

Letter to the Editor

Effective treatment of therapy-resistant chronic spontaneous urticaria with omalizumab

To the Editor:

Chronic urticaria is a severe skin disease characterized by itchy wheals and/or angioedema^{1,2} with an estimated lifetime prevalence of 3% to 5% in the general population.^{3,4} The current European Academy of Allergy and Clinical Immunology (EAACI)/Global Allergy and Asthma European Network (GA²LEN)/European Dermatology Forum (EDF)/World Allergy Organization (WAO) treatment guidelines recommend nonsedating H₁-antihistamines as first-line treatment, increasing their dosage as second-line treatment, and switching to another such antihistamine or adding a leukotriene antagonist as the third-line treatment.⁵ Thereafter, among several other fourth-line options including cyclosporine A,⁶ the guidelines suggest the possibility of using omalizumab, a humanized mAb that blocks the IgE receptor.⁷

Since September 2008, our specialized university clinic has used omalizumab (Xolair; Genentech & Novartis, San Francisco & Basel) to treat 8 patients with chronic spontaneous urticaria patients (Table I) who had not benefited from the recommended first-line, second-line, and third-line treatments. The standard outcome measure of the urticaria activity score (UAS7)⁸ documented substantial clinical improvement in 7 of 8 patients (Fig 1). The other patient (patient 6) may have benefited less because she also has delayed pressure urticaria. Severe side effects have not been observed.

Omalizumab is currently only recommended as fourth-line treatment for chronic spontaneous urticaria.⁵ Consistent with other level 4 evidence,^{9,10} our initial clinical experience suggests that omalizumab brings substantial relief to the vast majority of treatment-resistant patients, but our report is limited by the small sample size and lack of a comparison group. Large, multicenter, double-blind, cross-over, comparative effectiveness trials¹¹ are still needed to determine whether omalizumab works better than third-line and other fourth-line treatment options. Such research could possibly provide a sound scientific basis for promoting omalizumab to the level of a third-line recommendation in future evidence-based treatment guidelines.

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TABLE I. Overview of patients

Case	Sex	Age	Weight (kg)	Occupation	Urticaria duration (y)	Angioedema	IgE	ASST	Asthma	Other allergies	Therapy dose (mg)	Therapy frequency
1	M	57	68	Engineer	11	Y	42	Neg	N	Y	150	4 wk
2	F	51	135	Secretary	3.5	Y	65	Neg	N	Y	300	6 wk
3	F	42	82	Shift work	4	N	341	Pos	N	N	300/150	2 wk
4	F	48	77	Nurse	10.7	Y	97	Neg	N	N	300	4 wk
5	F	32	67	Administrator	7	Y	114	Pos	N	N	300	4 wk
6	F	37	75	Retired	4.7	Y	90	Neg	N	N	150	4 wk
7	F	51	55	Retired	16	Y	367	Neg	Y	Y	300/150	2 wk
8	F	39	89	Nurse	1.5	Y	64	Neg	Y	Y	300	4 wk

ASST, Autologous serum skin test; F, female; M, male; N, no; Neg, negative; Pos, positive; Y, yes.

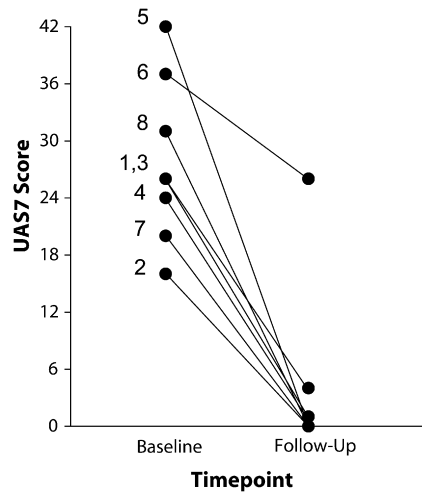


FIG 1. Response of patients (numbers from 1-8) to omalizumab therapy.