Abstract N°: ID-210

Topic: Urticaria, angioedema

Urticaria and Phytotherapy: When Natural Remedies Become Allergenic

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Introduction

The use of phytotherapy and so-called “natural” remedies is increasingly common among patients with urticaria, often driven by fear of prolonged pharmacological treatments and the perception that herbal products are safe. However, several medicinal plants contain bioactive compounds capable of inducing allergic or pseudo-allergic reactions, potentially triggering or worsening urticaria. The role of phytotherapy in urticaria exacerbations remains insufficiently recognized in clinical practice. This study aimed to analyze phytotherapy use among patients with urticaria and to describe associated allergic manifestations.

Materials and Methods

This observational study included 40 patients followed for acute or chronic urticaria in dermatology consultations.

Results

The mean age of the patients was 39 ± 14 years, with a female predominance (65%). Chronic urticaria accounted for 70% of cases, while acute urticaria represented 30%, reflecting the higher therapeutic burden and self-management attempts typically observed in chronic forms.
Phytotherapy use was reported by 55% of patients, highlighting the high prevalence of alternative therapeutic practices in this population. The most frequently used preparations included herbal infusions (59%), powdered plant mixtures (27%), and topical applications (14%). The plants most commonly implicated were chamomile, fenugreek, henna, garlic, and several non-standardized multi-herbal formulations. These products are widely available and culturally accepted, which likely contributes to their frequent use. Among phytotherapy users, 68% reported worsening of urticarial symptoms following the introduction of natural remedies. The main manifestations included increased frequency and intensity of wheals and exacerbation of pruritus. Associated angioedema was observed in 23% of cases, suggesting a potential systemic hypersensitivity response. Notably, discontinuation of the suspected herbal product resulted in significant clinical improvement in 73% of cases, supporting a probable causal relationship. Furthermore, patients using phytotherapy more frequently presented poorly controlled urticaria despite antihistamine therapy compared with non-users. This finding suggests that exposure to herbal allergens or irritants may contribute to treatment resistance and disease persistence. These observations highlight the importance of systematically investigating complementary and alternative medicine use during patient evaluation.

Conclusions

Phytotherapy, widely used among patients with urticaria, may trigger or worsen clinical manifestations. Systematic inquiry regarding the use of natural remedies and increased physician awareness are essential to prevent allergic reactions.

Abstract N°: ID-390

Topic: Urticaria, angioedema

Successful treatment of refractory chronic spontaneous urticaria with stapokibart: a case report

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Introduction

Chronic spontaneous urticaria (CSU) is a mast cell-mediated skin disorder presenting with wheals and/or angioedema. While standard therapies include antihistamines and omalizumab, some patients remain refractory. Stapokibart, a humanized anti-interleukin-4 receptor alpha (IL-4Rα) monoclonal antibody, offers a novel therapeutic approach by blocking IL-4 and IL-13 signaling.

Materials and Methods

We present a case of a 44-year-old female with refractory CSU who had inadequate response to multiple prior treatments, including oral antihistamines, Chinese patent medicine, narrowband ultraviolet B (NB-UVB) phototherapy, and omalizumab. After 9 weeks of omalizumab (300 mg every 3 weeks) without sufficient control, treatment was switched to subcutaneous stapokibart. A loading dose of 600 mg was administered, followed by 300 mg every 2 weeks initially, with subsequent extension of dosing intervals based on clinical response. Concomitant loratadine and NB-UVB phototherapy were maintained. Disease activity was monitored using the Urticaria Control Test (UCT), Urticaria Activity Score over 7 days (UAS7), and Dermatology Life Quality Index (DLQI).

Results

After presentation at our hospital, the patient showed poor disease control despite 9 weeks of treatment with omalizumab 300 mg every 3 weeks (Q3W), loratadine 10 mg once daily, and NB-UVB phototherapy Q3W (UCT score of 6, UAS7 of 30, and DLQI of 21), with new erythema and wheals appearing every 2-3 days. Subsequently, she switched from omalizumab to stapokibart (600 mg loading dose, 300 mg thereafter) in December 2024, with loratadine tablet and NB-UVB phototherapy maintained. Marked improvements in symptoms and quality of life were evident by week 2. After 16 weeks of subcutaneous stapokibart every 2 weeks, erythema and wheals were well controlled, with mild pruritus. At week 19, UCT score increased to 15, and UAS7 and DLQI reduced to 0 and 1, respectively (figure 1). Then, the dosing interval for stapokibart was increased to every 3 weeks for 3 doses, and later further to every 6 weeks for 2 doses. During extended-interval dosing, the patient experienced no new erythema, wheals, or pruritus, with UCT, UAS7, and DLQI scores of 16, 0, and 0, respectively (figure 1). Follow-up laboratory tests showed a positive ASST, with total IgE at 2.29 IU/mL and a basophil activation test result of 2.34%. No abnormalities were found in the complete blood count, D-dimer, erythrocyte sedimentation rate, immunological parameters, or C-reactive protein. Three months after discontinuation of stapokibart, no relapse occurred (figure 1). No adverse events were reported throughout the stapokibart treatment period.

