

LETTER TO THE EDITOR

Hyperbilirubinaemia: the common denominator of yellow urticaria

To the Editor,

Boechat Souza *et al.* recently enlarged to ten the list of patients diagnosed with yellow urticaria (YU). These cases of YU remind clinicians that the skin, besides forming a biological barrier to protect internal organs and systems from the external environment, frequently reflects underlying internal diseases.

Yellow urticaria has been described secondary to infective hepatitis,¹ liver cirrhosis (regardless of the cause)^{2–6}, acute liver failure⁷ and metastatic disease of the liver.⁸ In all the cases reported, the ultimate cause leading to YU seems to be hyperbilirubinaemia, independently of the underlying cause that elevates serum bilirubin concentration.

In the setting of liver disease, the hepatic capacity to conjugate bilirubin can be decreased, and, as a result, the excess of bilirubin can deposit in tissues, particularly the skin. However, we hypothesize that YU might appear in any jaundiced patient presenting with acute or chronic hives, secondary to the accumulation of any excess of bilirubin in the surrounding dermis. The increased permeability of the blood vessels seen in urticaria together with the exudation of plasma loaded with great amounts of bilirubin into the weals would form the perfect duet to develop yellow urticaria.

Taking all this into consideration, several diseases associated with elevated serum bilirubin concentration must be ruled out if yellow hives are found on clinical examination, and no personal

history of jaundice is manifest. Further observations must be made to determine whether acute or chronic urticaria in jaundiced patients always appears as YU, or whether there is an additional factor that finally produces this clinical condition.

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