Abstract N°: 38

Patients with Chronic Urticaria Are Still Mostly Untreated: Findings from the Internet Poll

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Introduction & Objectives: The quality of life is significantly impacted by chronic urticaria (CU), an unexpected condition with a high disease burden, particularly in individuals who are in working age. A large number of patients receive inadequate care, and little is known about how to effectively manage CU patients in everyday situations. The purpose of the current study was to better understand CU from the viewpoint of the patients, taking into account the body parts most commonly afflicted by angioedema and wheals, the prevalence of the condition, and the way the healthcare system is currently being used.

Materials & Methods: In Russia, a national online survey was conducted among 500 patients who had been diagnosed with CU and had experienced symptoms within the 6 months before to inclusion.

Results: There were seventy percent female participants in this self-report survey, with an average age of 33.4 ± 11.0 years and an average disease duration of 10.0 ± 9.4 years. The average duration of urticaria symptoms for the subjects was 3.0 ± 4.3 years prior to diagnosis. The majority of individuals (65%) reported that stress in their personal or work-related lives was the cause of their worsening symptoms. The majority of participants (63.6%) had uncontrolled symptoms as determined by the Urticaria Control Test, while 77.3 and 36.1% of participants, respectively, experienced wheals and angioedema at different body regions within the previous three months. 59.4% of individuals reported not being receiving treatment at the time, despite the high disease burden. Oral (70.8%), non-prescription (41.4%), and prescription (43.2%) topical medications were the most often utilized treatments for CU, with injectable/infused medications being administered to 18.2% of the subjects.

Conclusion: According to the majority of survey respondents, CU is not adequately controlled, which negatively impacts a period of their lives when they are most productive. Data from a large number of affected individuals is used to identify the body locations most impacted by angioedema and wheals. There has to be a clearer understanding of the prevalence of diseases and the available treatments.

Abstract N°: 206

Comparing azathioprine with cyclosporine in the treatment of antihistamine refractory chronic spontaneous urticaria: A randomized prospective active-controlled non-inferiority study

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Introduction & Objectives:

Background: Literature on efficacy of azathioprine in antihistamine refractory chronic spontaneous urticaria (CSU) is limited.

Objective: To compare the efficacy and safety of cyclosporine and azathioprine in the treatment of refractory CSU

Materials & Methods: ** In this prospective, randomized, active-controlled study, 80 patients of refractory CSU (>6 months of CSU not responding to treatment with 3 consecutive months of maximum licensed doses of antihistamines and requiring intermittent oral steroid intake) were administered either cyclosporine (group A, n=40) or azathioprine (group B, n=40) for 90 days and followed up for further 90 days. The treatment efficacy was assessed every 15th day using urticaria activity score (UAS7) and outcome scoring scale (OSS). Serum IgE levels, autologous serum skin test (ASST) and autologous plasma skin test (APST) were also measured at baseline and 90th day

Results:

Primary end point (≥75% reduction in UAS7 at 90th day) was achieved by 31/40 (79.5%) patients in group A and 32/40 (80%) patients in group B[**95% confidence interval (CI) -17.13 to 18.09**]. At 180th day**,** ≥75% reduction in UAS7 was maintained in 19/40 (47.95%) patients in group A and 24/40 (60%) patients in group B;[**95% CI -9.00 to 32.46**]. The number of patients who could maintain ≥75% reduction in UAS7, reduced significantly during follow-up in both group A**; [95% CI 30% (8.78 to 47.77)]** and B;[**95% CI 20% (-0.10 to 38.10)**]. The values of meanUAS7 significantly decreased from baseline values of 28.70 ± 4.42 and 28.88

± 4.25 to 5.56 ± 5.12 and 7.0 ± 4.48 at 90th day**; [**group A; **95% CI -23.27 (-25.33 to -21.22),**

group B, **95% CI -21.87 (-23.78 to -19.96)]**and increased to 9.98 ± 5.46 and 7.88 ± 5.53 at 180th

day, in group A**;[95% CI 4.55 (2.98 to 6.12)]** and group B**; [95% CI 0.88 (-0.82 to**

2.57)]respectively. The mean OSS significantly increased from 2.85 ± 1.04 and 2.70 ± 0.91 at

