.

Methods: We present 2 cases with atypical manifestations characterized by fixed angioedema located in labial mucosa.

Results: Case 1: 23 years old health female with labial angioedema for 2 years without improvement in spite of having multiple treatments, including immunosuppressive agents. During the evaluation were discarded infectious, autoimmune and endocrine diseases, with only positive for type II hereditary angioedema with decreased function of C1-INH antigen: 70% (78–122%). Case 2: 53 years old female with history of hypothyroidism and type 2 diabetes in control, with 2 years of labial mucosa angioedema unresponsive to treatment. During his study the only finding was decreased levels of C1 esterase inhibitor: 19% (21–39%). In both cases the evolution has been torpid to treatment with androgens, getting partial response with immunosuppression based on azathioprine.

Conclusions: The cases presented correspond to an atypical presentation of hereditary angioedema in spite of the treatments have only been able to obtain partial response. In the setting of having the replacement therapy improvement in symptoms is expected, offering the patients a better quality of life.