

XIX Convegno Nazionale

Dermatologia per il Pediatra

“Pelle Madre”

24 - 25 Maggio 2019
Palazzo dei Congressi di Riccione



Forum. Alimentazione e Cute

Moderatori: Mirella Milioto, Giorgio Rovatti

16.45 Alimentazione nei primi tre anni di vita:
latte materno, latte adattato e latte speciale...
e la cute? (*Diego Peroni*)

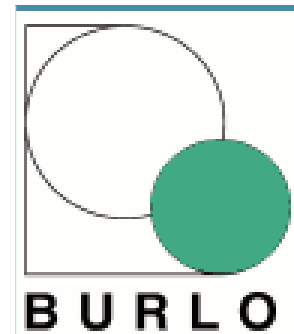
17.05 *Discussione*

17.15 Quanto conta l'alimentazione nella gestione
dell'orticaria (*Irene Berti*)

17.35 *Discussione*

Irene Berti

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QUANTO CONTA
L' ALIMENTAZIONE NELLA GESTIONE
DELL' ORTICARIA?

POCO/NIENTE

QUANTO CONTA L' ALIMENTAZIONE NELLA GESTIONE DELL' ORTICARIA?



La lesione elementare è il POMFO

FUGACE (< 24-48 ORE)













Position paper

EAACI/GA²LEN/EDF/WAO guideline: definition, classification and diagnosis of urticaria

Clinical appearance

Urticaria is characterized by the sudden appearance of wheals and/or angioedema (Fig. 1).

A wheal consists of three typical features:

1. a central swelling of variable size, almost invariably surrounded by a reflex erythema
2. associated itching or, sometimes, burning sensation
3. a fleeting nature, with the skin returning to its normal appearance, usually within 1–24 h

Urticaria and angioedema

Amin Kanani^{1*}, Robert Schellenberg¹, Richard Warrington²

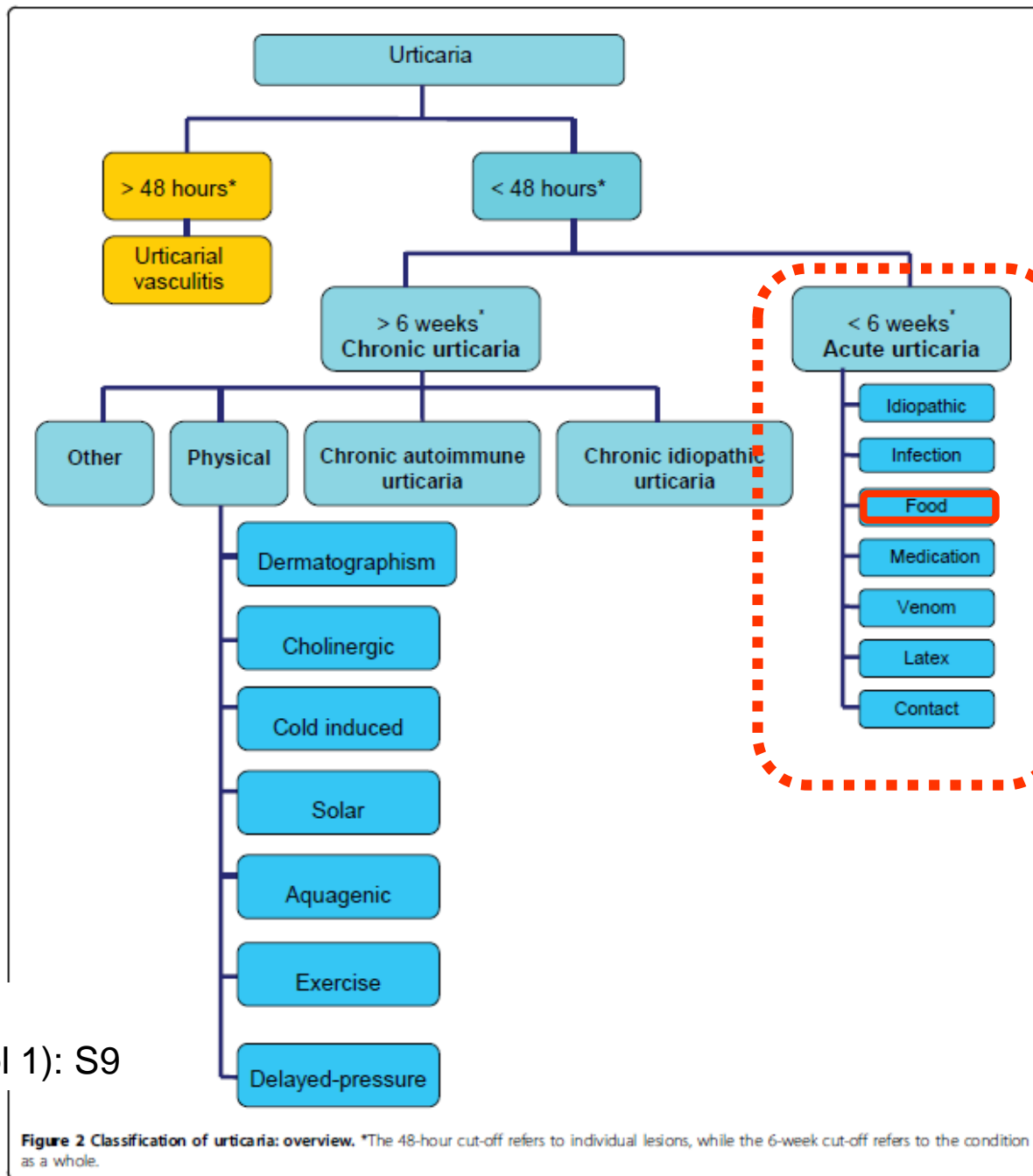


Figure 2 Classification of urticaria: overview. *The 48-hour cut-off refers to individual lesions, while the 6-week cut-off refers to the condition as a whole.

