Chronic urticaria: What diagnostic evaluation is best?

Evidence-based answer

A detailed history and 6-week trial of an H1 antihistamine are the best diagnostic evaluations for chronic urticaria. More extensive diagnostic workup adds little, unless the patient's history specifically indicates a need for further evaluation (strength of recommendation: B, inconsistent or limited-quality evidence).

Evidence summary

Chronic urticaria affects 1% of the general population and is usually defined as the presence of hives (with or without angioedema) for at least 6 weeks.¹

History and physical are key, a few tests may be useful

A systematic review of 29 studies involving 6,462 patients done between 1966 and 2001 found no strong evidence for laboratory testing beyond a complete history and physical. However, the authors recommended that patients with chronic idiopathic urticaria have an erythrocyte sedimentation rate (ESR) measurement, white blood cell (WBC) count, and differential cell count.³

Is aggressive testing worth the effort?

It would appear not. A prospective study of 220 patients, representative of the studies included in the systematic review, compared 2 strategies to evaluate the cause of chronic urticaria:

- Detailed history taking and limited laboratory testing (hemoglobin, hematocrit, ESR, WBC count, and dermatographism test [hives associated with a scratch])
- Detailed history taking and extensive laboratory evaluation with 33 different tests, many of them special and invasive (radiographs, vaginal cultures, and skin biopsies).⁴

¹ This article was previously published online with the October 2011 issue of The Journal of Family Practice (www.jfponline.com).
Detailed history taking and limited laboratory tests found a cause for urticaria in 45.9% of patients, compared with 52.7% of patients who underwent detailed history taking and extensive laboratory screening. This translates into testing 15 patients aggressively to diagnose one potentially reversible cause of chronic urticaria.

Among patients evaluated with a detailed history and extensive diagnostic workup, 33.2% had physical urticaria (triggered by pressure, cold, heat, and light). Other diagnoses included adverse drug reactions (8.6%), adverse food reactions (6.8%), infection (1.8%), contact urticaria (0.9%), and internal disease (1.4%). No cause was identified in 47.3% of the patients.4

**Recommendations**

The British Association of Dermatologists has issued the following guidelines for evaluation and management of urticaria in adults and children5:

- The diagnosis of urticaria is primarily clinical.
- Diagnostic investigations should be guided by the history and should not be performed in all patients.

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**REFERENCES**