Urtikarija i angioedem uzrokovan acetilsalicilatnom kiselinom

Acetylsalicylic acid induced urticaria and angioedema

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KEYWORDS: acetylsalicylic acid, drug adverse reaction, urticaria, angioedema, desensitization.

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CILJ: prikazati urtikariju i angioedem kao kožne nuspojave uzrokovane acetilsalicilatnom kiselinom (ASK).

UVOD: ASK je često povezana s akutnom urtikarijom, egzacerbacijom kronične urtikarije i akutnim epizodama angioedema. ASK može biti okidač za već postojeću kroničnu urtikariju, djelujući kao kočimbenik u urtikarijalnim reakcijama na alergene iz hrane i fizičke čimbenike poput hladnoće, vrućine, znojenja, vježbanja, pritiska, sunčevog svjetla, vode ili vibracije. Iako patofiziološki mehanizam nije u potpunosti razjašnjen, ove reakcije vjerojatno nastaju kao posljedica djelovanja na metabolizam arahidonske kiseline, dovodeći do otpuštanja histamina. Urtikarija se može javljati zasebno ili istovremeno s angioedemom. Najčešći oblik kliničke prezentacije preosjetljivosti na ASK uključuje periorbitalni angioedem ili miješani klinički oblik urtikarije i angioedema. Čimbenici rizika za razvoj ovih kožnih nuspojava uključuju atopijsku diatezu, ženski spol, mlađu životnu dob, pozitivnu anamnezu kronične urtikarije te korištenje ASK. Urtikarija i angioedem koje uzrokuje ASK obično ne reagiraju na terapiju antihistaminicima, stoga je ovo jedan od simptoma koji može ukazati na reakciju uzrokovanu lijekom. S obzirom na dijagnostičke metode, ne postoji in vitro test koji može otkriti bolesnika s preosjetljivošću na ASK, stoga je jedini pouzdani dijagnostički test provokacijski test s uzročnim lijekom, koji bi se uvijek trebao provoditi u bolničkim uvjetima.

ZAKLJUČAK: Spomenute kožne nuspojave predstavljaju značajnu nelagodu za bolesnika, utječu na terapijsku suradljivost te mogu biti životno ugrožavajuće. Glavni korak u liječenju je neodgovoran prekid uzimanja lijeka. U slučajevima bolesnika s preosjetljivošću na ASK, koji zahtijevaju dugoročnu antitrombotičku terapiju, potrebno je provesti protokole desenzitizacije.

THE AIM: To present urticaria and angioedema as cutaneous adverse drug reactions induced by acetylsalicylic acid (ASA).

INTRODUCTION: ASA is frequently associated with acute urticaria, exacerbation of chronic urticaria and acute episodes of angioedema. ASA can be a triggering factor in the preexisting chronic urticaria, acting as a cofactor in urticarial reactions to food allergens or other physical factors such as cold, heat, sweating, exercise, pressure, sunlight, water and vibration. Although the underlying pathophysiological mechanism is not completely understood, these reactions probably occur as a result of interference with arachidonic-acid metabolism, enabling release of histamine. Most common form of clinical presentation of hypersensitivity to ASA includes periorbital angioedema or mixed clinical pattern of urticaria and angioedema. Risk factors for development of these cutaneous adverse reactions include atopic diathesis, female sex, young adulthood, a history of chronic urticaria and the use of the ASA. ASA induced urticaria and angioedema is usually unresponsive to antihistamine therapy, thus this can indicate that reaction is drug induced. Considering diagnostic methods, there is no in vitro test that can identify patients with ASA hypersensitivity, thus the only reliable diagnostic test is provocation test with the culprit drug, which should always be conducted in the hospital settings, considering rechallenging reactions may be severe.

CONCLUSION: These cutaneous adverse reactions present a great discomfort for the patient, affect the treatment compliance and may be life-threatening. The main step in the management of these adverse events is prompt discontinuation of the drug. In cases of patients with hypersensitivity to ASA, who require long term antithrombotic therapy, desensitization protocols should be performed

FIGURE 1.

Clinical features of acetylsalicylic acid hypersensitivity: disseminated urticarial lesions.

FIGURE 2.

Clinical features of acetylsalicylic acid hypersensitivity: perioral angioedema.

LITERATURE

1. Nosbaum A, Baire-Bourrel M, Dubost R, et al. Prevention of nonsteroidal inflammatory drug-induced urticaria and/or angioedema. *Ann Allergy Asthma Immunol.* 2013;110(4):263-6.
2. Mastalerz L, Setkowicz M, Szczeklik A. Mechanism of chronic urticaria exacerbation by aspirin. *Curr Allergy Asthma Rep.* 2005;5(4):277-83.
3. Ramanuja S, Breall JA, Kalaria VG. Approach to "aspirin allergy" in cardiovascular patients. *Circulation.* 2004;110(1):1-4.

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