none

Table III. Recommended diagnostic tests in frequent urticaria according to Zuberbier et al. (5)

Group/Subgroup	Routine diagnostic tests	Extended diagnostic programme ^a
<i>Spontaneous urticaria</i>		
<u>Acute urticaria</u>	None ^b	None ^b
Chronic urticaria	Differential blood count and ESR/CRP ^c , omission of suspected drugs (e.g. NSAID)	Test for infectious diseases (e.g. Helicobacter pylori) and type I allergy, autoantibodies, thyroid hormones, physical tests, pseudoallergen-free diet for 3 weeks, autologous serum skin test, serum tryptase, skin biopsy
<i>Physical urticaria</i>		
Acquired cold urticaria	Cold provocation and threshold test (ice cube, cold	Differential blood count and ESR/CRP ^c , immunoglobulin E, rule out other diseases, especially
<i>Dermographic urticaria</i>		
Differential blood count and ESR/CRP ^c		
<i>Other urticaria disorders</i>		
Aquagenic urticaria	Water temperature applied for 20 min	None
Cholinergic urticaria	Exercise bath provocation	None
Contact urticaria	Prick test read after 20 min	None
Exercise-induced anaphylaxis/urticaria	According to history exercise test with/without food	None

Unless strongly suggested by patient history

^aDepending on suspected cause; ^bunless strongly suggested by patient history, e.g. allergy; ^cas indication of severe systemic disease. ESR: erythrocyte sedimentation rate; CRP: C-reactive protein; NSAID: non-steroidal anti-inflammatory drug; ANA: antinuclear antibodies; UV: ultraviolet; ECT: epicutaneous test.

none

EAACI/AAAAA Guideline for the definition, diagnosis, and management of urticaria: the 2014 update

Types	Subtypes	Routine diagnostic tests (recommended)	Additional tests (if indicated)
Spontaneous urticaria	<u>Acute spontaneous urticaria</u>	None	None†
	Chronic spontaneous urticaria	Differential blood count. ESR or CRP Omission of suspected drugs (e.g., NSAID)	Test for (in no preferred order): (i) infectious diseases (e.g., Helicobacter pylori), (ii) type I allergy, (iii) functional autoantibodies, (iv) thyroid hormones and autoantibodies, (v) skin tests including physical tests, (vi) pseudoallergen-free diet for 3 weeks, (vii) tryptase‡, (viii) autologous serum skin test, and (ix) lesional skin biopsy
Inducible urticaria	Cold urticaria	Cold provocation and threshold test (ice cube, cold water, cold wind)	Differential blood count and ESR or CRP cryoproteins rule out other diseases, especially infections
	Delayed pressure urticaria	Pressure test and threshold test	None
	Heat urticaria	Heat provocation and threshold test	None
	Solar urticaria	UV and visible light of different wavelengths and threshold test	Rule out other light-induced dermatoses
	Symptomatic dermographism	Elicit dermographism and threshold test	Differential blood count, ESR or CRP None
	Vibratory urticaria	Vibratory provocation and threshold test	None
	Cholinergic urticaria	Cholinergic provocation and threshold test	None
	Contact urticaria	Contact provocation and threshold test	None

Unless strongly suggested by patient history

ESR, erythrocyte sedimentation rate; CRP, C-reactive protein.

†Depending on suspected cause.

‡Unless strongly suggested by patient history, for example allergy.

*As indication of severe systemic disease.

TABLE 6 Recommended diagnostic tests in frequent urticaria

Types	Subtypes	Routine diagnostic tests recommended	Classification	GA ² LEN/EDF/WAO guideline for the definition, diagnosis and management of urticaria
Spontaneous urticaria	Acute spontaneous urticaria	None	None ^b	
	CSU	Differential blood count, ESR and/or CRP		Avoidance of suspected triggers (eg, drugs); Conduction of diagnostic tests for (in no preferred order): (i) infectious diseases (eg, <i>Helicobacter pylori</i>); (ii) functional auto-antibodies (eg, autologous skin serum test); (iii) thyroid gland disorders (thyroid hormones and auto-antibodies); (iv) allergy (skin tests and/or allergen avoidance test, eg, avoidance diet); (v) concomitant CIndU, see below ⁶⁹ ; (vi) severe systemic diseases (eg, tryptase); (vii) other (eg, lesional skin biopsy)
Inducible urticaria	Cold urticaria	Cold provocation and threshold test ^{c,d}		Differential blood count and ESR or CRP, rule out other diseases, especially infections ¹⁶⁸
	Delayed pressure urticaria	Pressure test and threshold test ^{c,d}		None
	Heat urticaria	Heat provocation and threshold test ^{c,d}		None
	Solar urticaria	UV and visible light of different wavelengths and threshold test ^c		Rule out other light-induced dermatoses
	Symptomatic demographism	Elicit demographism and threshold test ^{c,d}		Differential blood count, ESR or CRP
	Contact urticaria	Provocation test		

none

Unless strongly suggested by patient history

ESR, erythrocyte sedimentation rate; CRP, C-reactive protein

^aDepending on suspected cause.

