

OUR TRAIL IN TREATMENT AND PROPHYLAXIS OF COLD URTICARIA WITH DESLORATADINE

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RESUME

Cold urticaria presents in quite a lot of cases (31%) with physical urticaria. Its effective treatment and prophylaxis are a problem that is solved by using H1 blockers.

Good alternative method nowadays is Desloratadine - Aerius, having maximal effect with minimal risk of adverse reactions.

Our study included 30 patients with different forms of cold urticaria: hereditary cold urticaria – 4 patients, acquired cold urticaria (contact and refractory) – 13 patients, symptomatic cold urticaria (coexisting with viral infections, medicaments, mycoses) - 8 patients, cold cholinergic urticaria – 5 patients.

All the patients were treated with Desloratadine 1 tablet daily till the end of the clinical features. Afterwards all the patients were prophylacted in the following two months with the same medicament.

The results were: the clinical features disappeared in all the patients in the next 2 weeks; the prophylaxis with Desloratadine was effective in 80% of the treated patients. These allow us to make the conclusion that Desloratadine is a good choice in the treatment and prophylaxis of cold urticaria.

INTRODUCTION

Cold urticaria presents in quite a lot of cases (31%) with physical urticaria. It can be with acute duration (some weeks) or with long duration (years). There are described cases of cold urticaria associated with vasculitis (5), viral infections (2), and in 2-3% with cryoglobulinemia (15, 18). In most cases it is acquired, determined by IgE (18). Its effective treatment and prophylaxis are a problem that is solved usually by using H1 blockers. They are an effective choice in the treatment of cold urticaria (20, 10, 25). Good results are mentioned by using cyproheptadine as monotherapy (22, 18, 24, 19, 26) or in combination with chlorpheniramin (23) or ketotifen (17, 21). Very good inhibition of cold urticaria reaction is reached by using of cetirizine (1,11) or new generation of H1 blockers – mizolastine (4), and acrivistine (16), as well as combined therapy with H1 and H2 blockers (3,9). Taking in mind the higher levels of leucotriens in the serum

of patients suffered from cold urticaria (13) there are an effective tries of treating with antagonists of leucotrien-receptors: monilukast (8), Zafirlukast (1). Doubted results are achieved in the treating of cold urticaria with cyclosporine (14).

There is a tendency to use new H1 blockers. A good outlook in this attitude is the medicine Aerius (Desloratadine – Schering Ploght) – high effective in treatment and prophylaxis and low risk of side effects.

Purpose of investigation

The study evaluates the cure effects and the efficacy of Desloratadine for the treatment and prophylaxis of different type of cold urticaria.

MATERIAL AND METHODS

Our study included 30 patients with different forms of cold urticaria: hereditary cold urticaria – 4 patients, acquired cold urticaria (contact and refractory) – 13 patients, symptomatic cold urticaria (coexisting with viral infections, medicaments, mycoses) - 8 patients, cold cholinergic urticaria – 5 patients.

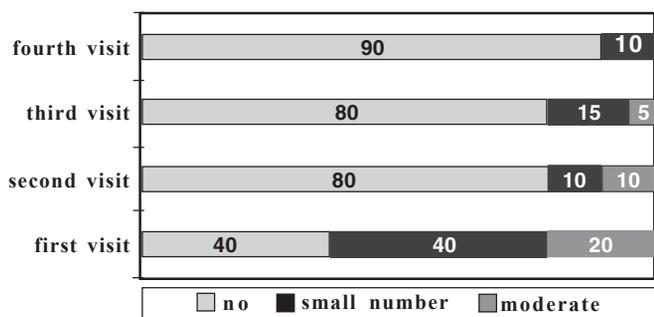
All the patients were treated with Aerius (Desloratadine) 1 tablet daily till the end of the clinical features. The patients were examined four times: after the first, second, third and fourth week. Afterwards all the patients were prophylacted in the following two months with the same medicament and made a visit after the first and second month.

RESULTS

The cure effect was measured by two indexes: the number of still existing skin lesions and itching (absent, mild or moderate).

In all 30 patients after the second week of treatment there was a good therapeutic result (**diagram 1**):

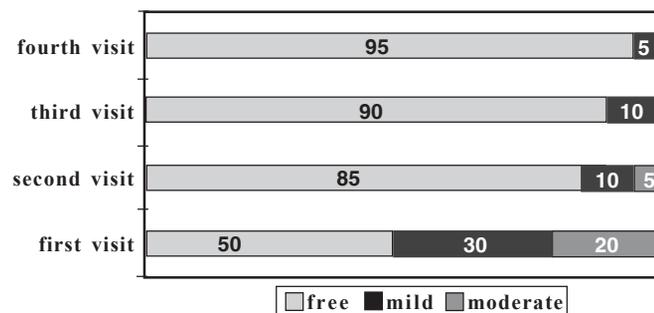
Diagram 1. Therapeutic results in 30 patients with cold urticaria - index-number of wheals



80% were without wheals, 10% with one or two wheals and 10% with moderate number of wheals. After the third week the similar results were observed and the number of patients with moderate number of wheals lowers to 5%. At the end of the fourth week there was an excellent effect in 90% and only 10% were with one or two wheals.

The results measured for criteria pruritus were even better (**diagram 2.**):

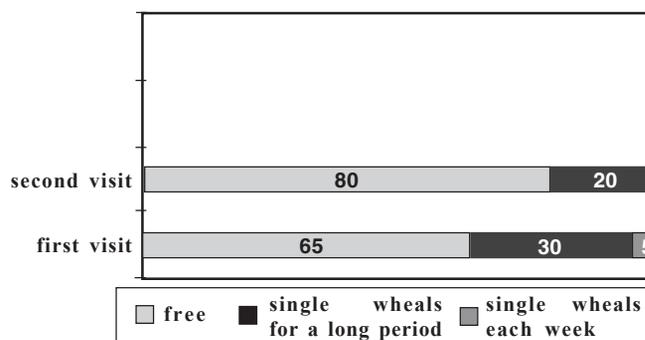
Diagram 2. Therapeutic results in 30 patients with cold urticaria –criteria-pruritus



after the second week only 10% were with mild itch and 5% with moderate. At the end of the fourth week 95% were free of pruritus.

The prophylaxis of different type of cold urticaria also shows good results (**diagram 3.**):

Diagram 3. Therapeutic results in 30 patients with cold urticaria – index-duration of remission



after one month prophylaxis 30% have single wheals for a long interval of time after the contact with etiological agent and 5% in shorter intervals. At the end of the second month 80% were without wheals after the exposure to cold.

DISCUSSION

The treatment of cold urticaria with Desloratadine is very hopeful. Results show that the clinical features disappeared in most of the patients in the next 2 weeks and in 90% at the end of the fourth week. This is an excellent effect of treatment in the comparison with the older therapy with the cyproheptadine, in which case good results were obtained in 50-60% (18, 24). Desloratadine is powerful, oral antihistamine without sedation, which effectively inhibits the cold reaction, by acting on histamine and leucotrienes (12). It is more effective than cetirizine (6). There are data that it is more powerful as an inhibitor of leucotrienes than montelukast (7).

Nevertheless the treatment of cold urticaria is long lasting; the risk of adverse reactions is minimal.

We notice that the patients with acquired cold urticaria show faster and with longer duration of treatment than those with hereditary or symptomatic cold urticaria.

CONCLUSION

The received results allow us to make the conclusion that Desloratadine is a good choice in the treatment and prophylaxis of cold urticaria.

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