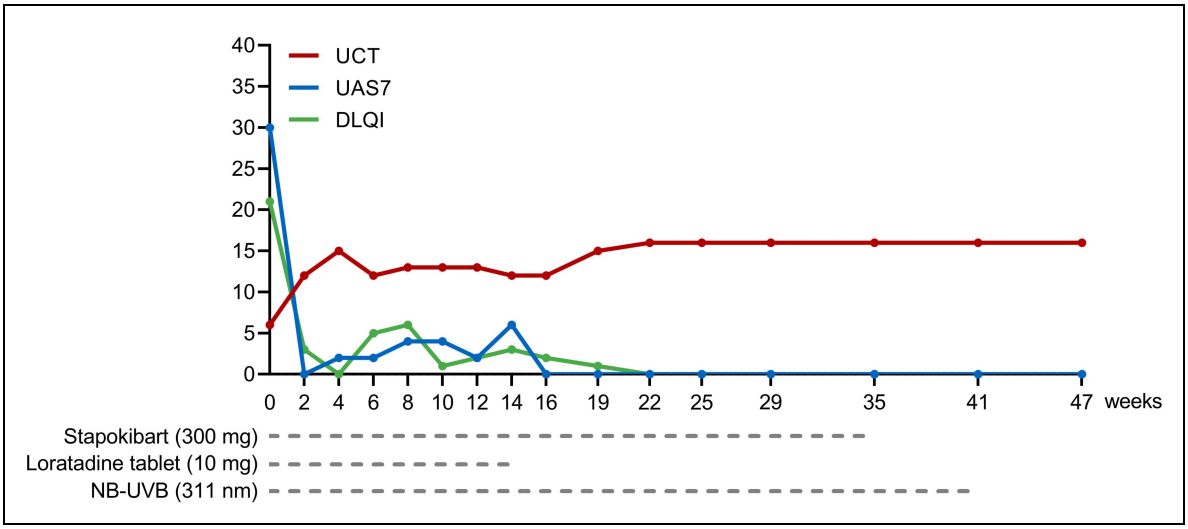

Figure 1 Timeline of stapokibart treatment and outcomes Stapokibart was administered at 300 mg (600 mg loading dose at week 0) every 2 weeks from weeks 0 to 16, every 3 weeks from weeks 19 to 25, and every 6 weeks from weeks 29 to 35. Loratadine tablet was used on an as-needed (SOS) basis from weeks 2 to 14. DLQI, Dermatology Life Quality Index; NB-UVB, narrowband ultraviolet B; UAS7, Seven days urticaria activity score; UCT, Urticaria control test.

Conclusions

This case demonstrates that stapokibart is well tolerated and provides rapid and significant improvements in urticaria activity and health-related quality of life in patients with refractory CSU, supporting its potential role as an effective add-on therapy to standard-of-care therapies.

Abstract N°: ID-472

Topic: Urticaria, angioedema

Efficacy and Safety of Dupilumab in Patients with Chronic Spontaneous Urticaria: A Systematic Review

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Introduction
Chronic spontaneous urticaria (CSU) is a skin disorder driven by mast cells, characterized by recurring wheals, angioedema, or both, lasting for over six weeks. Managing CSU remains challenging due to limited responses to first- and second-line
treatments, such as second-generation H1-antihistamines and omalizumab. However, dupilumab, an emerging treatment that targets the
IL-4 and IL-13 pathways, shows promise as a potential option for patients with refractory CSU. This systematic review evaluated the
effectiveness and safety of dupilumab in patients with CSU.

