

Reports on Scientific Meetings

Joint Annual Scientific Meeting 2014

Reported by CKL Yuen 原嘉麗

Date: 27 November 2014
Venue: Langham Place, Hong Kong
Organisers: The Hong Kong College of Dermatologist and The Hong Kong Society for Paediatric Dermatology

Effective and rapidly acting therapy for refractory chronic spontaneous urticaria(CSU)/chronic idiopathic urticaria (CIU)

Speaker: Prof. Martin Metz
Department of Dermatology and Allergy Charité-Universitätsmedizin Berlin, Germany

Urticaria is characterised by the appearance of fleeting wheals, which each lasts 1-24 hours and/or angioedema lasting up to 72 hours. CIU is diagnosed when hives that occur without an identifiable cause last or recur for more than six weeks. More than half of the patients with urticaria have sleep disturbance, impairment in work and daily activities.

According to the European Academy of Allergology and Clinical Immunology (EAACI)/ Global Allergy and Asthma European Network (GA2LEN)/ European Dermatology Forum (EDF) / World Allergy Organization (WAO) guideline for management of urticaria, the first line treatment for CSU/CIU is second generation H1 antihistamine blockers. If symptoms persist after

two weeks, the dose of H1 blockers can be increased up to four times the normal dose. Third line treatment includes ciclosporin, leukotriene antagonists, dapsone and omalizumab. A short course of oral steroid can be used for acute exacerbations.

Increase in total IgE level is found in CIU. Omalizumab (Xolair®) is a recombinant humanised anti-IgE antibody. It is the first biologic approved by the FDA for patients 12 years and older with CIU who remain symptomatic despite treatment with H1-antihistamine therapy. It is also approved for patients with moderate to severe persistent allergic asthma who have a positive skin test or *in vitro* reactivity to a perennial aeroallergen and whose asthma symptoms are not controlled by inhaled corticosteroids.

The speaker concluded that omalizumab has been shown to achieve good and rapid disease control (decreased urticaria activity score and improved quality of life) in CIU but disease relapse on discontinuation is the rule.

Learning points:

Omalizumab, a recombinant humanised anti-IgE antibody, is the first biologic approved by the FDA for the treatment of refractory CIU.