

LETTER TO THE EDITOR

Simple urticaria and systemic lupus erythematosus: Why the(y) wait?

Sir,

A 36-year-old woman was seen for recurrent attacks of widespread urticaria (lasting 4–6 hours without angioedema) for the last 1 month. Past medical history was unremarkable but thalassemia minor. Laboratory evaluations including complete blood count, liver/renal function tests, erythrocyte sedimentation rate, thyroid function tests, antinuclear antibody (ANA) and hepatitis markers were normal other than hypochromic microcytic anaemia. She was given antihistamines and the episodes partially improved. After 1 month of treatment, she suffered several angioedema attacks on the lips for which corticosteroid therapy was commenced. Thereafter, she also experience fever, generalized arthralgias and arthritis in the ankle and the small joints of the hands along with exacerbated attacks of urticaria and angioedema. Laboratory tests revealed leukopenia, decreased haematocrit, negative ANA and rheumatoid factor, decreased C3 and increased C-reactive protein levels. Repeat laboratory evaluations 10 days after her persistent arthritic findings were as follows: C3: 0.7 g/l (0.79–1.52); C4: 0.13 g/l (0.16–0.38); rheumatoid factor: 55.2 IU/ml (0–20); ANA: positive; anti-dsDNA: positive; erythrocyte sedimentation rate: 27 mm/h. Eventually, the patient was diagnosed with systemic lupus erythematosus (SLE).

Chronic urticaria and/or angioedema may ensue as one of the manifestations of a systemic disease including SLE, Sjogren's syndrome and rheumatoid arthritis. In the relevant literature, a few cases have been described where urticarial vasculitis preceded the diagnosis of SLE.^{1,2} Urticarial vasculitis is seen mainly in middle-aged women and is characterized by painful urticarial plaques (rather than itching) lasting more than 24 hours and leaving residual pigmentations. Purpuric foci are observed on diascopic examination.³ In addition, systemic symptoms such as arthralgia, myalgia, abdominal or chest pain may also be present.

In our patient, systemic findings and positive serology could only be detected during the follow up. In addition, the skin lesions were considered to be inconsistent with the aforementioned vasculitic features. Accordingly, urticarial vasculitis was considered to be unlikely. On the other hand, presenting this interesting patient of ours, we call attention of physicians towards the fact that even simple urticaria may sometimes be an initial harbinger for future SLE development. Last but not least, despite the absence of specific serologic markers in the beginning of the disease course, care and vigilance should remain as the prerequisite during the follow up of such patients for an early diagnosis of a possible rheumatological disorder.

References

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