Materials and Methods
The review adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and included searches of databases such as PubMed, EBSCO, Medline, Google Scholar, Wiley, and Web of Science. We used the keywords
("Chronic Spontaneous Urticaria" OR "CSU") AND ("Dupilumab") AND ("treatment" OR "therapy" OR "efficacy") and applied filters
for randomized controlled trials, cohort studies, human studies, and English-language publications. Eligible studies involved patients
with a confirmed CSU diagnosis receiving dupilumab, compared to placebo or standard care (e.g., antihistamines, omalizumab,
corticosteroids). Outcomes included Urticaria Activity Score over 7 days (UAS7), complete response (UAS7 = 0), angioedema activity,
itch severity, and adverse events. Studies on inducible urticaria or unrelated conditions were excluded. After reviewing 731 papers,
seven articles were selected for the systematic review based on these criteria.

Results
This review demonstrated the efficacy and safety of dupilumab in treating CSU, particularly in patient's refractory to omalizumab and antihistamines. The age of the patients ranged from 2 to 73 years, and the duration of the disease varied from 3 months
to 11 years. Dupilumab was administered as a subcutaneous injection of 300 mg biweekly for a period ranging from 4 to 34 months,
including follow-up after treatment discontinuation. The treatment consistently showed significant improvements in disease activity and
itch severity. There were substantial reductions in the UAS7, with complete remission achieved in 67% to 100% of patients across
several studies. Additionally, significant improvements were noted in itch severity, reduction of wheals, and resolution of angioedema.
Most adverse events reported were mild, with conjunctivitis and injection-site reactions being the most common. Serious adverse events

were rare, and the rate of treatment discontinuation due to adverse events was low.

Conclusions

Dupilumab is a promising therapeutic option for patients with CSU, particularly those refractory to omalizumab and antihistamines. It demonstrates significant efficacy in reducing disease activity, improving quality of life, and achieving long-term
remission in a substantial proportion of patients. The safety profile is favorable, with most adverse events being mild and manageable.
These findings suggest that dupilumab could be a disease-modifying therapy for CSU, offering a durable and cost-effective treatment
option for patients with difficult-to-treat disease. Further long-term studies are needed to confirm these results and explore the potential
for disease modification.

Abstract N°: ID-604

Topic: Urticaria, angioedema

A Prospective, Single-Arm, Self-Controlled, Interventional Study on Efficacy and Safety of Histaglobulin as Add-On Therapy in Chronic Spontaneous Urticaria

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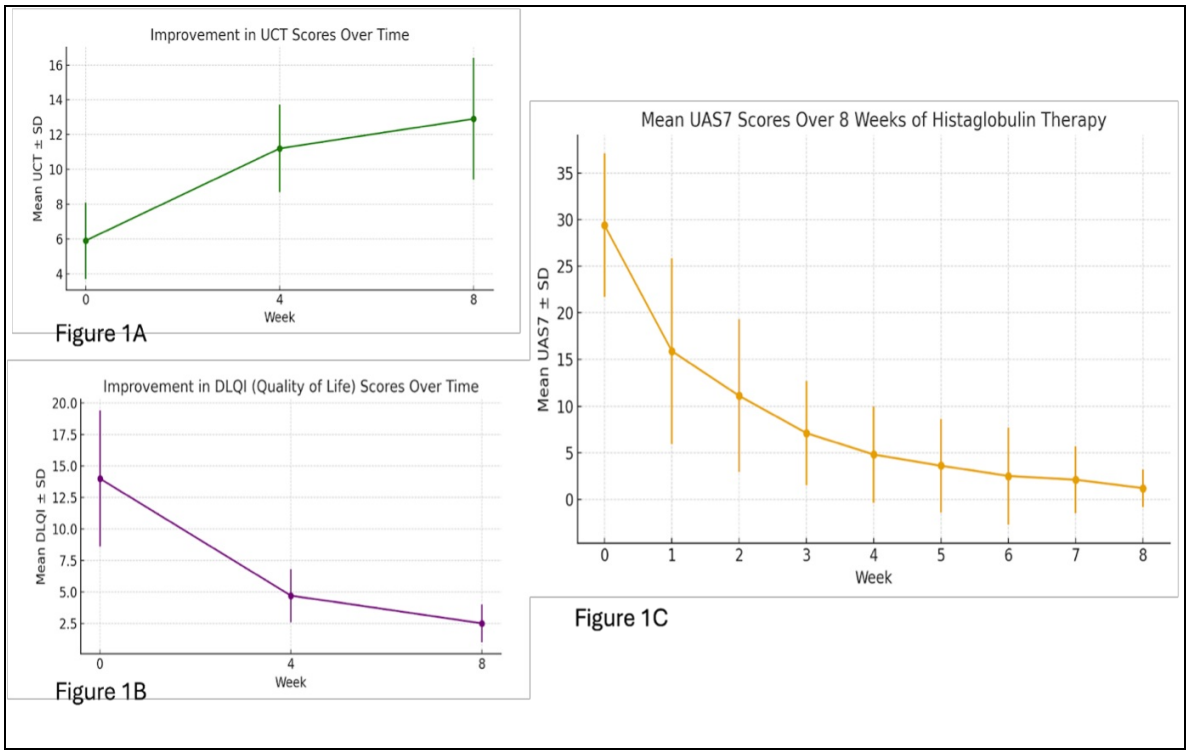
Introduction
Chronic spontaneous urticaria (CSU) affects 0.5–1% of the global population with significant quality-of-life impairment. Current guidelines recommend stepwise treatment: standard-dose H1-antihistamines, followed by up-dosing (up to 4-fold), and then omalizumab or cyclosporine for refractory cases. While omalizumab and cyclosporine are available in India, their high cost limits accessibility for many patients. Histaglobulin, a sterile immunoglobulin-histamine complex that stimulates anti-histaminic antibody production, represents a potentially safe and affordable alternative.

