Conferința Națională DE ALERGOLOGIE ȘI IMUNOLOGIE CLINICĂ

Bullous delayed pressure urticaria: positive diagnostic problems

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Background: Delayed pressure urticaria (DPU) is a physical urticaria that can have a major impact on the patient’s quality of life. It usually has a poor response to treatment with high doses of H1 antihistamines. The bullous form of urticaria is a rare entity and it can occur as a complication of spontaneous urticaria or delayed pressure urticaria. Given the lack of bullous lesions in the classic presentation of urticaria, this clinical aspect raises problems of differential diagnosis.

Case report:

History:

- 46-year-old patient
- spontaneous chronic urticaria with pressure aggravation for 2 years → H1 antihistaminic treatment as needed (Fig. 1).
- 3 episodes of bullous lesions with serous and serosanguineous content on top of the urticarial plaques (Fig. 2) located on the right wrist, left foot and the thighs (pressure areas) → They healed slowly with residual hyperpigmentation (Fig. 3) under treatment with systemic corticosteroids and H1 antihistamines.

Work up:

Blood count, kidney tests, liver tests, blood sugar	Within normal limits
ESR, fibrinogen, CRP	Within normal limits
TSH, ATPO	Within normal limits
IgE total	Within normal limits
Helicobacter pylori antigen	Positive
Prick skin test for regular aeroallergens	Negative
Patch skin test with standard Europeana S-1000 kit	**mixture of perfumes II ++ and hydroxy isohexyl 3-cyclohexene carboxaldehyde ++**
Pathological examination	**Appearance of leukocytoclastic vasculitis with bullous lesion**

Conclusions and discussions:

During the evaluation, we excluded two of the main differential diagnoses:

- Bullous pemphigus was eliminated by pathological examination. This investigation revealed an appearance of leukocytoclastic vasculitis with bullous lesion.
- Allergic contact dermatitis was ruled out after the patient was discharged, when the bullous lesions reappeared despite rigorous prophylaxis against sensitizing allergens.

We evaluated a 46-year-old pacient with delayed pressure urticaria and three episodes of concomitant bullous lesions. The peculiarity of the case is the co-existence of contact sensitization to allergens difficult to avoid and DPU. So far, 7 cases of bullous delayed pressure urticaria have been reported, all-male. Of these, 2 cases had a favorable response to omalizumab. Anti-IgE therapy could be a useful therapeutic agent in our case as well.

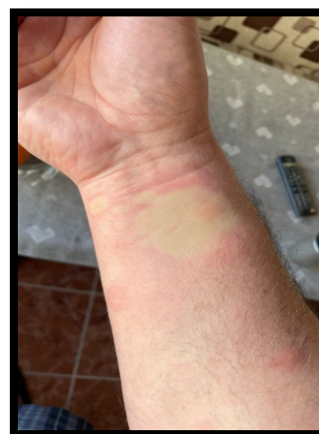
Figure 1

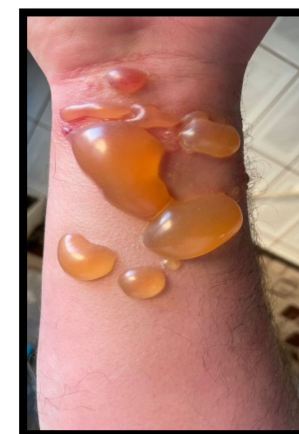
Figure 2

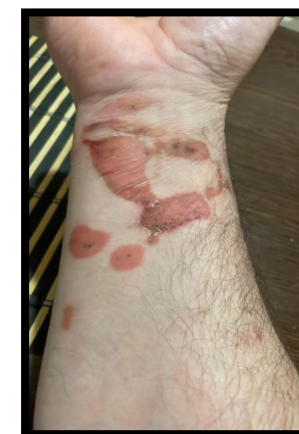
Figure 3

- The pictures are from the patient's personal archive, illustrating the evolution of the lesions.

REFERENCES

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