

Methods

In our retrospective study we included patients who were diagnosed between January 1st, 2005 and February 9th, 2014 with autoimmune urticaria (AIU) at the Department of Dermatology and Allergology, University of Szeged. Patient data were obtained from the medical record database. A total of 1,073 patients were diagnosed with urticaria and 42 of them met the study criteria by having chronic spontaneous urticaria (CSU) and giving positive results in the autologous serum skin test (ASST). The ASST was performed with intradermal injections of 50 μ l autologous serum on the volar forearm. 0.9% sterile saline served as negative control and histamine as positive control. The clinical evaluation was carried out after 30 min. The test was considered positive if the size of the wheal for the undiluted serum was larger than the size of saline control. Dermographism was checked with a dermatographometer with the instrument set to 5, 10, and 15 mm in each patient. Urticaria medications were discontinued at least 1 week before the ASST was performed. All of these patients had had food avoidance for various lengths of time (but at least for 1 month) without success and their chronic infections were looked for and treated if detected. When we treated these patients there was no urticaria guideline available, and in fact the presently available guideline for the proposed therapies does not distinguish between ASST-positive and ASST-negative patients [1].

The ASST-positive patients were taking H₁ antihistamines at the conventional dose for about 2 weeks, and in the nonresponding urticaria patients the dose was then raised up to 4 times. Some patients were also treated with different kinds of H₁ antihistamines for some time. Neither the dose increase nor the antihistamine type change helped. In those CSU patients who responded to antihistamine therapies the ASST was not performed.

The AIU patients were treated with an initial dose of 40 mg/day oral prednisolone until they became asymptomatic (usually in 7–10 days), and then we carefully reduced the dose by 10 mg depending on the patient's symptoms. None of the patients received antihistamines or any other treatment for urticaria after the start of steroid therapy. For preventive treatment against steroid-induced osteoporosis the patients took calcium and D₃ vitamin. For gastric ulcer H₂ blockers were given (famotidine). The patients were regularly checked for blood sugar and blood pressure. Follow-up information was obtained by telephone interview.