^bUnless strongly suggested by patient history, for example, allergy.

^cAll tests are carried out with different levels of the potential trigger to determine the threshold.

ORTICARIA ALLERGICA

REGOLA DELLE 2 ORE

1. COMPARE ENTRO 2 ORE DAL CONTATTO CON L'OFFENDENTE (alimento, *farmaco*, *insetto...*)
2. DURA POCO (2 ORE), SI ESAURISCE IN POCHE ORE
3. SPESSO ASSOCIATA AD ALTRI SINTOMI ALLERGICI



QUASI 2 MESI

Orticaria iniziata da ieri sera

In LM + LF da 1 settimana (1-2 volte al dì)
NELLE ULTIME 24 ORE SOLO SENO

Ha fatto anche 2 vomiti



IPOSTESI

1. ALLERGIA AL LATTE VACCINO



PRICK LV
4 mm



IPOTESI



SOLO LATTE MATERNO

CONSULENZA
ALLERGOLOGICA

UN PO' DI STORIA

IPOTESI



TUTTI
AMMALATI
IN FAMIGLIA

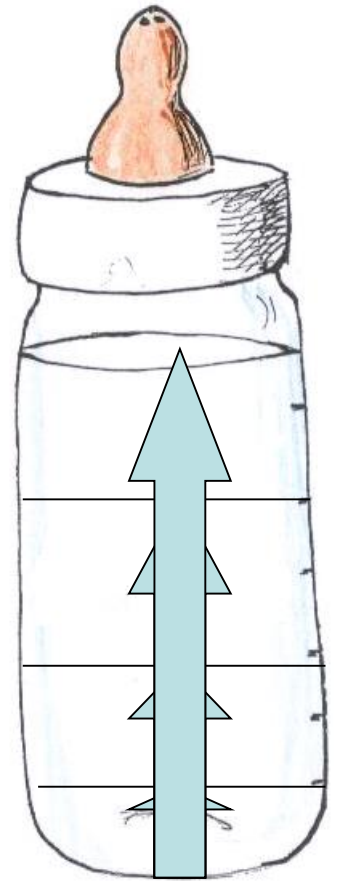
RINITE DAL GIORNO PRIMA
2 VOMITI

NELLE ULTIME 24 ORE SOLO SENNO

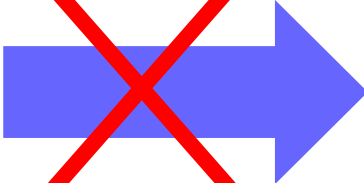
PROVIAMO A RIDARLE IL
LATTE DI FORMULA



CHE TOLLERA PERFETTAMENTE!!



ORTICARIA



ALLERGIA

Orticaria acuta post-infettiva



Figura 1. *Tipiche lesioni anulari alla coscia.*



Figura 3. *Edema del piede con segno della fovea.*



Figura 2. *Lesioni confluenti policicliche (geografiche) agli arti e al tronco.*



Figura 4. *Tipico dermografismo in corso di OPI.*

Più frequente causa
di orticaria
in età pediatrica

IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*

Urticaria Multiforme

A 3-YEAR-OLD GIRL PRESENTED TO THE EMERGENCY DEPARTMENT ON DAY 1 OF A MILD PRURITIC URTICARIAL RASH. There was no history of exposure to medications or allergens and no history of similar symptoms. The parents described a viral respiratory illness that had occurred 1 week earlier. Fever (38.8°C) developed on day 2, when the child was at home, as did a generalized polycyclic annular rash with wheals and ecchymotic centers (Panel A). On day 3, the child returned to the emergency department with a persistent low-grade fever and swelling of the hands, feet, and face. Physical examination was notable for acral edema and a blanching arcuate urticarial rash (Panels B and C, respectively). Dermographism was elicited by pressure from a pen (Panel D). There was no mucosal involvement. Complete blood count, urinalysis, and serum chemical analysis were unremarkable. A diagnosis of urticaria multiforme was made, and the child was treated with diphenhydramine. The rash resolved on day 6 with no further sequelae. Because of the annular nature of the rash, a frequently antecedent infection, and its often dramatic presentation, the condition is commonly misdiagnosed as erythema multiforme or other more serious cutaneous conditions.