15th dayto 4.23 ± 0.70 and 4.05 ± 0.59at 90th day**;[**group A **95% CI 1.40(1.06 to 1.74), group B**

95% CI 1.35 (1.06 to 1.65)] and decreased to 3.59 ± 0.78 and 3.87 ± 0.79 at

180th** day, in group A; [**95% CI -0.68 (-0.89 to -0.45)**]and B; [**95% CI -0.18 (-0.41 to 0.06**)]**

respectively. The reduction in mean serum IgE levels at 90th day was significant in both

groups**;[95% CI 27.65 (-64.35 to -10.10,** Hodges – Lehman median difference)], although more

significant in group B**;[95% CI -88.57(-209.50 to -28.70,**Hodges – Lehman median

difference)]. The reduction in number of patients having positive ASST was not significant in

either of the groups.

Conclusion:

The present study concludes that azathioprine is not inferior to cyclosporine in the treatment of refractory CSU, and can be a valuable adjunct, especially in the resource poor settings.

Abstract N°: 427

Chronic Urticaria and Dermatological Comorbidities

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Introduction & Objectives:

Chronic urticaria is a common inflammatory dermatosis with a significant impact on patients' quality of life. This condition may be associated with other cutaneous or systemic disorders, highlighting the complexity of its management. This study aims to explore the clinical features, associated skin conditions, and predictive factors for comorbidities in patients with chronic urticaria.

Materials & Methods:

A three-year descriptive and analytical cross-sectional study was conducted at the dermatology department, including 72 patients diagnosed with chronic urticaria based on established clinical criteria.

Demographic, clinical, and therapeutic data were collected. Associated skin conditions were identified through detailed clinical examination and additional investigations when necessary. Statistical analysis was performed to examine correlations between chronic urticaria and associated conditions.

Results:

Among the 72 patients, the mean age was 35 ± 10 years, with a marked female predominance (60%). Spontaneous urticaria was the most frequent form (70%), followed by induced urticaria (30%), mainly triggered by physical stimuli such as pressure, cold, or heat. The average symptom duration was 18 months.

Regarding associated skin conditions, 25% of patients had atopic dermatitis, often diagnosed prior to the onset of urticaria. Psoriasis was observed in 15% of cases, with varied localization including the scalp and folds. Vitiligo was identified in 10% of participants, often associated with a family history of autoimmune diseases. Allergic or irritant contact dermatitis affected 8% of cases, while other dermatoses, such as cutaneous lupus and localized scleroderma, were present in 12% of patients.

Statistical analysis revealed that patients with a personal or family history of atopy, drug allergies, or severe chronic urticaria had a significantly increased risk of developing associated skin conditions ($p < 0.05$). Additionally, multidisciplinary management involving dermatologists, allergists, and occasionally immunologists was required in 40% of cases due to clinical complexity.

This study highlights the high frequency of associations between chronic urticaria and other skin conditions, likely reflecting shared immunological mechanisms.

Conclusion:

Chronic urticaria, often perceived as an isolated condition, frequently occurs in the context of complex dermatological comorbidities. These results underscore the importance of multidisciplinary care to optimize treatment and improve patients' quality of life.

Abstract N°: 950

insulin allergy in a type one diabetic

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Introduction & Objectives:

Human insulin is a cornerstone in the management of patients with type 1 diabetes. Although insulin allergy is rare and its prevalence has decreased with the introduction of new insulin analogs, it remains a major challenge in the management of diabetic patients, especially for type 1 diabetics.

Materials & Methods:

A 23-year-old woman with a history of type 1 diabetes for 2 years, treated with insulin. Her symptoms began 1 year ago with the appearance of erythematous, fleeting, and migratory papules and plaques, appearing a few minutes after insulin injection. In light of this presentation, the patient linked the appearance of skin lesions to insulin injection, leading to the cessation of insulin, with complete regression of the lesions. The patient was later hospitalized in endocrinology for a glycemic imbalance. The diagnosis to consider was drug-induced allergic urticaria due to insulin. The allergy was confirmed by positive skin tests. Several insulin preparations were introduced under strict supervision, all of which led to generalized urticaria lesions. It was decided to perform desensitization to insulin, which resulted in improvement, but the same symptoms recurred 1 month later.

