Chronic Spontaneous Urticaria May Be Treated With Itraconazole: A Case Series of Six Patients

Can Ergin¹, Habibullah Aktaş², Ali İhsan Güleç²

¹Dışkapı Yıldırım Beyazıt Education and Research Hospital, Department of Dermatology, Ankara, Turkey
²Karabük Education and Research Hospital, Department of Dermatology, Karabük, Turkey

Accepted 3rd February, 2016

ABSTRACT
Chronic spontaneous urticaria (CSU) is a distressing condition encountered frequently in clinical practice. Main treatment option for the disease is second generation non-sedating antihistamines, however, considerable amounts of patients do not respond satisfactorily to these agents. Herein, we present a case series of six patients with CSU responded well to itraconazole.

Keywords: chronic spontaneous urticaria, itraconazole, treatment

INTRODUCTION
Chronic spontaneous urticaria (CSU) is a distressing condition and its etiology is poorly understood. Definitive treatment is possible for only a few patients. Generally, patients are treated symptomatically with antihistamines, corticosteroids, and other anti-allergy medications. The recurrent symptoms and continuous use of drugs cause patient dissatisfaction and considerable anxiety (1,2).

CASE SERIES
We present six patients who were given 30-day courses of oral itraconazole, 100 mg daily. Itraconazole is a broad-spectrum antifungal drug used extensively for the treatment of superficial and systemic mycoses (3). We postulated that the patients might have undetected, subclinical fungal focuses causing hives.

The patients were three men and three women with a median age of 42 (range 31–54) years. The duration of disease ranged from 1 to 4 years. To manage the attacks, all patients required daily oral antihistamines at different doses, and sometimes they needed systemic corticosteroids. Although comprehensive investigations were performed to identify the cause of urticaria, no obvious reason was found. The patients were otherwise healthy.

The patients were started on oral itraconazole 100 mg/day. Antihistamines were allowed when an attack occurred. After finishing a 30-day course of itraconazole, four patients had healed completely and had no subsequent attacks for periods of months to years; the other two patients were also symptom free on very low doses of antihistamines. Table 1 summarizes the clinical features and urticaria activity scores (UAS) of the patients before and after itraconazole treatment. The severity of disease was assessed by UAS as recommended by the EAACI/GA2LEN/EDF guidelines (4).

In summary, two men and two women entered complete remission after having the disease for periods of 1 to 4 years, while the other two patients obtained very satisfactory results after 2 to 3 years of disease. If undetected, microbial allergens cause urticaria hives, and treating patients with microbial agents might help in selected cases. Occult infections, particularly Candida yeasts, can cause refractory disease and treatment of these occult infections has led to resolution of the disease (5-7). Therapeutic trials of antimicrobials might be helpful in urticaria treatment (8). Itraconazole, an azole antifungal drug used in both superficial and deep fungal infections, also has anti-inflammatory and systemic immunomodulatory actions (9) and has also been used successfully to treat lichen planus and lichen nitidus (10).

*Corresponding Author: Dr. Can Ergin. Dişkapı Yıldırım Beyazıt Education and Research Hospital, Department of Dermatology, Ankara, Turkey
Email: drcanergin@hotmail.com
Based on the hypothesis that subclinical occult yeast infection causes some chronic urticaria, eliminating those fungi with a broad-spectrum antifungal drug could achieve complete remission. The immunomodulatory action of itraconazole might also contribute to the success of therapy.

**CONCLUSION**

The success of itraconazole might be due to the elimination of a fungal focus or its systemic immunomodulatory and anti-inflammatory actions. However, spontaneous remission is also a possibility. Although six cases do not comprise a large series, we believe that itraconazole is worth considering in selected cases. Large placebo controlled studies are required to establish the efficacy of oral itraconazole treatment in CSU.

**Table 1.** The features and UAS of the patients with CSU before and after the administration of oral itraconazole (100 mg/day for one month)

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Sex</th>
<th>Duration(year)</th>
<th>Drugs</th>
<th>UAS before ltr.</th>
<th>UAS after ltr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>35</td>
<td>M</td>
<td>1</td>
<td>lev 5mg 4x1/day+ pred 40mg/week</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>31</td>
<td>F</td>
<td>4</td>
<td>des 5mg 4x1/day+ pred 40mg(every 2 months)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>52</td>
<td>M</td>
<td>2</td>
<td>lev 5mg 2x1/day+ des 5mg 2x1/day +pred 40-120mg(one in a few months)</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>54</td>
<td>F</td>
<td>3</td>
<td>rup 10mg 2x1/day</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>35</td>
<td>M</td>
<td>3</td>
<td>lev 5mg 2x1/day+ fex 180mg 2x1/day</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>45</td>
<td>F</td>
<td>2</td>
<td>lev 5mg 2x1/day+ des 5mg 2x1/day</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>


**REFERENCES**