Soraia 2 mesi
con puntata febbrile



Soraia 2 mesi
con puntata febbrile

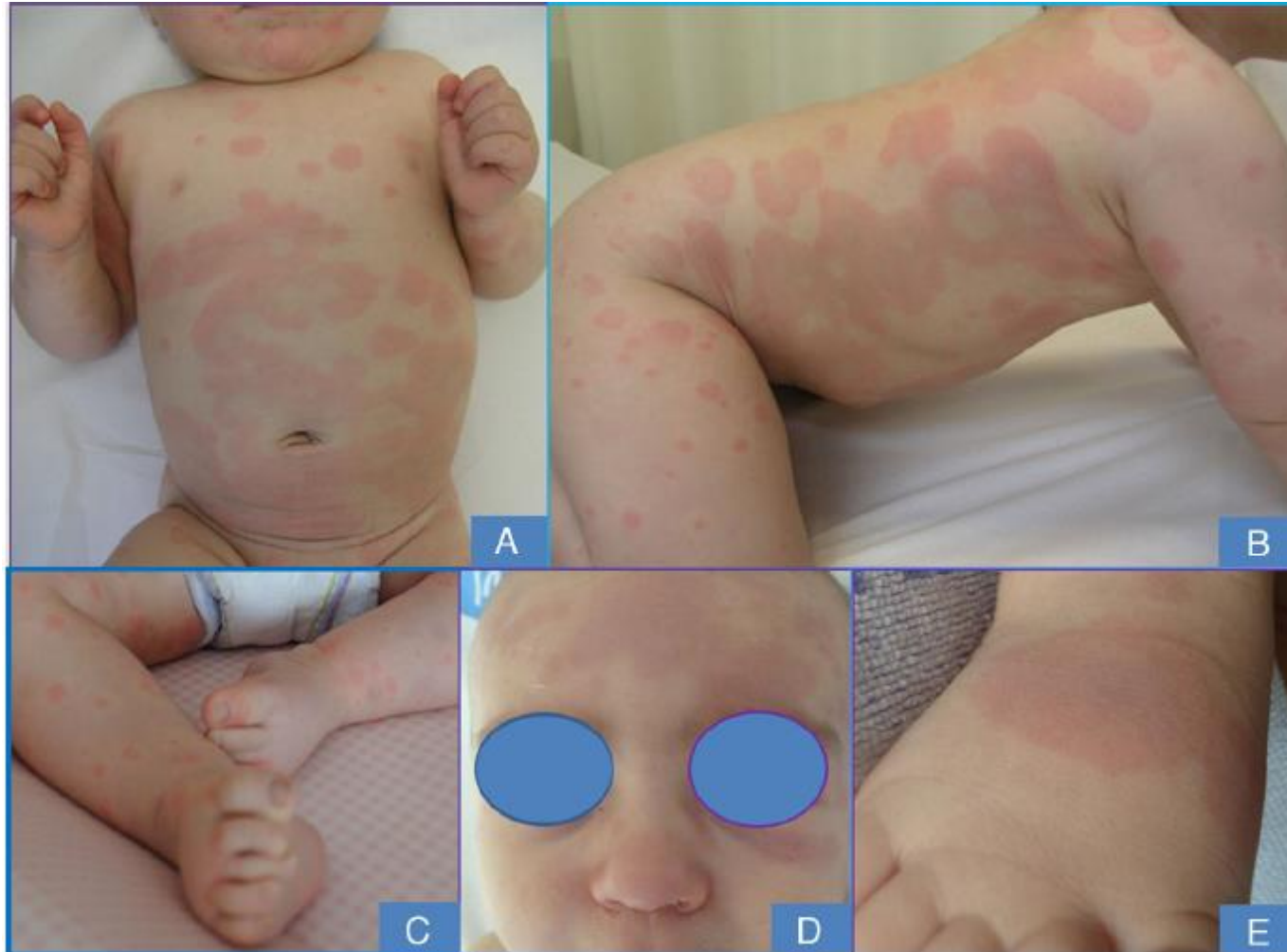
al terzo giorno l'orticaria è scomparsa da sola





Federico 12 mesi, già al terzo episodio.

Urticaria Multiforme: A Report of 5 Cases and a Review of the Literature[☆]



Urticaria Multiforme: A Report of 5 Cases and a Review of the Literature[☆]

Table 1 Summary of Patient History in Our 5 Cases.

	Case 1	Case 2	Case 3	Case 4	Case 5
Age, mo	22	13	8	16	15
Sex	Male	Male	Male	Male	Female
Medical history	Upper respiratory tract infection	Upper respiratory tract infection	Otitis	Upper respiratory tract infection	Otitis
Medication history and timing	Salbutamol, B Amoxicillin, A	Montelukast, B Fluticasone, B Amoxicillin, C (2 d) Dextromethorphan, C	Amoxicillin, A Paracetamol, A	Amoxicillin, A	Amoxicillin, C (2 d) Salbutamol, A
Timing of fever and skin rash	Fever began 2 d after rash appeared	Fever began 6 h before rash appeared	Fever until 1 d before rash appeared No fever while rash was present	Low-grade fever while rash was present	Fever until 3 d before rash appeared No fever while rash was present
Duration of rash, d	5	6	4	6	5
General health	Good	Good	Good	Good	Good
Edema of hands and feet	Yes	Yes	Yes	Yes	Yes
Facial involvement	Annular plaques	Edema of the eyelids Annular plaques	Annular plaques	Edema of the eyelids Annular plaques	Annular plaques
Hospitalization	Yes	Yes	No	No	No
Treatment	Hydroxyzine	Metamizole Hydroxyzine Prednisolone	Hydroxyzine Prednisolone	Hydroxyzine Prednisolone	Hydroxyzine Prednisolone

Urticaria Multiforme: A Report of 5 Cases and a Review of the Literature[☆]



ORTICARIA EMORRAGICA

È un evento frequente nel bambino e sta a indicare la violenza della vasodilatazione che si associa a stravasamento non solo di plasma ma anche di emazie nel derma. La presenza di lesioni orticariose classiche fugaci esclude una porpora ematologica. La distribuzione bizzarra senza predilezione per le zone acroposte esclude la porpora anafilattoide e l'edema emorragico.