Results:

The clinical presentation of insulin allergy can range from localized eczema to severe generalized allergic reactions. IgE-mediated symptoms appear immediately after insulin injection. However, these reactions may also be secondary to non-insulin components, such as the latex in insulin cartridges, as well as additives and excipients like preservatives and adjuvants. There is a significant correlation between clinical manifestations and responses to skin tests. The measurement of anti-insulin IgE levels supports the diagnosis of insulin allergy. First-line management of this allergy, in combination with symptomatic treatment using antihistamines, involves switching to a different treatment. An alternative insulin preparation is recommended for those with negative intradermal tests, particularly for patients who experience allergic reactions to a specific agent. Another method to induce tolerance is the continuous subcutaneous insulin infusion

Conclusion:

A close and effective collaboration between the endocrinologist and the allergist is particularly crucial for a rapid diagnosis and appropriate treatment of suspected insulin allergy cases.

Abstract N°: 990

Determinants of Quality of Life in Chronic Spontaneous Urticaria: A DLQI-Based Analysis

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Introduction & Objectives:

Chronic Spontaneous Urticaria (CSU) is a debilitating dermatological condition with a profound impact on patients' quality of life (QoL). The Dermatology Life Quality Index (DLQI) is a validated tool used to assess this impact. Identifying clinical and demographic predictors of impaired QoL in CSU patients can guide targeted interventions and improve patient outcomes.

This study aims to evaluate the effect of CSU on quality of life using DLQI scores and to analyze the influence of disease severity, duration, age, gender, number of prior doctor visits, and endotype on DLQI scores.

Materials & Methods:

A cross-sectional study was conducted with 63 CSU patients. Data on demographic and clinical characteristics, including disease duration, Urticaria Activity Score (UAS), number of prior doctor visits, and disease endotype, were collected. DLQI scores were categorized into five levels: no effect (0–1), small effect (2–5), moderate effect (6–10), very large effect (11–20), and extremely large effect (21–30). Linear regression analysis was performed to assess the impact of various factors on DLQI scores.

Results:

The mean DLQI score was **12.2 ± 3.9**, indicating a very large impact on quality of life. The majority of patients (40/63) experienced a **very large effect**, while 22 patients had a **moderate effect** and 2 had an **extremely large impact**. Only one patient reported a **small effect**. Gender did not significantly influence DLQI scores (**p = 0.49**), with mean scores of **12.5 in males** and **12.11 in females**.

Disease severity (UAS) had a strong positive correlation with DLQI (**coefficient = 0.526, p < 0.001**), indicating that higher disease severity is associated with worse QoL.

Age and disease duration showed a non-significant positive association (**p = 0.127 and p = 0.108, respectively**).

Number of prior doctor visits had a negative but non-significant impact on DLQI (**p = 0.319**).

Endotype did not significantly influence DLQI scores.

Angioedema history was associated with severe QoL impairment, with **all 10 patients with angioedema** having DLQI scores exceeding 20.

Conclusion:

Disease severity is the **strongest determinant of QoL impairment in CSU**, while demographic factors, including gender and disease duration, do not have a significant impact. These findings highlight the need for aggressive disease control strategies to mitigate QoL deterioration in CSU patients.

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Abstract N°: 1214

Chronic spontaneous urticaria, Multiplex sclerosis and Covid overlaping - case report

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Introduction & Objectives:

Multiplex sclerosis (MS) is an autoimmune condition in which the body attacks healthy nerve tissues. In MS, the myelin sheath that surrounds and protects the nervous system develops small patches of inflammation, known as plaques or lesions. These lesions can block or scramble nerve signals, causing a wide range of symptoms. Sometimes person with MS develops urticaria related to a common cause, such as medication, food, or a plant. Chronic spontaneous urticaria (CSU) is a condition which persists for more than 6 weeks in duration and occurs in the absence of an identifiable provoking factor.

In our case patient develops urticaria after receiving monoclonal antibody therapy for Covid19.

