



URTICARIA, ANGIOEDEMA

## IS IT URTICARIAL VASCULITIS OR URTICARIA THAT RESEMBLES URTICARIAL VASCULITIS?

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Introduction: The classification and definition of urticarial vasculitis (UV) is still controversial.

Objective: Our aim was to describe clinical, histopathological characteristics and associated conditions in patients with UV and to define a proportion of patients without an evident vasculitis in histopathology but show UV-like clinical features.

Materials and Methods: The study included chronic urticaria (CU) patients who have been in follow up in Okmeydani Training and Research Hospital Urticaria Excellence and Reference Center. Histopathological examination was required due to the refractory course or atypical clinical features of CU. Histopathological and clinical characteristics of patients has been reviewed by the authors and final definition of the condition was performed.

Results: Of the 32 patients, 15 were defined as CU, 10 as UV and 7 as urticaria that resembles UV (U-rUV). The patients with U-rUV were younger, disease duration was longer and frequency of autoimmune diseases was higher. In-clinic UAS and presence of angioedema was similar in all groups while CRP levels were higher in UV patients. C3 levels were normal in all groups while total IgE levels were higher in CU patients. Antihistamine refractoriness was found 73%, 100% and 86% in patients with CU, UV and U-rUV, respectively. Omalizumab was non-responsive in 10%, 30% and 50% of the CU, UV and U-rUV patients, respectively. Plaquenyl response was higher in patients with U-rUV. The only statistically significant differences between groups was the presence of burning sensation, postinflammatory hyperpigmentation and purpura in patients with UV and U-rUV ( $p=0.036$ ,  $p=0.000$  and  $p=0.003$ , respectively). Direct immunofluorescent positivity was higher in patients with UV (20% vs 60%,  $p=0.02$ ).

Conclusion: There is a proportion of CU patients with UV-like lesions without a definite vasculitis in histopathology. These patients tend to have a long disease course with comorbid autoimmune diseases and tend to respond better to plaquenyl treatment.