Orticaria emorragica: eppur si muove

SARA DELLA PAOLERA¹, MARIA CHIARA PELLEGRIN², IRENE BERTI², EGIDIO BARBI^{1,2}

¹Università di Trieste; ²IRCCS Materno-Infantile "Burlo Garofolo", Trieste



ORTICARIA



VIROSI

Unless strongly suggested by patient history

Urticaria and angioedema

Amin Kanani^{1*}, Robert Schellenberg¹, Richard Warrington²

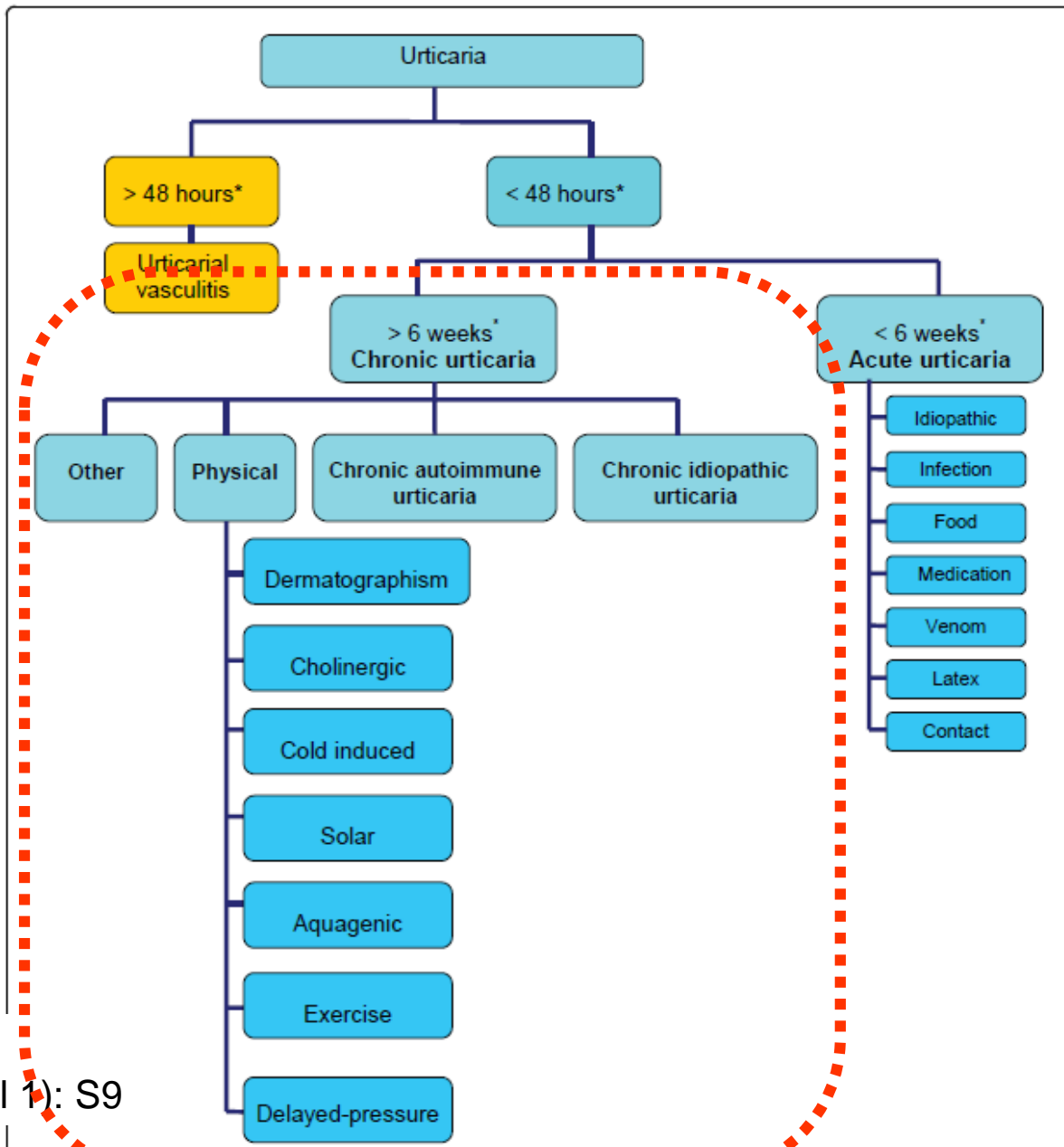


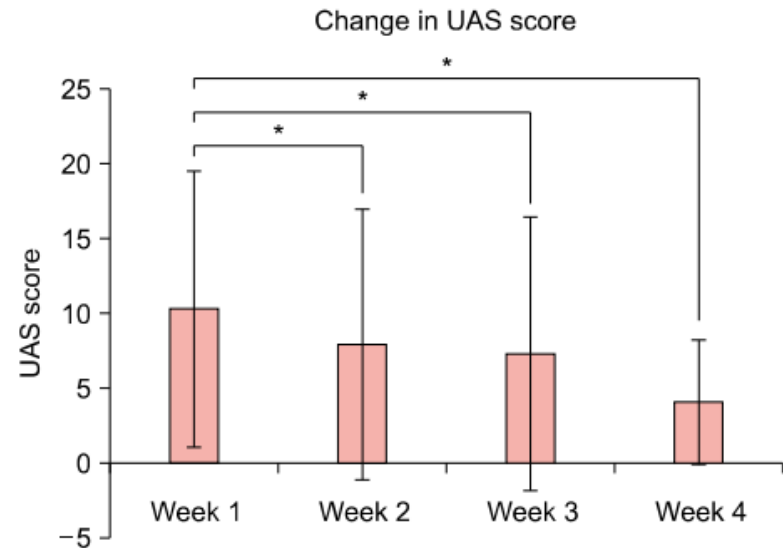