Materials & Methods:

Case presentation: We report the case of a 24 years old female patient with an eight years history of MS. In stadium of remission of MS she got Covid 19 and received monoclonal antibody therapy (Casirivimab and Indevimab) Two weeks after that she developed acute urticaria and CSU, that persist over 4 months despite guide –based therapy with non- sedating H1 blockade, H2 blocade, IV corticosteroids, leukotriene modifier (Montelukast 10 mg daily) Vitamin D3 4000 IU daily. Her urticaria was recalcitrant to conventional treatment. Standard laboratory evaluations were in normal range in the beginning, total IgE was normal too. Allergen-specific IgE to inhalative and nutritional allergens were normal. The symptoms progressed to diffuse

urticaria, facial angioedema and respiratory involvement because of what she ended in emergency unit. CRP, ASO and D-Dimers were increased and anticoagulant and antibiotic therapy was included. C3, C4, CIK were in normal range. The symptoms did not improve and she started with autohemotherapy in a general hospital dermatology department, but after 5 days it was stopped because of worsening the urticaria. She was treated with Cyclosporine 2 x 50 mg with no results. During all this period she received Glatiramer acetate 40 mg 3 times per week for MS and it was stabile. Finally she made food intolerance test and it was positive on many nutrients

Results:

. After five months there was no urticaria and she was on a special diet and non-sedating H1 blocker. In this follow up period of 3 years she still has CSU fighting with it and with MS, and has difficulties in normal leaving.

Conclusion:

There are some theories about potential autoimmune etiology of CSU in 50% of autoimmune diseases. Unfortunately we could not investigate more, the patient denied biopsy. Interesting is the fact that CSU was refractory to standard therapy protocol even though we tried all modalities. We still don`t know what complications corona and monoclonal antibody did to immune system of the patient with MS and CSU.

More reports are needed to help clarify the therapy for such overlapping conditions

Abstract N°: 1237

Deciphering role of tofacitinib in a rare case of autoinflammatory syndrome with novel MIP gene mutation

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Title: Deciphering the role of tofacitinib in a rare case of autoinflammatory syndrome with novel MIP gene mutation

Introduction & Objectives:

Autoinflammatory disorders(AIDs) are a rare spectrum of disorders with defective innate immunity which is characterized by periodic inflammation. AIDs' pathophysiology is intricate. Few disorders are polygenic, and the environmental influences in genetically predisposed hosts to drive disease expression. It includes interleukin-related autoinflammatory syndromes, TNF related autoinflammatory syndromes, autoinflammatory syndrome associated with vasculopathy and autoinflammatory syndromes associated with panniculitis.1 Many unclassified autoinflammatory disorders have been added in the recent past and the list continues

Materials & Methods:

Index case was a 30-year-old male patient presented with recurrent crops of pruritic annular erythematous plaques subsiding within a span of 2 to 3 weeks since birth. The crops were preceded with high grade fever lasting for 3 to 5 days. It was associated with ocular congestion, but not with join pain, hearing loss, or visual disturbances. He was short-statured with a height for age is less than 3SD. Examination revealed arcuate, polycyclic, annular erythematous edematous plaques with few areas of central hyperpigmentation. The bilateral scapular and lower back region depicts extensive dermal melanocytosis. No hepatosplenomegaly, and no coarse facies. Investigations revealed slightly elevated erythrocyte sedimentation rate (40 mm/hr), C-reactive proteins (14 mg/dL), hypertriglyceridemia (200 mg/dL), normal eosinophilic count, normal immunoglobulin G, A, M, E and D assay, and normal fasting sugar. An electrocardiogram revealed a left bundle branch block and a skeletal survey was an appropriate bone for age. The ophthalmological evaluation revealed a bilateral eye posterior subcapsular cataract (history of chronic steroid intake). Histopathology from urticarial plaque revealed superficial, mid-dermal moderate perivascular peri eccrine with an interstitial spill of lymphohistiocytes and multiple eosinophils.

The father and the younger sibling had a similar history of urticarial lesions. Apart from these urticarial plaques father also showed additional features such as bilateral cheek lipoatrophy, follicular atrophoderma over the abdomen, grooving of skin along the vasculature with prominent vessels at the extremities, and velvety sclerodermoid texture over bilateral upper and lower extremities.

Results:

Genetic analysis of the father was sent which revealed heterozygous variation in Exon 2 of MIP gene in the form c.(360+1_361-1)_(525+1_526-1)duplication on chromosome 12q13. Extensive literature search revealed the regulatory role of macrophages and neutrophilic chemotaxis, and a final diagnosis of autoinflammatory syndrome was considered. The patient was started on tofacitinib 5mg twice daily, with complete resolution of lesion noted within a week .

