

salis leite sat 30 m in l n a d e r m i a j e c t o c a n u d l o o g u s s e r u m t h e p a i e t r s e l i e d a r i m m e t b i a t y p e e a h d f l a e r r e s p o n s e d a t o n g h e p e s e n o e f a c i r u t a n g h i t a m i n e l e a s f a n o g r t h a i s f u n c t i a n u d a t i b o d i e s t h e a c t a t e m a t s e l a s d a s o p h y d e s l i n k i t h g h i g h a f f i n i t y E e c e p t (F u R e) A b o 5 0 % a i e t r s o f c h o r n i c u r t a c i a a e f u n c t i a n u d a t i b o d t o f s u R e a n 9 % o t h e I g E a n t b o d y i t s e l f ¹⁰. A u t o i m m u n e u r t i c a i a i s t h u s d i a g n o s e d A S T S p o s e i b i h o r n i o r t a c i a p a i e t r s w h o e x h i b i t n c t i a n u d a t i b o d e s i t s g l a n o b r i t s i g h a f f i n i t y e c e p t F c e R I t i s o f e n c l i m a i l d y d i f f i c u l t o d i t s i n g u i s h o r n i o r t a c i a f o m a u d i m m u n e t a c i a t s d i a g n o i s p s a c t a t l y e l i e d p o r l i r a i l s u s p i c a o m d a u d l o o g u s e r u m i t e s (A S T S) w h i d a n c i a t i e s o r a s y a n g f u n c t i o n i t a l m i n r e l e a s e m b a s o p h o i r l s a t s c e l l s . P a t i e t r w i t h A t e n d t o h a e a g e a e m u m b e f w h e a l s w i t h a w i d e d i s t r i b u t i o n o f s e e e p r u m i t a u r s d n o e f e q u e s y s t e m i s y m p t o m s C h o r n i a c u d i m m u n e t a c i a m a y b e a s s o t e d a w i t h t h e a r u d i m m u d e s e a s i e s t h y o i d i s e a s i e i o j i a b e s m e l l i t p e r , n i c i a n u e s m i a a n d h e u t o a d a r t h r i t i t s c a n r e a s o n a b b e l y s e d s a p e d i c e t v i r a i l e s t o d i a g n o s i e a i l d y u s p e c t a s o e f a u d i m m u n e t a c i a r a t l e a s a s u b o u p o f c h o r n i c u r t a c i a p a i e t r s w h a e m o e l i e l y o h a e a r e n d e g o u s o r a u d i m m u c a e s f e r t h e i d r i s e ¹². F e r t h o e r e f e t t o p a i e t r s a n d e r n o t o l o g i s e g d i n l o n g e r t m a n e n e n i n t e r m s f n e e d f u s i n s u p p h a r m a c o l d o s o e f a n t i h i s t a m i n e s o r i m m u n o m o d u l a t o r s , t h e s t u d y w a s c o n d u c t w i t h a n o b j e c t i v e c o m p a r i t h e f e a u e s o f c h o r n i o r t a c i a n p a i e t r s h a i n g o s i e i e s u s e a g i e a u d l o o g u s e r u m i t e s (A S T S) .

MATERIALS AND METHODS

A c o s s - s e c t i o n a l l h o s p i t a l w o n d u c t a m o n g 9 0 C I U p a t e n t s a t t e n d i n g t h e o u t p a t i e n t d e r m a t o l o g y d e p a r t m e n t i n e p a l g M e d i c a l c o l l e e , N e p a l g u o m j M a r c h 2 0 1 0 t o F e b r u a r y 1 4 A p p r a l o f t h e s t u d y a s o b a i n e f o m t h e i n t e r n a t i o n a l m e t e . P a t i e t r s w e e e n o l l e i d t h e s t u d y f o r A S T S a f e r t a k i n g r o r m e v d r t e n c o n s e r . C l o p a i e t r s w e e d i a g n o s e d t h e a s o f t h e a p p e a r c o e f o r i n u o u r s e c u e r m h i e s w i t b w i t h o u t a n g i o e d e m a e t h a o w e e s k . T h e s t u d y p a i e t r s w e e o f e i t h e r a s e l e m b r a n e a s o f e a g n d w h e o o m a n i h i t a s m i n f e s 3 d a s 7 d a s f o l o n g - a c a t i n g i a s m i n e s a n d 2 w e e k s f o r d o x e p i n a n d c o r t i c o s t e r o i d s o r i m m u n o s e n s i t i v e n s f o r w e e s t o 3 m o n t h a s p e r t h e p o c e d u r e .