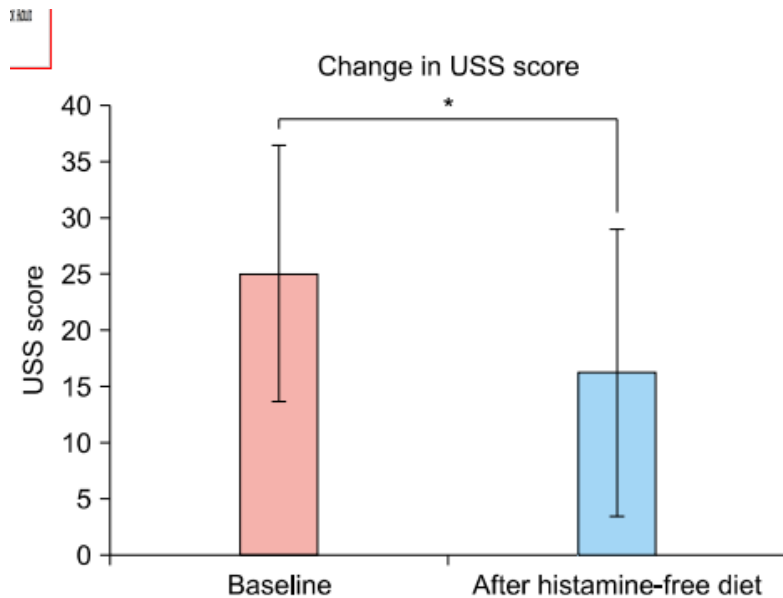
Figure 2 Classification of Urticaria: Overview. The 48-hour cut-off refers to individual lesions, while the 6-week cut-off refers to the condition as a whole.

Allergy, Asthma &
Clinical Immunol 2011;7 (Suppl 1): S9



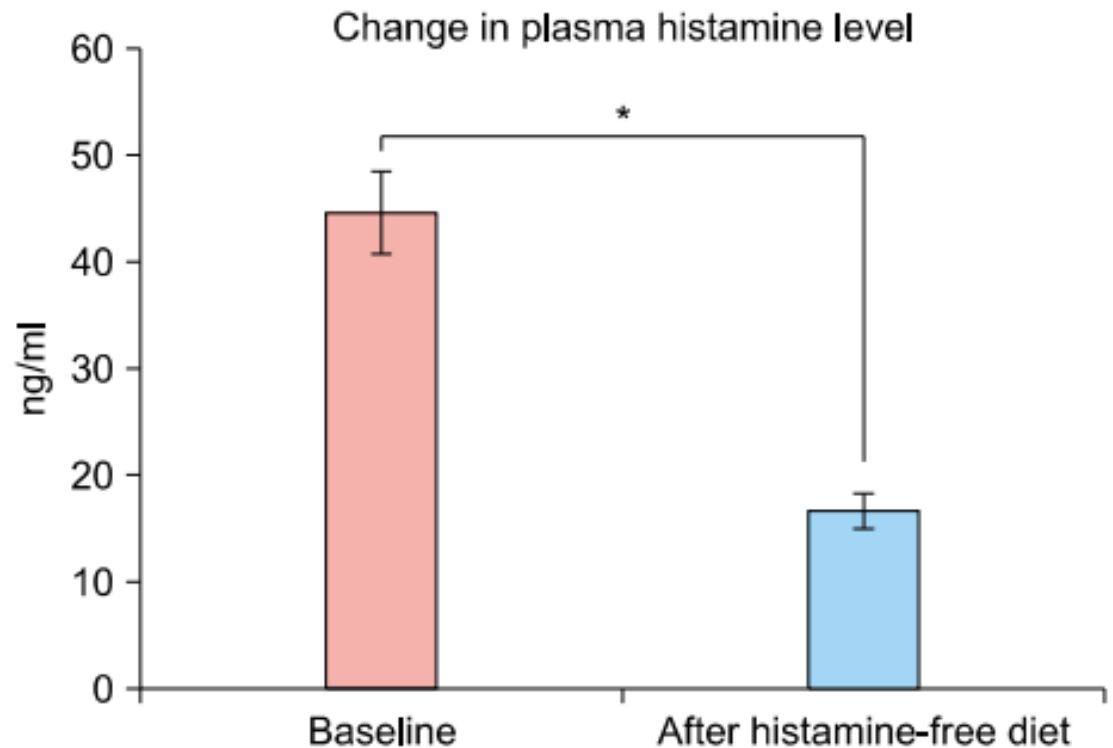
ORIGINAL ARTICLE

A Histamine-Free Diet Is Helpful for Treatment of Adult Patients with Chronic Spontaneous Urticaria

