URTICARIA, ANGIOEDEMA

SHORT COURSES OF CYCLOSPORINE CONTROL CSU IN PATIENTS WITH LOW IGE

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Background: Chronic spontaneous urticaria (CSU) patients with higher IgE levels or negative basophil histamine release tests (type I auto-immune/auto-allergic CSU) have a fast and complete response to omalizumab, whereas our preliminary studies showed that response to cylosporine is linked to low serum IgE levels.

Objective: Characterize response to cyclosporine in CSU patients.

Materials and Methods: In a retrospective study we evaluated response to cyclosporine in adult patients with H1-antihistamine resistant CSU and correlated response with sex, age, duration of urticaria, presence of angioedema, total IgE, C-RP, ANA or anti-TPO antibodies. Cyclosporine was used at a dose of 3mg/Kg/day and a good clinical response was considered for UAS7 ≤6. Cyclosporine was quickly tapered after a good clinical response.

Results: Among 39 patients (34 females/5 males) mean age 45.7 years, 19 (48.7%) patients, all females, had a good response to cyclosporine. Among the other parameters evaluated, only baseline IgE showed a highly significant difference between responders (mean 55.4 UI/mL) and non-responders (mean 418.0 UI/mL) (Mann Whitney U Test, p=0.001).
A good response was observed within the 1st month in 15/19. Treatment duration varied between 3-11 months. A good response with no need for further treatment was maintained for periods varying from 2-29 months. Five patients were re-treated with shorter courses of cyclosporine 6 to 29 months after the initial treatment with the same pattern of response.

Conclusion: Our study shows that most patients with low or normal IgE levels, particularly females, have a fast response to cyclosporine. Complete control of CSU can be maintained for months-years and, if necessary, response to cyclosporine will be similar on reintroduction.
Total serum IgE, which is easy and inexpensive to assess in clinical practice, can be a potential and relevant marker to predict a good response to omalizumab (high levels) or cyclosporine (low levels).