P a t i e t r s h a i n g c e u r t a c i a , r t a c i a a s c u l p t h y s i c a l u r t a c i a (d i a g n o s e d o n t h r e y / p a s s o e f t s) i s o r o t h e s y s t e m i d i s e a s e s w t o c a u s e r t a c i a w e e e x c l u d e d . E g n a n n t a c t i n g o t h s e e a l s e x c l u d e d . R o u t i n e s i g n i o n s i e c o m p l e e b l o o d u t , r a n d o m b l o o d a g r u r i a e n t o o e x a m i n a t i o n w e e d o n t e e x c l u d e c h o r n i o r t a c i a a s e t h a w e e n o t i d i o t h a i c . A l t h e p a i e t r s w e e i n v e s i g t e d f o r t h y o i d u n c t i e s (T F T) . e A S T S e s w a s n o p e o f r m e d e t h e a e a i s n o l e d y w h e a l s

i n t h e a t 2 4 h o u r s . T h e A S T S w a s s e n s i t i v e p r o s i e w h e t h e a v e a g e d i a r t e r o f t h e a u d l o o g u s e r u m - i n d u c e d a s > 1 . 5 t i m o f t h e s a l i n e - i n d u c e d . m o t m s a n d i g n s w e e g a d e d r t h e a s o s h e n o d i f u e t a c i a c t i v i t y e [T a b l e] ¹⁰. A g e n d e a r e o f o n s e d u a t i o r f e q u e n o c y e p i s o d r e s m b e a n d i t s i b u t i o n f r i n d i v i d u r a t a c i a l w h i c h a s e o d e d a t t h e i m e f c l i r a i l e x a m i n a t i o n w e e a n a z y d i n r e l a t i o n t o t h e A S T S r e s u l t s h e c h s q u a r . F i s c h e r a c t e s s M a n n - W y l t e s w e e a p p l i e d a l u e l e s t a t o n . 0 5 a l c u e d a t t h e 5 % e e (9 5 % r i d e n t c r a i t) , w a s o n s i e d o b e s t a t i s i a l l y i g n a f i c .

<p>Pruritus score Absence Presence of its Distribution of its Hampe diantji mac t i v i t y e e p Hampe diantji mac t i v i t y e e p</p>
<p>Whesebe (ave age no of whee h 4h) Lesba h 0 whee h s 10 - 5 whee h s > 5 whee h s Involvement of whee h s</p>

Table Urticaria activity score

A n u m e a r v a l u e s a s s i g n o e d g r a d e s i n p o t m s i g n o r t h e w h e a s i e z) U r t a c i a c t i v i t y e = P r u r i t u s e r i t y e + W h e s e b e

P e p a t r i o n A u d l o o g u s e r u m d o r i o l s
 T w o m i l l e l i s b f p a i e t r s v e n o u b s l o o v a s c o l l e e d i n a s t e r i l e p l a s t a s b e a n d a l l e v d t o c l o f o r 3 0 m i n a t r o o m t e m p a t u e . T h e s e r u m a s h e s e p a t e d y c e t r i f a t i o n a t 2 0 0 0 p r o f 1 5 m i r a n d s e i d m e t h a f o r A S T S a n d s t e r i l e p h y s i o l o g i c a l i n o e . 9 f a n e a g i e c o r i o w a s u s e d