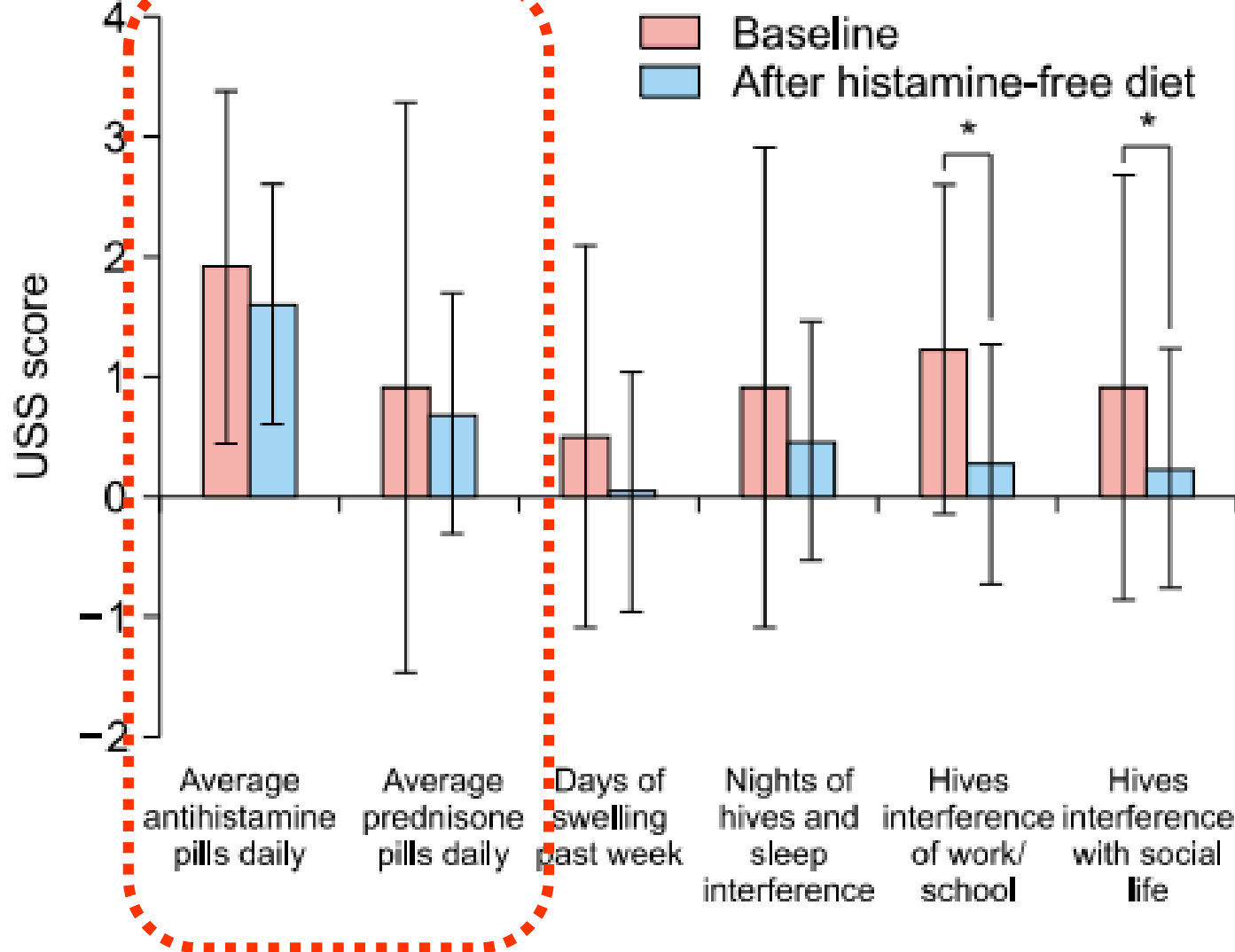


- 22 pz adulti

- dieta per 4 settimane



Changes in individual USS scores



ORIGINAL ARTICLE

A Popular myth – low-histamine diet improves chronic spontaneous urticaria – fact or fiction?

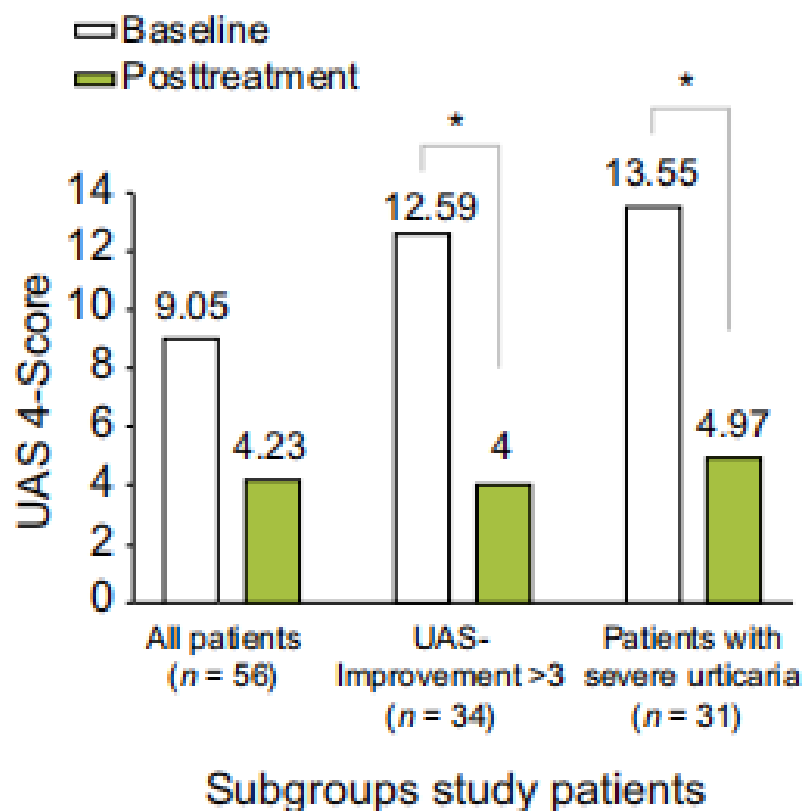


Figure 1 UAS 4 change.