Materials and Methods
This was a prospective proof-of-concept self-controlled interventional study. We enrolled 17 adults (aged 18–60 years) with CSU inadequately controlled by levocetirizine 5 mg daily (UAS7 ≥7 or UCT <15). All the patients received adjunctive subcutaneous Histaglobulin 1 mL weekly while continuing levocetirizine 5 mg daily, serving as their own controls. The primary outcome was mean UAS7 change at week 8. Secondary outcomes included UCT, DLQI, and safety profile. Statistical analysis employed paired t-tests ($p<0.05$).

Results
Among 17 participants (13 females, 4 males; mean age 32.9±8.8 years), a mean baseline UAS7 of 29.35±7.69 showed rapid progressive improvement: 49.7% reduction at week 1 (14.8±10.4; $p=0.000001$), 68.9% at week 2, 82.2% at week 4, and 95% at week 8 (1.5±2.1; $p<0.000001$). All patients achieved well-controlled disease (UAS7 <7) at week 8. UCT improved significantly by 120%, from a baseline of 5.9±2.2 to 11.2±2.5 at week 4 and 12.9±3.5 at week 8 ($p=0.000002$). DLQI decreased from 14.0±5.4 at baseline to 4.7±2.1 at week 4 and 2.5±1.5 by week 8 ($p<0.0001$), representing 82% improvement in quality of life. Symptomatic relief occurred rapidly, with half the improvement achieved within the first week. Effect sizes ranged from Cohen's $d=1.6$ to 4.9, demonstrating strong clinical significance. Treatment was well-tolerated with no serious adverse events; only mild injection-site discomfort was reported in 1 patient.



Clinical Response to Histaglobulin Therapy Over 8 Weeks in Chronic Spontaneous Urticaria (CSU)

Conclusions

Histaglobulin adjunctive therapy demonstrated rapid, significant improvement in CSU with excellent safety in patients failing to standard-dose antihistamines. This proof-of-concept study establishes Histaglobulin could be a practical, cost-effective alternative intervention. Future studies need to evaluate Histaglobulin in patients refractory to 4-fold up-dosed antihistamines before starting Omalizumab/Cyclosporine if there is an affordability issue.

Abstract N°: ID-817

Topic: Urticaria, angioedema

Decreased concentrations of salivary melatonin and sleep disturbance in patients with chronic urticaria

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Introduction
Chronic spontaneous urticaria (CSU) is characterized by recurrent wheals, with or without angioedema, persisting for more than six weeks and commonly causing intense pruritus. Nocturnal itching frequently disrupts sleep and contributes to impaired quality of life (QoL). Melatonin is a key regulator of the sleep–wake cycle and has immunomodulatory properties that may be relevant to CSU. This study assessed salivary melatonin concentrations and explored relationships between CSU activity, sleep quality (SQ), and QoL.

Materials and Methods
Adults with CSU (n=38) and healthy subjects (n=38) were evaluated. Salivary melatonin was measured using enzyme-linked immunosorbent assay. SQ and QoL were assessed using the Pittsburgh Sleep Quality Index and the Dermatology Life Quality Index. CSU activity and disease control were assessed using the Urticaria Activity Score and the Urticaria Control Test, respectively. Associations between CSU activity, SQ, and QoL were analysed.

Results
Reduced salivary melatonin concentrations were observed in 34/38 (89.5%) CSU patients. A severe CSU phenotype was identified in 12/38 (31.6%) patients, and QoL was markedly impaired in 8/38 (21.1%). CSU activity showed a strong positive association with QoL impairment and a weak association with poorer SQ.

