



MEETING ABSTRACT

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Effects of omalizumab on chronic urticaria not responding to recommended therapy

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From Canadian Society of Allergy and Clinical Immunology Annual Scientific Meeting 2012
 Calgary, Canada. 11-14 October 2012

Background

Treatment of chronic urticaria consists of antihistamines as the first-line treatment. For more severe symptoms, combinations can be necessary as well as dose augmentations. The recent guidelines suggest the possibility of using omalizumab in resistant cases. We treated 2 patients with cold-urticaria (CO), 1 with cholinergic urticaria (CH) and 11 with chronic spontaneous urticaria (CSU) with omalizumab, who had not benefited from the recommended first-line, second-line and third-line treatments.

Methods

Patients were required to document their CU symptoms once daily with urticaria activity scores for 7 days (7UAS). Briefly, the symptoms were monitored in terms of numbers

of wheals [none (=0 points), <10 (=1 point), 10–50 (=2 points), or >50 per day (=3 points)], and the intensity of their pruritus [none (=0 points), mild (=1 point), moderate (=2 points), severe (=3 points)], for a total of 42 points. To evaluate the efficacy of the omalizumab treatment, 7UAS obtained at baseline was compared to that at the third and sixth month of the therapy. Omalizumab was given at 150ug/month irrespective of IgE levels and increased to 300 mg if needed (no response). The concomitant medication was slowly reduced according to clinical response.

Results

The 7UAS improved significantly in all severe urticaria patients with omalizumab as early as one month (not shown) after initiation of therapy and was sustained for the

Patient	Pre-Omalizumab							7UAS		Final evaluation				
	Sex	Diagnosis	Anti-H1 ^a	Anti-H2 ^b	Singular ^c	CYS ^d	Predisone	UAS pre	UAS 6 month	Anti-H1 ^a	Anti-H2 ^b	Singular ^c	CYS ^d	Predisone
1	M	CSU	4+					20	0					
2	F	CO	+					19	0					
3	M	CH	3+		+			27	4.5			+		
4	F	CSU	4+				50	32	12	4+				
5	F	CO	2+					21	11	+				
6	F	CSU	2+					35	0					
7	F	CSU	+				10	28	0					5
8	F	CSU	4+	300	+		15	0	10	3+	300	+		5
9	F	CSU		75			25	28	0					
10	M	CSU	4+		+		25	42	28	4+		+		50
11	F	CSU	4+		+		50	28	0	4+		+		
12	F	CSU	4+	300				37	8	+	150			
13	M	CSU	2+			+	50	28	0	+				
14	F	CSU	3+					23	0	2+				

a) Reactin 20-40 mg, desloratadin 5-10 mg, doxepin 75 mg b) Zartac (mg) c) Singular 10 mg d) Neoral 2.5 mg/kg

Figure 1

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6 month observation (Figure 1). 7UAS in patient #8 was >30 previously but =0 at entry because treated with oral prednisone for >1year. The response was not satisfactory for patient # 10 and omalizumab increased to 300mg after 6 months with a better clinical response (not shown). Along with the clinical improvement, the concomitant medications could also be reduced significantly in all patients except #10, particularly prednisone.

Conclusion

Our results show that omalizumab improves significantly recommended treatment-resistant urticaria patients (13/14) in terms of clinical symptomatology (7UAS) and drug reduction in a real life setting. None of the patients reported any adverse effect.

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Published: 2 November 2012

doi:10.1186/1710-1492-8-S1-A17

Cite this article as: Hébert and Caron-Guay: Effects of omalizumab on chronic urticaria not responding to recommended therapy. *Allergy, Asthma & Clinical Immunology* 2012 **8**(Suppl 1):A17.

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