Conclusion:

We hereby highlight a unique autoinflammatory syndrome with MIP gene mutation and successfully tried tofacitinib therapy with no side effects.

Abstract N°: 1312

urticaria associated with tinea infection and success with antifungal therapy

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Introduction & Objectives:

The prevalence of dermatophytosis in India is on the rise ranging from 36.6 to 78.4%. A fungal infection can become more widespread, severe, and challenging to treat if patients and doctors do not identify it in time. Inflammatory responses to dermatophytosis at a location separate from the original infection are known as “id” reactions. The reaction can appear as vesicles, papules, erysipelas-like plaques, erythema nodosum, or urticaria, among other manifestations.

Materials & Methods:

Case reports-We report two cases of urticarial id eruptions caused by tinea infections that were successfully treated with oral antifungal medication.Case 1 was a 39 year old male who presented with itchy red persistent wheals over the buttocks since two weeks. The patient had a history of recurrent tinea infection over the buttocks.Case 2 was a 34 year old female who was a known case of tines over the buttocks and groins who presented with red raised itchy lesions over the buttocks since 15 days.

Results: Both patients showed resolution of the wheals with oral itraconazole, levocetirizine and topical sertaconazole.

Conclusion: Both of our cases had a typical history of acute spontaneous urticaria, which may have been caused by a tinea infection, as evidenced by the urticaria’s disappearance after antifungal treatment. Therefore, in cases of persistent urticaria, we advise obtaining a thorough medical history, conducting a thorough clinical examination, and conducting a laboratory evaluation

Abstract N°: 1315

Role of Weekend Cyclosporine Therapy in Refractory Chronic Spontaneous Urticaria

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Role of Weekend Cyclosporine Therapy in Refractory Chronic Spontaneous Urticaria

Introduction & Objectives:

Chronic spontaneous urticaria (CSU) is a skin condition marked by emergence of wheals on their own that persist for six weeks or more. It affects upto 1% of the population and has a serious detrimental effect on the patient's health and quality of life. Cyclosporine is a 3rd line treatment option according to the GALEN guidelines. To reduce the frequency of side effects, weekly cyclosporine can be a potential therapeutic option instead of the daily dosing regimen and it can be an effective maintenance therapy in CSU.

To evaluate the efficacy and safety of WCT as a maintenance strategy for preventing exacerbations in patients with refractory CSU.

Materials & Methods:

A study was conducted at a tertiary care hospital. 20 cases of refractory CSU between the age group 20 to 40 years were included and they were followed up for 6 months. Urticaria was brought under control with daily cyclosporine therapy with the dose of 3mg/kg. During the maintenance phase, the patients (11 male, 9 female) received WCT on two consecutive days in a week (weekends) only with the dose of 3mg/kg and oral antihistamine taken everyday. On every monthly follow up, we used clinical assessment, urticaria activity score and urticaria control test to assess the treatment response

Results:

After 6 months of follow up, Complete control was observed in 14 patients. The clinical situation in refractory CSU was significantly improved by the use of WCT which was comparable with daily dosing. It has a better safety profile and improves disease-specific quality of life. 4 patients were lost to follow up.

Conclusion:

WCT is a promising maintenance therapy for CSU, offering an effective, safe, and well-tolerated option to prevent frequent exacerbations while avoiding the risks associated with continuous cyclosporine therapy. Various studies have been published in patients with atopic dermatitis and chronic plaque psoriasis taking WCT showing promising results. Further research is warranted to establish its utility in CSU management.

Abstract N°: 1677

Exploring Salivary Microbiota Alterations in Chronic Spontaneous Urticaria: A Shift in Microbial Composition

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Introduction & Objectives: Chronic spontaneous urticaria (CSU) is an immune-mediated condition characterized by recurrent wheals and/or angioedema persisting for more than six weeks. While recent studies suggest gut microbiota involvement in CSU pathogenesis, the role of salivary microbiota remains largely unexplored. The oral cavity, as the primary gateway to the immune system, harbors a diverse microbial community that may influence systemic immune responses. This study aimed to analyze and compare the composition and diversity of salivary microbiota between CSU patients and healthy controls (HC), evaluating its potential contribution to immune dysregulation in CSU.