Conclusions
Most patients with CSU in this cohort demonstrated reduced salivary melatonin concentrations alongside clinically meaningful sleep and QoL impairment. These findings support a relationship between CSU activity and sleep disturbance and suggest that circadian dysregulation may contribute to symptom burden. Larger studies are warranted to confirm these observations and to evaluate whether addressing sleep and circadian factors can improve patient-reported outcomes.

Abstract N°: ID-921

Topic: Urticaria, angioedema

Not so innocent: a hidden coconut allergen in a moisturizing cream causing acute urticaria and angioedema

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Introduction

Acute urticaria and angioedema are commonly triggered by foods, medications, or infections. Contact-induced urticaria caused by topical products is less frequently recognized and may represent a diagnostic challenge, particularly when allergens are hidden within cosmetic formulations.

Materials and Methods

We report the case of a 44-year-old man with chronic pulmonary disease who had recently undergone thoracic surgery. The patient had a known immediate-type allergy to iodine and reported a previous reaction after coconut exposure, although no formal allergy testing had been performed.

Fifteen days after surgery, a moisturizing cream containing coconut-derived components was applied to the trunk. Within hours, the patient developed intensely pruritic erythematous wheals associated with angioedema predominantly affecting the upper lip.

A detailed clinical examination and laboratory investigations were performed. The relationship between symptoms and topical exposure was assessed through clinical history and observation of recurrence after reapplication.

Results

Clinical examination revealed widespread urticarial plaques on the trunk, groin, buttocks, and upper limbs with associated lip edema. No respiratory involvement was observed. Laboratory tests showed elevated inflammatory markers and mild leukocytosis with eosinophilia. Serum tryptase levels were requested.

The eruption clearly worsened after reapplication of the same moisturizer, strongly supporting a causal relationship. The product was discontinued and oral antihistamine therapy was initiated, leading to rapid clinical improvement.

These findings supported the diagnosis of acute contact-induced urticaria with angioedema related to coconut-derived components in the topical product

Conclusions

Topical products may contain hidden food-derived allergens capable of triggering immediate hypersensitivity reactions. Contact-induced urticaria should be considered in cases of acute urticaria and angioedema, particularly when symptoms follow cosmetic application. Careful review of

product ingredients is essential to prevent recurrence.

Abstract N°: ID-1147

Topic: Urticaria, angioedema

Discontinuation Anxiety and Medication Beliefs in Chronic Spontaneous Urticaria Patients on Long-Term Omalizumab: A Cross-Sectional Study

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Introduction

Omalizumab has transformed the management of antihistamine-refractory chronic spontaneous urticaria (CSU). Despite good disease control, relapse after treatment cessation remains common. In daily practice, reluctance toward withdrawal is frequently observed, even among patients in stable remission.

The psychological background of this reaction is not well defined. In this study, we aimed to investigate whether patients' medication beliefs are related to anxiety about discontinuing treatment and how these relate to demographic and clinical characteristics.

Materials and Methods

This cross-sectional study included 100 adult CSU patients treated with omalizumab for at least six months. Medication beliefs were assessed using the Beliefs about Medicines Questionnaire (BMQ), including the Necessity and Concerns subscales.

Discontinuation anxiety was evaluated with a four-item questionnaire developed for this study. The primary endpoint was a two-item core anxiety score (range 2–10). Clinical and demographic variables were recorded. Associations were analysed using Spearman correlation. Variables reaching statistical significance were entered into a heteroskedasticity-robust multivariable linear regression model to determine independent predictors.

Results

The median core discontinuation anxiety score was 7 (IQR 5–8.3). High anxiety (score ≥9) was observed in 25% of patients. Necessity beliefs were high (median 21), whereas Concerns scores were moderate (median 13). Discontinuation anxiety correlated strongly with Necessity beliefs ($\rho=0.521$, $p<0.001$). No association was found with Concerns ($p=0.311$). Higher anxiety levels were associated with older age ($p=0.007$), longer disease duration ($p=0.012$), and a greater number of previous treatments ($p=0.048$). In multivariable analysis, Necessity beliefs ($\beta=0.243$, $p<0.001$) and age ($\beta=0.032$, $p=0.033$) remained independent predictors ($R^2=0.366$).

