



URTICARIA, ANGIOEDEMA

AUTOIMMUNE THYROIDITIS AND STRESS IMPAIRS TREATMENT RESPONSES TO OMALIZUMAB IN CHRONIC URTICARIA AND PATIENTS WITH ANGIOEDEMA AND HIGHER BODY-MASS-INDEX MAY REQUIRE LONGER TREATMENT

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Background: The management of chronic urticaria (CU) has substantially improved after the introduction of omalizumab to the treatment. There are no established clinical or laboratory parameters to determine the response or duration of treatment.

Objective: We aimed to define parameters associated with response to omalizumab.

Materials and Methods: The charts of patients who have been receiving omalizumab for CU were retrospectively reviewed. The patients who received 6 or more injections were included in the analysis. Response to treatment was defined as having an Urticaria Control Test score of ≥ 12 . The demographics of the patients as well as laboratory parameters and associated conditions were compared between the responders and non-responders. We also compared the patients whose omalizumab was quitted due to remission of the disease with patients who were still on treatment for longer than one year.

Results: Among 183 omalizumab treated patients, 101 (87 chronic spontaneous urticaria and 14 chronic inducible urticaria) were enrolled for responder-non-responder analysis, while 111 patients were eligible for remission and long-term treatment comparison. Of them, 76,2% were responders while 23,8% were non-responders. When we compared the responders and non-responders, we found that presence of autoimmune thyroiditis and stress were more prevalent in the non-responder group ($p=0,04$ and $p<0,001$, respectively). By comparing patients with remission (omalizumab withdrawn for longer than 6 months; without urticaria or minimal urticaria responding to antihistamine) and on long term treatment (longer than one year), we found that angioedema and higher BMI were higher in the long term treatment group ($p=0,016$ and $p=0,017$). The median injection number was 8 vs 13 in these groups, respectively.





Conclusion: Considering and relieving underlying conditions such as stress and autoimmune thyroiditis might improve treatment responses in patients with CU. Patients with angioedema and higher BMI may have a refractory course and require longer treatment.

