

Correspondence

Reply

To the Editor:

We have been very pleased to read that other research groups have been able to confirm the conclusions of our recent studies on coagulation cascade activation in patients with chronic urticaria by using different methods.¹⁻³ In fact, Wang et al⁴ evaluated activated Factor VII (FVIIa) with an antigenic method, whereas we used a functional method, which closely reflects the activity of FVIIa. Thus from these 2 observations, it can be concluded that in patients with chronic urticaria the increased activity of FVIIa is due to its increased production. Moreover, Wang et al⁴ demonstrated an increase of the complexes formed between thrombin and its natural inhibitor, antithrombin, which extends our observation of increased thrombin generation, indicating that thrombin can be efficiently inhibited in circulating blood of patients with chronic urticaria. Recently, we have pushed our findings a little further, showing that in patients with chronic urticaria the activation of the tissue factor pathway of coagulation is triggered by eosinophils showing a marked hyperexpression of tissue factor.⁵ We agree with Wang et al⁴ that in patients with chronic urticaria the activation of the coagulation cascade followed by thrombin generation and fibrin production is not intense enough to cause clinically appreciable disturbances of the clotting system, probably because of the perfect efficiency of both the anticoagulant and fibrinolytic systems. Furthermore, there are recent studies showing that most of the activation of the coagulation cascade occurs outside the vessels in the interstitial space.⁶ Whether these findings will pave the way for new therapeutic approaches in patients with chronic urticaria, including anticoagulant therapy, has still to be established, although this hypothesis is certainly intriguing. Along with the studies cited by Wang et al,⁴ some indirect data seem to suggest that anticoagulants might find a place in some patients.⁷ It is also interesting to note that Khalaf et al⁸ have found an additional benefit of the combined therapy with dipyridamole and desloratadine in comparison with desloratadine alone. Dipyridamole is a platelet adhesion inhibitor, and although its mechanism of action in chronic urticaria is still unclear, it is noteworthy that

its therapeutic effect has been associated with a marked decrease in prothrombin fragment F1+2 plasma levels. Although many questions remain to be answered, these observations have shed light on some aspects of the pathogenic mechanisms of chronic urticaria, a complex but fascinating disorder.

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