Conclusions

Discontinuation anxiety appears to be a relevant clinical issue in CSU patients receiving long-term omalizumab. Relapse after discontinuation of omalizumab is frequent in CSU; therefore, in clinical practice, patients may be reluctant to stop treatment or may delay withdrawal due to fear of relapse.

One in four patients reports high anxiety when treatment withdrawal is considered. The findings indicate that anxiety is linked to strong perceptions of treatment necessity rather than to concerns about adverse effects. Patients who view omalizumab as essential for maintaining stability may experience uncertainty when tapering is discussed. This tendency seems more pronounced in older individuals and in those with longer or more treatment-refractory disease.

Addressing medication beliefs during follow-up visits may help clinicians anticipate discontinuation-related distress. Clear communication about relapse risk and structured tapering strategies could support more balanced shared decision-making in long-term CSU management. Few studies have directly measured anxiety related to treatment discontinuation; therefore, our study contributes to the literature in this area.

Abstract N°: ID-1213

Topic: Urticaria, angioedema

Normocomplementemic Urticarial Vasculitis: A Cutaneous Manifestation of Sjögren's Syndrome

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Introduction

Urticarial vasculitis is a small-vessel cutaneous vasculitis that may be idiopathic or associated with systemic autoimmune diseases, particularly Sjögren's syndrome. While this association is classically described in hypocomplementemic forms, normocomplementemic urticarial vasculitis remains rare and is probably underdiagnosed. We report a case of normocomplementemic urticarial vasculitis associated with primary Sjögren's syndrome.

Materials and Methods

A 49-year-old woman with a history of hypothyroidism treated with levothyroxine was admitted for the evaluation of recurrent episodes of generalized urticaria evolving for one year. Cutaneous examination revealed pruritic erythematous plaques and papules that were fixed and persisted for more than 24 hours, associated with palpebral angioedema, xerophthalmia, and inflammatory-type polyarthralgia.

Laboratory investigations showed an inflammatory syndrome with polyclonal hypergammaglobulinemia, positive antinuclear antibodies with a speckled pattern (1:160), absence of anti-dsDNA, anti-SSA, and anti-SSB antibodies, and normal complement levels. The Schirmer test was positive (4 mm in the left eye and 5 mm in the right eye).

Histopathological examination of a skin biopsy demonstrated leukocytoclastic vasculitis of small vessels. Minor salivary gland biopsy revealed focal lymphocytic sialadenitis with a focus score of grade 4, leading to the diagnosis of normocomplementemic urticarial vasculitis associated with primary Sjögren's syndrome.

Results

Urticarial vasculitis is a small-vessel cutaneous vasculitis characterized by fixed urticarial lesions persisting for more than 24 hours and histologically confirmed by leukocytoclastic vasculitis. It may be idiopathic or associated with systemic autoimmune diseases, particularly Sjögren's syndrome. This association is classically described in hypocomplementemic forms, whereas normocomplementemic forms are less frequently reported.

In our case, normocomplementemia represents an atypical but well-documented feature in the literature, especially in forms with predominant cutaneous involvement. Complement levels appear to correlate more closely with disease severity and systemic involvement than with the underlying etiology. The diagnosis of primary Sjögren's syndrome was based on objective evidence of ocular dryness and a contributive minor salivary gland biopsy, despite the absence of anti-SSA and anti-SSB antibodies, a situation well described in seronegative forms.

The main differential diagnosis was chronic spontaneous urticaria, which was ruled out by the persistence and painful nature of the lesions, lack of response to antihistamines, and histological confirmation of vasculitis. This observation highlights the importance of a systematic etiological workup in all cases of confirmed urticarial vasculitis, including the

investigation for Sjögren’s syndrome, even in the absence of hypocomplementemia.

Conclusions

Normocomplementemic urticarial vasculitis may reveal underlying primary Sjögren’s syndrome, emphasizing that normal complement levels do not exclude an associated autoimmune disease.

Abstract N°: ID-1318

Topic: Urticaria, angioedema

Impact of chronic urticaria on work ability and absenteeism

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Introduction
Chronic urticaria is defined by the presence of superficial wheals and/or angioedema for at least six weeks. This condition may impair quality of life and reduce work performance. The aim of this study was to assess the impact of chronic urticaria on work ability and absenteeism using a validated questionnaire.

Materials and Methods
This was a 10-year retrospective study conducted at the Oujda University Hospital, including all patients with chronic urticaria. The impact on work among employed patients was assessed using the Work Ability Index (WAI).

