

Poster Discussion Session 4

Contact Dermatitis and Urticaria

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Hand contact eczema could blind twice

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Background: We report a case of a 38 years old blind female since she was 15 years old after retinal detachment. In the last 14 months she started erythematous skin of both hands, as well as severe lesions of erythematous lichenified plaques alternating with vesicles, particularly on the top of fingers. She described a dreadful itching and progressive loss of sensitivity that avoided Braille reading. No other lesions were observed in other skin localizations. Symptoms were only partially controlled with local and systemic steroid treatment without complete remission of skin lesions. Previous allergic persistent moderate/severe rhinitis to *Dermatophagoides pteronyssinus* was diagnosed. She was submitted to European standard epicutaneous patch test that demonstrated unpecific reactivity to carba mix and ethylenediamine dihydrochloride. The complete removal and strictly eviction of these offending agents did not result on clinical control. A carefully evaluation of patient's routine showed the use of woods on equipment to write, walking stick, door handles and the diary use of the piano in teaching.

Methods: After screening of the woods that were present on her daily contact, *Swietenia mahogany*, *Pinus monticola*, *Chlorophora excelsa*, *Jugulans nigra*, *Gosweilerodendron balsamiferum*, *Fagus sylvatic* and *Quercus robur* were identified. We performed patch test with these dust wood in nature (10% in petrolatum). These were left in place for 48 h. Readings were performed 1 h after removal (48 h) and at 72 h.

Results: Patch tests with *Gosweilerodendron balsamiferum*, *Fagus sylvatic* and *Quercus robur* were positive (++) . The 72 h reading confirmed the persistence of lesions. The same tests carried out in two healthy subjects and in two nickel contact dermatitis patients were negative to all wood extracts.

Discussion: The exhaustive investigation of further potential contact allergens besides

common standards allowed the diagnosis of contact eczema to woods. After the complete removal of numerous quotidian objects, a total remission of the skin lesions was observed. The specific diagnosis was essential to propose precise measures that provided recovering of quality of live recovering, namely preserving the hand-vision.

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Autoantibodies associated with *Helicobacter pylori* infection in chronic urticaria

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Background: There is evidence supporting a correlation between Th-1 response and development of *Helicobacter pylori* (HP)-associated autoimmune disease less evaluated in chronic urticaria.

Aims: Incidence and evolution of autoantibodies associated with *H. pylori* infection in chronic urticaria (CU).

Methods: Patients with CU, initial evaluated in a prospective study for HP infection (Antigen determination in stool with Immunochromatographic Assay) and for associated autoantibodies (anti-thyroglobulin, anti-thyroperoxidase, anti-smooth muscle (ASMA), anti-nuclear (ANA), anti-liver kidney microsomal (LKM1), P-ANCA and cryoglobulins). Patients separated in two groups: A – Ag HP present and B without HP. After 6 month and specific treatment for HP eradication and CU, patients were re-evaluated for HP infection and serologic outcome for autoantibodies in both groups. Other causes for autoimmunity were excluded. Statistics by Chi test and Pearson correlation test.

Results: Fifty-four patients were included: mean age 35.7 ± 12.74 years, 32 (59.25%) female, mean UAS 4.70 ± 1.15. HP Ag detected in 35 (64.81%) patients-group A, 19 (35.19%) patients without HP – group B. ANA present in 17 (48.57%) pts. in group A, 4 (21.05%) in group B ($P < 0.05$), anti-thyroglobulin in 9 (25.71%) pts. in group A, 0 pts. in group B ($P < 0.05$), anti-thyroperoxidase 13

(37.14%) pts. in group A, 4 (21.05%) in group B, cryoglobulins 19 (54.29%) pts. in group A, 6 (31.58%) pts. in group B, pANCA in 8 (22.86%) pts. in group A, 0 pts. in group B ($P < 0.05$), ASMA, AMA in 2 (5.71%) pts. and LKM1 in 1 (2.86%) pts. in group A, 0 pts. in group B. With Pearson correlation test infection with HP strongly correlated with ANA ($R = 0.0727$, $P = 0.049$), anti-thyroglobulin ($R = 0.1086$, $P = 0.015$), pANCA ($R = 0.0944$, $P = 0.024$). After 6 months and treatment of HP infection the eradication ratio was 88.57% (31 pts.) associated with 96.77% improvement/remission of CU comparing with 63.15% in group B ($P < 0.001$). HP infection eradication correlated with serologic resolution for: anti-thyroglobulin Ab ($R = 0.1017$, $P = 0.019$), ANA ($R = 0.1225$, $P = 0.009$), pANCA ($R = 0.6934$, $P < 0.001$).

Conclusions: Incidence of ANA, anti thyroglobulin Ab and pANCA is statistically significant increased in group of CU associated with HP infection comparing with control group. Serologic outcome of autoantibodies and clinical resolution of CU strongly correlated with HP eradication suggesting implication of persistent infection in autoimmune mechanisms in a particular type of CU.

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Hereditary angioedema type I patients with anti-C1-INH antibodies can be effectively treated with icatibant

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Background: Hereditary angioedema (HAE) is a rare, autosomal dominant genetic disease (incidence of 1 in 50 000). The biological mediator implicated in the pathophysiology of symptoms is bradykinin, which binds to the bradykinin B2 receptor on endothelial cells in the blood vessels. Laryngeal oedema is the principal cause of death in patients with HAE (approximately 30% mortality if laryngeal oedema is not treated appropriately). The morbidity of the disease is associated with