Urticaria Multiforme

MD Information

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This leaflet aims to provide information about:

- Urticaria multiforme: what it is, clinical presentation
- General treatment guidelines
- Criteria for dermatology referral

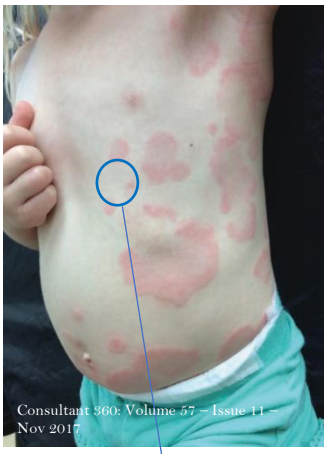
Urticaria (hives) is a common condition that affects up to 20% of the population. It presents as pruritic, raised, erythematous plaques, often with central pallor, with lesions varying in shape and size. It is caused by the activation of mast cells by triggers such as infections, insect stings or bites, foods or additives, plants, and medications (ex: NSAIDS). However, no specific etiology can be identified in many patients. More than 2/3 of new-onset urticaria resolves spontaneously

Urticaria multiforme is a subtype that is also known as acute annular urticaria.

- It is often mistaken for other dermatoses such as erythema multiforme, urticarial vasculitis, and serum sickness-like reaction.
- It primarily affects children under 3 years of age.

Clinical Presentation

- Pruritic annular, polycyclic, violaceous wheals with ecchymotic centers or central clearing.
- Although the condition may last days to weeks, each individual lesion is transient, lasting less than 24 hours.
- Mild associated systemic symptoms:
  - Low grade fever
  - Acral or facial edema
  - Dermatographism
- While urticaria resolves without leaving residual ecchymotic marks on skin, urticaria multiforme may leave behind some purpura or post-inflammatory hyperpigmentation



Individual lesion should resolve within 24 hours

How to differentiate urticaria multiforme from

- Erythema multiforme
  - Targetoid lesions are fixed, may appear on palms and soles
  - Associated with pain and burning, not pruritic
  - Often preceded by a viral infection, most commonly HSV
- Urticarial vasculitis
  - Lesions are fixed and painful, heal with hyperpigmentation
  - Associated with arthralgias
  - More often affects adults
- Serum sickness-like reaction
  - Lesions are fixed
  - High fever
  - Associated with myalgias, lymphadenopathy, and arthralgias
  - Cefaclor (2nd generation cephalosporin) is a medication classically associated with serum sickness-like reaction

General Treatment Guidelines

- Treatment of pruritus (often intense) is essential to improving quality of life, preventing excoriations, and minimizing post-inflammatory hyperpigmentation.
- *2nd generation H1 antihistamines* are preferred over 1st generation H1 antihistamines since they are minimally or non-sedating and free of anticholinergic effects
    a. Cetirizine (Reactine)
        i. 6mo – 2yr: 2.5mg once daily
        ii. 2yr – 5yr: 5mg once daily
        iii. 6yr +: 5mg or 10mg once daily
    b. Loratadine (Claritin)
        i. 2yr –5yr: 5mg once daily
        ii. 6yr +: 10 mg once daily
- Laboratory testing is not indicated in patients with new-onset urticaria and in whom the clinical history and physical exam do not suggest an underlying disorder or urticarial vasculitis.
- Reassure parents that urticaria is not contagious.

Guidelines for Dermatology Referral

- Individual lesions persist for > 24hrs
- Suspected erythema multiforme, vasculitis, or serum sickness-like reaction
- Symptoms refractory to treatment
- Diagnostic uncertainty
- Patients with a suspected allergic etiology of urticaria (such as food or medication allergy) should be referred to an allergy specialist.

** Please specify indication on consultation sheet, as well as age, sex, and treatment prescribed to date.*
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