Results
A total of 112 patients with chronic urticaria were included during the study period. The population was predominantly female (69.6%), with a mean age of 38.4 years. Angioedema was observed in 33% of patients. Personal atopy was reported in 66% of cases, family atopy in 33%, autoimmune background in 34%, and associated epigastric pain in 25%. Among these patients, 40 were professionally active and were included in the analysis of work-related impact. The mean age of this subgroup was 42 ± 12 years, with a male-to-female ratio of 0.7. The most represented occupational sectors were healthcare (25%), education (20%), commerce (15%), public administration (10%), services or light industry (15%), and other sectors (15%). Most positions involved prolonged contact with the public or sustained physical activity. Lesions mainly affected the trunk and limbs (85%), and facial involvement was reported in 12.5% of patients. Eighteen patients completed the Work Ability Index (WAI) questionnaire (45%). Among respondents, 28% reported moderate work ability, 44% good, 17% excellent, and 11% poor. Absenteeism related to chronic urticaria was reported by 22% of respondents, with a mean of 3.2 ± 1.5 days of absence over the previous three months. Patients with facial involvement or severe symptoms reported lower work ability and higher absenteeism.

Conclusions
Chronic urticaria may reduce work ability and increase absenteeism, particularly in patients with severe symptoms or facial involvement.

Abstract N°: ID-1329

Topic: Urticaria, angioedema

Epidemiological, clinical profile and management of chronic urticaria in a university hospital

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Introduction
Chronic urticaria is a recurrent and pruritic skin condition that can significantly impair quality of life. Its clinical presentation, associated factors, and management strategies vary. This study aimed to describe the epidemiological and clinical profile of patients with chronic urticaria and to analyze the therapeutic strategies implemented in a university hospital setting.

Materials and Methods
A 10-year retrospective study was conducted, including all patients diagnosed with chronic urticaria. Demographic, clinical, and therapeutic data were extracted from medical records.

Results

A total of 112 patients were included, comprising 78 women (70%) and 34 men (30%) (male-to-female ratio: 0.44), with a mean age of 38.4 ± 11.2 years. Angioedema was observed in 34% of patients, mainly during the most intense flares. Personal atopy was reported in 66% of cases, family history of atopy in 31%, and an autoimmune background in 36%. Digestive symptoms, predominantly epigastric pain, were reported by 26% of patients. Emotional stress was mentioned as a possible trigger by 14% of patients.

Regarding management, 38% of patients required systemic corticosteroids for severe flares. All patients received second-generation antihistamines, with gradual dose escalation to control resistant symptoms. The mean duration of treatment was 32 months, ranging from 6 months to 3.5 years. Most patients (78%) experienced a favorable course with significant reduction in flare frequency, 18% showed partial improvement, and only 4% had persistent symptoms requiring therapeutic adjustment.

Conclusions
Chronic urticaria in this hospital predominantly affects young women and is frequently associated with atopic or autoimmune backgrounds. Management relies mainly on second-generation antihistamines, with short courses of systemic corticosteroids for severe flares.

Abstract N°: ID-1393

Topic: Urticaria, angioedema

Effect of lebrikizumab on comorbid chronic urticaria in patients with atopic dermatitis: a case series

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Introduction

Atopic dermatitis (AD) and chronic urticaria share type 2-driven inflammatory pathways and may co-exist in the same patient. Dupilumab, which targets the interleukin (IL)-4 receptor, is also licensed for chronic spontaneous urticaria (CSU). It is unclear if the newer IL-13 inhibitor biologics used for AD could treat chronic urticaria. The aim of this case series is to report the effect of lebrikizumab on chronic urticaria disease activity in patients treated for AD in routine clinical practice.

Materials and Methods

This is a retrospective case series of five adults with AD (with treatment initiation >6 months) and comorbid chronic urticaria treated with lebrikizumab. Urticaria Activity Score over 7 days (UAS7), Urticaria Control Test (UCT), Dermatology Life Quality Index (DLQI), and Eczema Area and Severity Index (EASI) were recorded from medical records where available before and after lebrikizumab initiation.

Results

Of the five patients (four female, age range 22-51), four had CSU; one had both CSU and cholinergic urticaria. All were receiving high-dose second generation antihistamines. AD significantly improved in four patients, reflected by reductions in EASI and DLQI. Chronic urticaria outcomes were varied; one patient achieved complete remission (UAS7 0; UCT 16) 11 months after starting lebrikizumab and discontinued antihistamines. Four patients demonstrated persistent or minimally changed chronic urticaria activity despite treatment, with post-treatment UAS7 scores ranging from 6 to 24 and UCT scores ranging from 2 to 11. One patient's AD did not adequately respond to lebrikizumab; switch to upadacitinib resulted in significant improvement of both her AD and CSU.