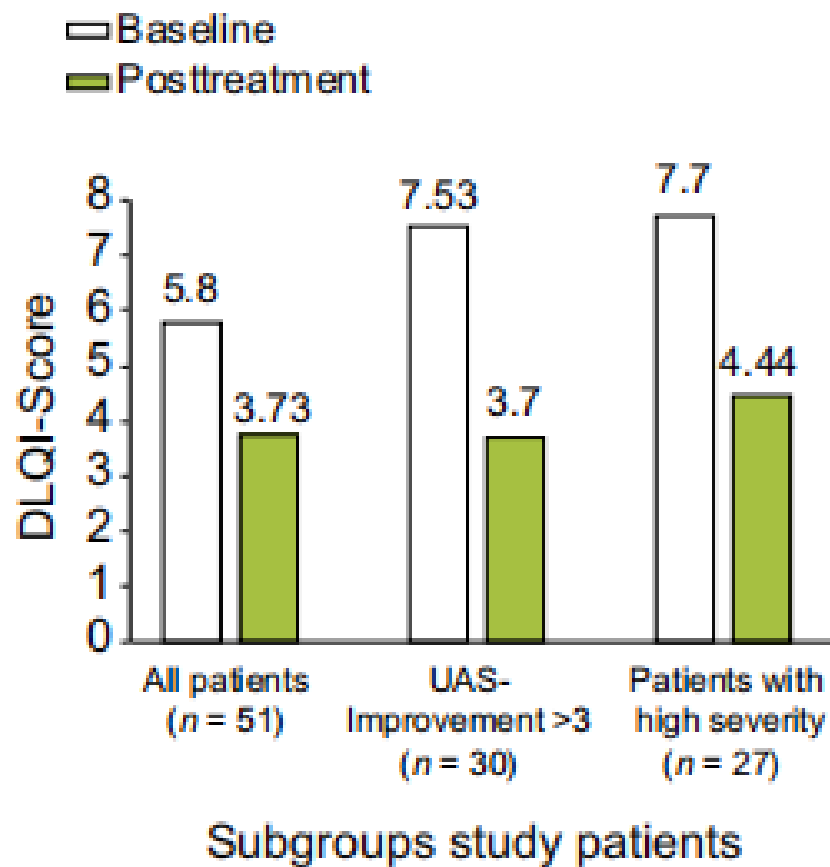


Figure 2 DLQI change.

Antihistamine intake

This was a non-interventional study. The patients were instructed to take the antihistamines only if needed starting in the screening period during the whole study. Thirty-two of 56 (57%) patients took antihistamines before the diet. The reduction in this population was 1.81 tablets per day: 22 of 56 (39%) reduced the intake of antihistamines, 12 of those 22 stopped taking antihistamines during the study, in eight of 56 (14%), the intake of antihistamines increased. The average reduction of antihistamine intake (cetirizine, fexofenadine, ebastine, desloratadine, rupatadine or dimetinden) after diet in the whole population was 0.93 tablets per day ($n = 56$).

What the first 10,000 patients with chronic urticaria have taught me: A personal journey

Allen P. Kaplan, MD *Charleston, SC*

J Allergy Clin Immunol 2009

FALSI MITI SULLE CAUSE E IL TRATTAMENTO DELL'ORTICARIA CRONICA

- ✓ Che possa essere **causata da additivi alimentari** o esacerbata da pseudoallergeni alimentari
- ✓ Che possa essere causata dall'**H. Pylori**
- ✓ Che possa essere **psicosomatica**

What the first 10,000 patients with chronic urticaria have taught me: A personal journey

Allen P. Kaplan, MD *Charleston, SC*

At the National Institutes of Health (1978-1987), some of our first observations disproved this thesis by limiting foods to a diet of rice, lamb, and water for 5 days and recording the effect on the person's urticaria. The study was neither controlled nor blinded. Nevertheless, no one improved, and after the first 20 patients, we stopped. I assumed that chronic urticaria was not caused by food allergy or by uncharacterized reactions to food additives and have never become suspicious that this could be incorrect.

What the first 10,000 patients with chronic urticaria have taught me: A personal journey

Allen P. Kaplan, MD *Charleston, SC*

lergy.”⁷ Here well-defined chemicals are claimed to cause or exacerbate the symptoms of chronic urticaria. IgE antibody is not necessary, although the mechanism or mechanisms responsible have not been discerned. Pseudoallergens include artificial food dyes, preservatives, and sweeteners, aromatic compounds in wine, tomatoes, and spices⁸; as well as phenols, such as D-hydroxy benzoic acid, citrus and orange oil, and salicylates.⁹ The remission rate attributed to elimination diets varies from 30% to 90%, yet double-blind, placebo-controlled food challenges with these substances have failed to reproduce urticaria,¹⁰ and patients whose chronic urticaria has remitted can eat anything without becoming symptomatic. The right conclusion is that foods or addi-

Nota 9. *Non c'è evidenza che una generica dieta priva di alimenti contenenti istamina o istamino-liberatori abbia un qualche effetto sulla durata della manifestazione, quindi la **dieta non serve** a meno che non ci sia un chiaro legame con l'alimento.*

**Commissione SIAIP orticaria e dermatite atopica:
orticaria acuta compendio sinottico e commenti
(tratto dalle linee guida EAACI 2009)**

ALIMENTAZIONE NELLA GESTIONE DELL' ORTICARIA?

❑ **orticaria acuta**: solo se fortemente suggerito dalla storia

❑ **orticaria cronica idiopatica**:

MAI ALLERGICA

MAI CAUSATA DA CIBI LIBERATORI DI

ISTAMINA O PSEUDOALLERGENI

