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**THE FIVE YEARS RETROSPECTIVE ANALYSIS OF CLINICAL AND  
EPIDEMIOLOGICAL ASPECTS OF URTICARIA**

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**Introduction.** Urticaria is a heterogeneous mast cell-driven disease presenting with wheals or angioedema or both. This condition affects nearly 1 in 5 individuals in their lifetime and has a significant impact on quality of life and affects performance at work and school.

**Aim of the study:** a five-year retrospective analysis of medical records of patients hospitalized for urticaria.

**Materials and methods.** Epidemiological and clinical data of patients hospitalized for urticaria at the Department of Dermatology were analyzed and compared to control group composed of 137 healthy individuals BMI and sex-matched. Statistical analysis was performed using Chi-Square test, a statistically significant difference was at  $p < 0.05$ .

**Results and discussion.** In the analyzed period 137 patients were hospitalized for urticaria, 93 females (68%) and 44 males (32%), of mean age 48.53. Half of the study group had systemic comorbidities, most often arterial hypertension (23%). 38% of patients have been previously diagnosed with an allergy most often to antibiotics (27%). Over 60% of patients suffered from acute and 38% from chronic urticaria. Over 40% had wheals on the whole body. Causal factor was identified in 62% of all case, the most common were drugs (48%) and food (40%). There was statistical significance regarding CRP, leucocytosis, neutrophilia and hyperglycemia between patients with urticaria and controls (all  $p < 0.05$ ). The patients were treated with antihistamines (94%), glucocorticosteroids (81%) and one patient with omalizumab.

**Conclusions.** Urticaria is a common disease affecting people of all ages. It may generate high healthcare costs due to prolonged hospitalizations and often leads to a search for a cause, which in many cases cannot be identified. H1-antihistamines are recommended as first-line therapy. However the treatment of choice in patients with antihistamine-resistant urticaria is omalizumab, currently the only licensed systemic biologic for use in CSU.