Materials & Methods: A case-control study involved 23 participants, including 13 CSU patients and 10 HC. Unstimulated saliva samples were collected and analyzed using molecular techniques targeting the 16S ribosomal RNA gene. Terminal restriction fragment length polymorphism (T-RFLP) analysis was performed to assess microbial diversity and composition. Statistical analyses, including the Shannon diversity index, were used to compare the salivary microbiota profiles between CSU patients and HC.

Results: CSU patients exhibited significantly lower alpha diversity in their salivary microbiota compared to HC, as demonstrated by reduced Shannon index values ($p=0.007$ for HhaI digestion and $p=0.028$ for MspI digestion). The microbial community composition was altered, with a notable decrease in the abundance of beneficial genera such as *Bacteroides*, *Haemophilus*, *Bifidobacterium*, *Capnocytophaga*, and *Porphyromonas* in CSU patients. In contrast, an increased presence of *Pseudomonas* was observed in CSU samples. No significant correlation was found between microbial diversity and urticaria severity as measured by the Urticaria Activity Score (UAS).

Conclusion: This study provides the first evidence of altered salivary microbiota in CSU patients, suggesting a potential link between oral microbial dysbiosis and immune dysregulation in CSU pathogenesis. The findings highlight the need for further investigations into the oral-gut microbiome axis and its role in inflammatory skin conditions. Future research with larger cohorts and advanced sequencing methods is required to validate these findings and explore potential microbiome-targeted interventions for CSU management.

Abstract N°: 1679

Biomarkers in Chronic Spontaneous Urticaria for Omalizumab Drug Survival: A Retrospective Analysis

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Introduction & Objectives: Although omalizumab treatment is a successful option in chronic spontaneous urticaria that is resistant to antistamine treatment, the duration of treatment is variable. Autoimmune causes of chronic spontaneous urticaria are increasingly being investigated. Different type of hypersensitivity reactions have been estimated such as type I autoimmune (autoallergic) and type IIb autoimmune in CSU. Some biomarkers such as total IgE have been investigated to be used in the distinction of these types, recently. These biomarkers are used for optimizing omalizumab treatment; however studies evaluating the effect of these biomarkers on the drug survival are very limited. We focused on the effects of some biomarkers used in the diagnosis of chronic urticaria on drug survival to omalizumab treatment. Our study aimed to evaluate drug survival after omalizumab treatment using biomarkers used to optimize treatment success.

Materials & Methods: We retrospectively analyzed the records of 147 patients diagnosed as chronic spontaneous urticaria and get an omalizumab treatment at the Mugla Sıtkı Kocman University Dermatology and Venereology Outpatient Clinic between December 2021 and 2023. The study was approved by the Ethics Committee of Mugla Sıtkı Kocman University. The informed consent form was obtained in writing and is included in the ethics committee application. Demographic and clinical features, such as age and sex, presence of autoimmune-thyroid disease, dermographism positivity with the FricTest 4.0, before the initiation of omalizumab treatment were recorded, and laboratory parameters such as mean platelet volume (MPV), eosinopenia/basopenia on blood tests, and total serum IgE test were retrieved. Patients who required concomitant drug therapy, such as steroids or cyclosporine, and in whom *H. pylori* therapy was added during treatment were evaluated using omalizumab treatment. Omalizumab treatment data included the time of treatment, total number of patients who discontinued treatment, and number of patients who received treatment again.

Results: The rate of use of omalizumab treatment for less than 6 months was significantly higher in patients with eosinopenia/basopenia at baseline in patients ($p<0.005$). The relapse rate after treatment interruption was significantly higher in patients with high Total Ig-E levels before omalizumab treatment ($p<0.005$). There is significant correlation between short treatment duration and who required concomitant systemic treatment ($p<0,005$). However; no significantly correlation between treatment duration and mean platelet volume.

Conclusion: Our study revealed that drug survival during omalizumab treatment are affected by the biomarkers evaluated in chronic urticaria. Multicenter prospective studies including biomarkers are needed to make it clear.

Abstract N°: 1931

Evaluation of Eating Behavior in Patients with Chronic Urticaria

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Introduction & Objectives: Chronic urticaria (CU) is a debilitating dermatologic condition with a substantial impact on quality of life. Recent studies suggest that eating behaviors may influence urticaria symptoms, particularly in symptomatic dermographism. This study investigates the eating behaviors of patients with chronic spontaneous urticaria (CSU) and explores their association with disease activity and duration.

