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Antileukotrienes in chronic urticaria

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To the Editor:

The antileukotriene agents are effective modulators of inflammation in asthma and allergic rhinitis.¹ We report two cases of intractable chronic urticaria that have apparently responded remarkably well to antileukotriene agents.

Patient 1 is a 43-year-old woman who has had chronic urticaria for 15 months. Loratadine, hydroxyzine, astemizole, doxepin, and short courses of systemic steroids in various combinations provided minimal or no relief. Extensive laboratory workup results were unremarkable. Cetirizine (30 mg daily) and ranitidine (150 mg twice daily for one month) produced no improvement. Ten milligrams twice daily zafirlukast (Accolate), a leukotriene receptor antagonist, was then started with complete resolution of urticaria within 3 days with no recurrence.

Patient 2 is a 32-year-old woman who was first seen in the first trimester of pregnancy with recurrent episodes of chronic urticaria over 8 years, lasting up to 9 months at a time. Various drug combinations including terfenadine, hydroxyzine, cetirizine, cyproheptadine, cimetidine, ranitidine, ketotifen, dapsone, and hydroxychloroquine were not effective. Only systemic steroids produced significant control. A laboratory workup, food skin testing, and a

food additive challenge were not helpful. When urticaria persisted after a miscarriage, 10 mg twice daily fexofenadine, 20 mg cetirizine at bedtime, 5 mg twice daily terbutaline, 150 mg twice daily ranitidine, and 10 mg twice daily zafirlukast were all tried with no improvement. After 6 months of therapy, 600 mg zileuton (Zyflo), a 5-lipoxygenase inhibitor, given four times daily was added with resolution of urticaria within 4 days. The patient is receiving fexofenadine, cetirizine, and zileuton and has been urticaria-free for 4 months.

Although combined effects of multiple medications or spontaneous resolution may explain the improvement, the dramatic resolution of urticaria with antileukotrienes is intriguing. Neither patient reported aspirin or nonsteroidal antiinflammatory drug sensitivity. Although leukotriene B₄ antagonists are being investigated in skin diseases such as psoriasis, the possible benefits of cysteinyl leukotriene antagonists in skin inflammation are still largely unstudied. Injection of the cysteinyl leukotrienes into human skin produces a wheal and flare reaction.² When wheal and flare reactions from intradermal leukotriene injections were compared, patients with chronic urticaria had slightly larger reactions than normal subjects. The role of leukotrienes in urticaria is unclear, but the availability of antagonists should facilitate clinical trials to determine whether antileuko-trienes can offer relief for patients with this difficult-to-treat condition. **1/8/88257**

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Randomized placebo-controlled trial comparing desloratadine and montelukast in monotherapy and desloratadine plus montelukast in combined therapy for chronic idiopathic urticaria

Journal of Allergy and Clinical Immunology, The
September 2004 • Volume 114 • Number 3

Gabriele Di Lorenzo, Maria Luisa Pacor, Pasquale Mansueto, Maria Esposito Pellitteri, Claudia Lo Bianco, Vito Ditta, Nicola Martinelli, Giovam Battista Rini

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A possible role for cyclooxygenase 2 inhibitors in the treatment of chronic urticaria

Journal of Allergy and Clinical Immunology, The
May 2003 • Volume 111 • Number 5

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