P o c e d u r e a m d i t e r p e t a t i o n
 A p p o x i m a t e 0 . 0 5 m l (e q u a l t o 2 u n i t s i n s u s j n i e g t h t h a s m l m a e k d a s 4 0 u n i t e) a c h f a u d l o o g u s e r u m , a n d s t e r i l e p h y s i o l o g i c a l i n v a s i n j e e d b y a s e p a r e s y r i e g n t a d e r m a l e y v o l a a s p e c t h e d e t f o e a r m . A u d l o o g u s e r u m a s i n j e e d p o x i m a l y d o r m s a l i n e d i t a l l y e p i a g g p a t l e a s c m b e w e e t h e w o i n j e c t i o n s i d a f e 3 0 m i n e t h e w h e t o r m e t e a d i n j e c t i o n s m e a s e d a t w o p e r p e n d i c u l a r a e s (d a n d 2) a n d h e a v e a g o f t h e w o i s a l c u e d

P o s i t i v e A S T S w a s t h e n o v i t s e r u m - i n d u c e d a l l h i c h h a e d i a r t e r (a v e a g e o f d a n d 2) o f e 1 . 5 t i m a s o m p a d t o t h e s a l i n e - i n d u c e d 3 0 m i n U s i n g i s r e t r i o t h e s e n s i t i v i t y a n d s p e c i f i c i t y o f t h e A S T S f o r d e t e c t i n g a u d a t r i b o d i e s a n 8 0 % s p e e f j a n d a l s p e o s i d i v r e s u l t s e a l t s h u b j e a c t d o r i o l a e m i n i m a l .

RESULTS

Thirty patients participated in this study. 31% were in the age group of 26-35 years followed by 46-55 years (27.8%). Mean age of the participants was 31.59 ± 3.15 years. Most of the patients were females (63) (70%). Was a normal range (6.7%) of the Audlogus serum test was positive among 38 (42.2%) of the (Table II) White patients aged group and F, Thera was not statistically different (p=0.05) between the groups of patients with A STS positive and A STS negative. Gender had no effect on the test of A STS test cases. A STS positive and A STS negative groups were comparable with regard to statistical F (Table II).

Patients with positive A STS had a higher frequency of attacks which was statistically significant as compared to the A STS negative group (p<0.05). Urticaria activity score (UAS) of 5 was observed in 5 A STS positive and in 9 A STS negative patients. UAS was < 5 in 3 A STS positive and 3 A STS negative patients. Urticaria activity score was higher in A STS positive patients than A STS negative patients which was statistically highly significant (p<0.001). Patients with high frequency of attacks and activity score could be compared to the same group of patients with A STS positive. In the urticaria activity score (6.28 ± 1.7) was also higher in the A STS positive patients than the (5.28 ± 1.7) A STS negative patients which was statistically highly significant (p<0.001). The all the above findings were highly significant (p<0.001) in the regression analysis. The duration of disease in patients with positive A STS test had a median duration of 10 months for A STS positive as compared to non A STS negative individuals (p=0.01).

Median duration of the disease was 1 month and 3 months in A STS positive and A STS negative groups respectively but was statistically insignificant. Duration of disease is not affected by A STS status (Table II).

Characteristics	No. of patients	Percentage
Gender		
Male	27	30.0
Female	63	70.0
Age Group		
15 - 25 yrs.	16	17.8
26 - 35 yrs.	28	31.1
36 - 45 yrs.	16	17.8
46 - 55 yrs.	25	27.8
≥ 56 yrs.	5	5.6
TFT		
Abnormal	6	6.7
Normal	84	93.3
Autologous serum skin test		
Positive	38	42.2
Negative	52	57.8
Mean age (yr)	31.59 ± 3.15	
	Min. 3, Max 6	

Table I: Distribution of patients according to their background characteristics (n=90)