Materials & Methods: Eighty-three CSU patients and 81 age- and sex-matched healthy controls (18–65 years) were included. Patients with endocrinologic, rheumatologic, or psychiatric disorders, as well as obesity and pregnancy, were excluded. Participants completed the Three-Factor Eating Questionnaire-Revised 18 (TFEQ-R18), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). Urticaria activity was assessed using the Urticaria Activity Score over 7 days (UAS7). Statistical analyses were performed using SPSS 23.0.

Results: The mean age and BMI of the groups were similar ($p > 0.05$). CSU patients exhibited significantly higher BDI (11.11 ± 7.65 vs. 5.14 ± 4.26, $p < 0.001$) and BAI scores (12.76 ± 9.32 vs. 5.02 ± 5.91, $p < 0.001$). Among TFEQ-R18 subscales, only uncontrolled eating was significantly elevated in CSU patients compared to controls (46.54 ± 19.88 vs. 34.06 ± 9.22, $p < 0.001$). A strong positive correlation was found between UAS7 and uncontrolled eating ($r = 0.515$, $p < 0.001$), while emotional eating showed a moderate correlation ($r = 0.376$, $p < 0.001$). No significant associations were found between disease duration and eating behaviors.

Conclusion: Patients with CSU demonstrate higher levels of uncontrolled eating, which is positively correlated with disease activity. This suggests that disordered eating patterns may contribute to symptom severity, independent of depression or anxiety. Evaluating and addressing eating behaviors in CU patients may offer a novel approach to symptom management and improve overall disease control.

Table 1. Comparison of eating behavior, BDI and BAI scores between patients and controls

**	
	Patients
	Mean
Emotional eating	35.20
Restrictive eating	48.52
Uncontrolled eating	46.54
BDI	11.11
BAI	12.76

BDI: Beck depression inventory, BAI: Beck anxiety inventory, SD: standart deviation.

Figure 1. Comparison of Uncontrolled Eating Scores of Patients and Controls

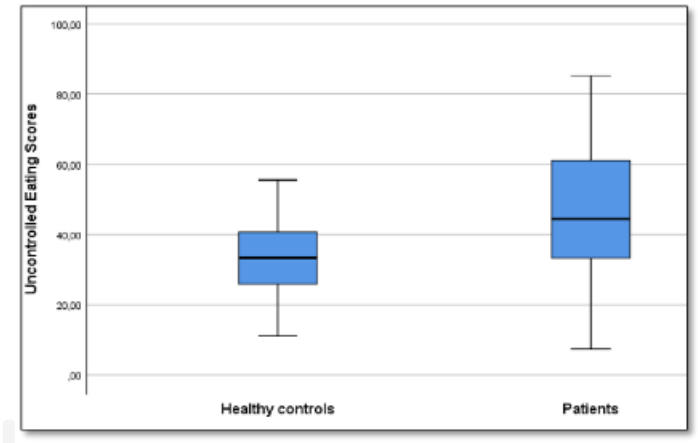

Table 2. Correlation of UAS7 scores with eating subgroup, BDI and BAI scores

	UAS7	
	p-value	rho
Emotional eating	<0.001	0.376
Restrictive eating	0.08	0.399
Uncontrolled eating	<0.001	0.515
BDI	0.720	0.401
BAI	0.302	0.115

BDI: Beck depression inventory, BAI: Beck anxiety inventory, UAS7: Urticaria activity score-7.

Table 3. Correlation of disease duration with eating subgroup, BDI and BAI scores

	Disease duration	
	p-value	rho
Emotional eating	0.051	-0.225
Restrictive eating	0.684	0.045
Uncontrolled eating	0.605	0.058
BDI	0.755	0.035
BAI	0.587	0.060

BDI: Beck depression inventory, BAI: Beck anxiety inventory.

Abstract N°: 2185

Chronic urticaria and helicobacter pylori infection: A potential causal link

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Introduction & Objectives:

Chronic urticaria is a common skin condition that can significantly impact quality of life. Its etiology remains unclear in most cases, making treatment challenging. Helicobacter pylori (HP) infection has been proposed as a potential trigger in some instances. We report a case of complete remission of urticarial lesions following the successful eradication of HP.

