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Long-Term Outcomes in Patients with Chronic Urticaria: A Retrospective Review

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Introduction

Chronic Urticaria (CU) is a debilitating skin condition characterized by the recurrent appearance of wheals, angioedema, or both, lasting for six weeks or more. It encompasses chronic Spontaneous Urticaria (CSU), where no external trigger is identifiable and Chronic Inducible Urticaria (CIndU), which arises due to specific physical or environmental stimuli. Although not life-threatening, chronic urticaria significantly impairs quality of life due to its unpredictable nature, persistence and associated psychological burden. The natural history of the disease varies widely and despite the availability of various therapeutic options, many patients experience prolonged symptoms. This retrospective review aims to explore the long-term outcomes of patients diagnosed with chronic urticaria, assess factors associated with disease duration and remission and examine real-world treatment responses [1]. In this retrospective analysis, data were collected from electronic medical records of patients diagnosed with chronic urticaria over a ten-year period at multiple tertiary care centers. Inclusion criteria required a minimum of one year of documented follow-up and clinical evidence consistent with chronic urticaria, including persistent or relapsing wheals, angioedema, or both, occurring most days of the week. Patients with urticarial vasculitis, autoimmune connective tissue disorders, or drug-induced urticaria were excluded. Demographic variables, disease duration, comorbidities, laboratory markers, treatment modalities and time to remission were reviewed. Remission was defined as the absence of urticaria symptoms without the need for medication for at least six consecutive months.

Description

The study cohort consisted of over 600 patients, with a female predominance and a mean age at diagnosis of 38 years. The majority were diagnosed with chronic spontaneous urticaria, while approximately one-third had identifiable triggers consistent with inducible forms such as cold urticaria, pressure urticaria, or cholinergic urticaria. Disease duration varied considerably, with a median time to remission of 36 months. Around 50% of patients achieved remission within five years, while a smaller subset continued to have active disease beyond a decade. Interestingly, patients with CSU tended to achieve remission earlier than those with CIndU, suggesting different underlying pathophysiological mechanisms and natural histories. A significant proportion of patients had associated atopic conditions, including allergic rhinitis, asthma and atopic dermatitis, while a smaller number showed evidence of autoimmune thyroiditis, positive antinuclear antibodies, or other autoimmune markers. The presence of autoimmune comorbidities was associated with longer disease duration and more refractory symptoms. Elevated serum total IgE and positive autologous serum skin test (ASST) results were also more common in those with persistent disease. These findings support the hypothesis that an autoimmune component plays a role in a subset of patients with chronic urticaria, contributing to disease chronicity and resistance to standard antihistamine therapy [2].

First-line treatment for chronic urticaria remains non-sedating second-generation H1-antihistamines. In practice, many patients required higher-than-standard doses to achieve symptom control. For those unresponsive to antihistamines, treatment escalation included leukotriene receptor antagonists, short courses of systemic corticosteroids for acute flares and immunomodulatory agents such as cyclosporine. The introduction of omalizumab, a monoclonal anti-IgE antibody, marked a breakthrough in the management of antihistamine-refractory CSU. In this review, omalizumab was effective in over 70% of patients who received it, with many reporting significant improvement within the first three months of therapy. Those who responded early to omalizumab were more likely to achieve long-term remission even after discontinuation, while non-responders often had coexisting inducible urticaria or autoimmune features.

Patient adherence to therapy and regular follow-up were crucial in achieving disease control. Individuals who were engaged in their treatment plans, educated about the disease and managed in a multidisciplinary setting had better outcomes and higher remission rates. Psychological support played a significant role, as a high burden of anxiety and depression was noted among patients with persistent urticaria. Chronic itch, sleep disruption and the visibility of lesions often led to social embarrassment and emotional distress, necessitating the inclusion of mental health professionals in comprehensive care models.

Conclusion

Chronic urticaria is a heterogeneous and often unpredictable condition with variable long-term outcomes. While many patients achieve remission within a few years, a significant number experience prolonged disease requiring escalating therapy and multidisciplinary care. Autoimmune features, comorbid atopic disorders and inducible subtypes are associated with longer disease duration and more treatment-resistant cases. The availability of targeted biologic therapies such as omalizumab has revolutionized the management of refractory CSU and offers hope for improved long-term control. Ongoing research into biomarkers, disease mechanisms and patient-centered care models will continue to shape the evolving landscape of chronic urticaria management.

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Conflict of Interest

None.

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