Characteristics	Autologous serum test		p-value
	Positive n1(%)	Negative n2(%)	
Gender			
Male	11 (40.7)	16 (59.3)	>0.05
Female	27 (42.9)	36 (57.1)	
Age groups (yr)			
15 - 52	5 (31.3)	11 (68.7)	> .05
26 - 53	13 (46.4)	15 (53.6)	
36 - 54	6 (37.5)	10 (62.5)	
46 - 55	12 (48.0)	13 (52.0)	
≥ 56	2 (40.0)	3 (60.0)	
TFT			
Abnormal	2 (33.3)	4 (66.7)	> .05
Normal	36 (42.9)	48 (57.1)	

Table II: Comparison of background characteristics for patients with chronic urticaria according to the statistical for autologous serum skin test

Clinical Features	Autologous serum test		p-value
	Positive n1(%)	Negative n2(%)	
Frequency of attacks			
Daily	26 (51)	25 (49)	<0.05
1 - 3 times per week	2 (34.3)	23 (65.7)	
1 - 3 times per month	0 (0)	4 (100)	
Urticaria activity score			
≥ 5	35 (64.8)	19 (35.2)	< 0.001
< 5	3 (8.3)	33 (91.7)	
Mean urticaria activity score	6.28 ±	15.728 ±	1.7 0.001
Duration of disease (months)			
Median	10	13	> .05
Duration of wheals (hours)			
Median	3	1	< 0.001

Table III: Comparison of clinical features for patients with chronic urticaria according to the statistical for autologous serum skin test

DISCUSSION

This study has evaluated patients with chronic idiopathic urticaria (CIU) by a utero allergen serologic test to compare the clinical features of patients with positive and negative A STS results. A STS positivity in 42% of patients with CIU in this study supported the previous studies showing 27-60% A STS positivity.

The median duration of disease was 10 and 3 months for A STS positive and negative patients respectively, which was not statistically significant and was comparable to the previous study only Sabee et al.¹⁹. Lesions of significantly longer duration in patients with a positive A STS median duration being 10 months whereas in A STS negative individuals (p=0.000). Patients with positive A STS had more frequent attacks, which was statistically significant compared to the A STS negative group (p=0.05). A study only by Sabee et al. concluded that patients with a utero allergen test results are more severe attacks and into severe allergic syndromes and sites involved¹⁹. This is in concordance with our study which found frequency of attacks and sites involved.

However, the epidemiological profile of patients both the demographic and clinical features were comparable to the previous studies.^{19-21, 23, 25}

Statistically significant higher A STS positivity in patients compared with the 35% A STS positive patients which was similar to the studies (p=0.16, 0.10). However, no other studies have shown significant difference in A STS positivity in patients compared with the A STS negative group^{21, 26}, significant difference in A STS positivity in patients.

Autoantibodies against histamine receptors mellitiporin and histamine receptors reported more commonly in patients with autoimmune urticaria.¹ Our study showed no difference in A STS positivity in A STS negative ones.

The relationship between chronic urticaria and autoimmune disease is still controversial. It has been reported that autoimmune disease is associated with the pathogenesis of chronic urticaria and angioedema. However, in contrast with previous studies, our study would not show positive relationships between chronic urticaria and thyroid autoimmune disease. It is likely to be because insufficient number of patients were included in our study and thyroid autoantibodies are not routinely tested in patients with autoimmune disease and therefore, it is not clear if autoimmune disease and thyroid autoantibodies should be ruled out in patients.

CONCLUSION

Patients with autoimmune urticaria have not been investigated in a logical fashion. Hence, A STS test is not a reliable available clinical test for autoimmune urticaria. A STS serologic test is not a reliable test to determine the chronic idiopathic urticaria as a utero allergen test is especially important from a management viewpoint since immunosuppressive therapy is a conventional approach for autoimmune urticaria.

LIMITATIONS

- The study was a single blind study by the same investigator and
- The awareness of the wide range of false positive and false negative A STS results.

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