Materials & Methods:

Results:

Case presentation:

A 54-year-old female presented to our department with a pruritic, transient, and migratory skin eruption evolving in flare-ups for the past three years. Clinical examination revealed diffuse papular, edematous, erythematous lesions, confluent into plaques of varying size, with well-defined borders and a central lighter area, giving them a 'target' appearance, located on the trunk, upper and lower limbs, along with a positive dermographism. Biological tests, including a complete blood count, renal, hepatic, and thyroid function tests, as well as an immunological panel, were all normal. Serological tests were negative, except for HP serology, which was positive. The patient was therefore treated with a double antihistamine regimen and referred to a gastroenterologist for HP eradication. The outcome was favorable, with complete clinical remission of the lesions following successful eradication of the infection.

Conclusion:

Helicobacter pylori (HP) is a bacterium primarily linked to gastroduodenal ulcers, but its potential role in extra-digestive manifestations, particularly dermatological ones, is gaining increasing attention. Several studies have suggested an association between H. pylori infection and chronic urticaria, reporting a high prevalence of the infection in patients with chronic urticaria and a significant remission rate following the eradication of the infection, as supported by our case report. However, this association remains a topic of ongoing debate, as a direct causal link has not yet been formally established. Thus, a personalized approach should be considered, taking into account the clinical context and specific risk factors of each patient.

Abstract N°: 2305

Effect of omalizumab treatment interruptions on treatment efficacy in subsequent cycles

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Introduction & Objectives: Urticaria is a skin disease characterized by wheals, angioedema or both due to activation of skin mast cell degranulation and release of histamine and other mediators. Most urticaria cases are acute urticaria lasting <6 weeks. Chronic urticaria (>6 weeks) can be divided into chronic spontaneous urticaria (CSU) and chronic inducible urticaria (CIndU). Chronic urticaria in any form affects up to 1.5% of the general population and has a significant impact on the patients' quality of life. Omalizumab is a recombinant humanized monoclonal antibody that selectively binds to human immunoglobulin E (IgE), preventing it from binding to the FcƐRI receptor on basophils and mast cells. Given the peculiarity of the Polish Chronic Spontaneous Urticaria drug program, in which treatment is discontinued after 24 weeks regardless of treatment outcome, the aim of the current study was to assess whether treatment interruptions might result in reduced omalizumab efficacy after treatment reinitiation. In addition, given the relatively short duration of CSU treatment, the study aimed to determine the rate and duration of urticaria remission after 6 months of omalizumab treatment.

Materials & Methods:

All patients received omalizumab 300 mg subcutaneously every 4 weeks for 6 months. Treatment was stopped early if there was no response to omalizumab at week 12, defined as UAS7>16. After 6 months of treatment patients entered the 24-week follow-up period. Urticaria severity was assessed with UAS7 at baseline and at week 4, 8, 12 and 24. Quality of life was analyzed using the DLQI at baseline and at week 12 and 24 of each cycle. Patients were monitored every 6 weeks during follow-up. The time from the last drug dose to recurrence of urticaria symptoms, defined as UAS7>16 and DLQI≥10, was monitored.

Results: The analyzed group included 81 (72.3%) females and 31 (27.7%) males, ranging in age from 14 to 82 years (mean: 45.9±16.5 years). Initial disease severity as assessed by UAS-7 was 34.0±4.7 points (range 24-42). The pre-treatment DLQI score was 18.4±5.7 points (range 10-30). As a result of treatment, 63 (56.3%) patients achieved complete disease control (UAS=0) at week 24, while a further 26 (23.2%) patients achieved almost complete resolution of skin lesions and pruritus (UAS7 ≥1 but ≤6 points). No or inadequate improvement was observed in 23 (20.5%) patients. At week 24, 74 (66.1%) patients had a normal quality of life (DLQI= 0 or 1) and a further 25 (22.3%) patients had only a minor impact of urticaria on their quality of life (DLQI= 2-5). Our study showed that the use of consecutive treatment cycles was not associated with a reduction in treatment efficacy, both in terms of UAS7 and DLQI.

Conclusion: Treatment interruptions do not reduce the efficacy of omalizumab in subsequent cycles and do not shorten the remission time between cycles.