Table 1. Clinical characteristics and urticaria outcomes in patients treated with lebrikizumab for atopic dermatitis

Patient	Age/Sex	Pre-Lebrikizumab Scores (UAS7 / UCT / DLQI / EASI)	Post-Lebrikizumab Scores (UAS7 / UCT / DLQI / EASI; time after start)	*Prior urticaria Treatments	Clinical Summary
1	40 / F	DLQI:16; EASI: 24 UAS7 and UCT not recorded	DLQI: 4 ; EASI: 4.5 UAS7: 24 ; UCT: 2 (12 months post-treatment)	Cetirizine Montelukast Ranitidine Fexofenadine Famotidine Dapsone	Severe CSU persisted despite lebrikizumab
2	35 / F	DLQI: 10; EASI: 15 UAS7 and UCT not recorded	DLQI: 2; EASI:4.6 UAS7: 0; UCT: 16 (11 months post-treatment)	Chlorphenamine Fexofenadine	No CSU flares since starting lebrikizumab; complete control.
3	25 / M	DLQI:19; EASI: 39.1 UAS7 and UCT not recorded	DLQI: 2 ; EASI: 1.5 UAS7: 19; UCT: 8 (17 months post-treatment)	Fexofenadine	CSU persisted since starting lebrikizumab; unclear change from baseline; moderate ongoing activity.
4	22 / F	DLQI: 25; EASI: 14 UAS7: 18; UCT 5	DLQI: 11; EASI not recorded UAS7: 19; UCT: 4; (7 months post-treatment)	Fexofenadine Montelukast Omalizumab	No improvement in CSU after lebrikizumab.
5	51 / F	DLQI: 17; EASI: 17.7 UAS7 and UCT not recorded	DLQI: 1; EASI: 4 UAS7: 6; UCT: 11; (20 months post-treatment)	Fexofanadine Tralokinumab Dupilumab	CSU persisted since starting lebrikizumab; unclear change from baseline; mild ongoing activity

Abbreviations: F, female; M, male; CSU, chronic spontaneous urticaria; UAS7, Urticaria Activity Score over 7 days; UCT, Urticaria Control Test; DLQI, dermatology life quality index; EASI, eczema area and severity index.

*Concomitant antihistamines and/or montelukast were continued throughout follow-up, with no other treatment modifications.

Conclusions

Lebrikizumab was associated with variable effects on chronic urticaria in patients treated for AD, ranging from complete remission to persistent urticarial activity. These findings suggest IL-13 blockade may benefit a selected subgroup of patients while others may derive limited benefit. Prospective studies with larger sample size are needed to clarify the role of IL-13 inhibition in chronic urticaria management.

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Topic: Urticaria, angioedema

Use of ChatGPT by patients with chronic urticaria: A new source of information in allergology

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Introduction
Chronic urticaria is a common inflammatory disorder characterized by recurrent episodes that significantly affect quality of life. Due to its chronicity and the anxiety it generates, patients increasingly turn to generative artificial intelligence tools such as ChatGPT for health-related information. This study aimed to evaluate how patients with chronic urticaria use ChatGPT and similar AI tools, and to assess their perceived impact on disease understanding and self-management.

Materials and Methods
A cross-sectional study was conducted at a university hospital using an anonymous self-administered questionnaire among patients followed for chronic urticaria. The questionnaire explored ChatGPT usage, motivations, degree of trust in the information provided, and any impact on health-related behaviors.

Results

Sixty patients completed the questionnaire. The mean age was 40 ± 11 years, with a female predominance. Nearly half of the patients (48%) reported having used ChatGPT or a similar AI tool for health questions. Among them, 70% used it to better understand their condition, 58% to interpret their symptoms, and 42% to obtain information on antihistamine treatments.

A majority of users (65%) found the responses clear and easy to understand, while 38% reported high confidence in the information. However, 30% noted receiving incomplete or occasionally contradictory information compared to medical advice. About a quarter of patients (22%) admitted to having modified or considered modifying their treatment without medical guidance after consulting ChatGPT.

Patients using AI reported improved disease understanding but also increased anxiety in 18% of cases, particularly when confronted with severe or incorrect scenarios.

Conclusions

ChatGPT use among patients with chronic urticaria is frequent and helpful but can lead to misinformation and self-directed treatment changes. Structured integration and patient education are essential to ensure safe and effective use of AI tools in disease management.