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CHRONIC AUTOIMMUNE URTICARIA AND SJÖGREN'S SYNDROME: CASE REPORT

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BACKGROUND

Chronic urticaria (CU) is defined as the presence of urticaria with or without angioedema continuously or intermittently for at least 6 weeks. Approximately 12–21% of patients with CU have some associated autoimmune disease (AID), and their clinical manifestations usually start 10 years after the diagnosis of CU and are more prevalent in women. Generally, cases of CU associated with AID have a higher remission rate of the cutaneous picture compared to CU alone. On the other hand, they negatively impact the patient's quality of life. Autoimmune thyroiditis is the main AID associated with CU. In addition to this, they highlight rheumatoid arthritis, lupus, type 1 diabetes mellitus, Sjögren's syndrome (RR 15.17) and celiac disease. Sjögren's syndrome (SS) is an autoimmune and chronic rheumatic disease with glandular and extraglandular manifestations, more common in women between the fifth and sixth decade of life.

CASE REPORT

Female, 34 years old, diagnosed in May 2019 with CU without angioedema (Fig. 1) presenting high IgE, FAN NPFD 1/640 and FR 32 (VR < 8). She was using an antihistamine, with partial improvement. During rheumatological evaluation, she presented xerostomia, conjunctival hyperemia and bilateral tearing, xeroderma and symptoms of parotitis. Additional tests were requested: blood count, TGO, TGP, normal urea and creatinine; ESR 41 mm; serum amylase 90 U/L (elevated); normal lipase; fasting blood glucose and normal Hb1AC; anti-Ro 240 U/mL (VR < 7 U/mL); anti-CCP and anti-La NR; serologies for HIV, hepatitis B and C, VDRL and HTLV NR and serologies for toxoplasmosis, rubella and immune CMV. Salivary gland biopsy showing chronic nongranulomatous sialadenitis (Fig. 2). Ophthalmological evaluation proving dry eye. Hydroxychloroquine 400 mg/day, prednisolone 10 mg/day and lubricating eye drops were started. In January 2020, she had symptom improvement, in addition to normal ESR, weaning from corticosteroids and being maintained on antimalarial drugs. Report after the patient's consent.



Figure 1. Urticarial lesions on the thigh.

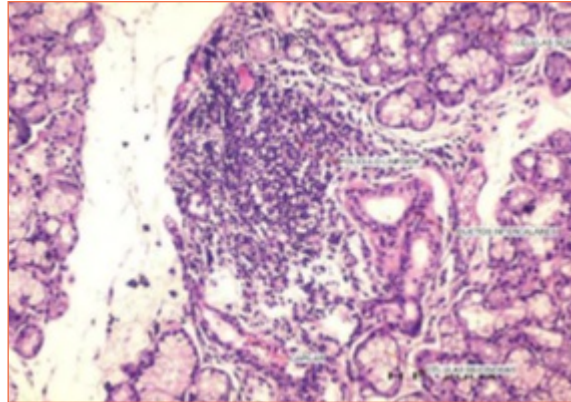


Figure 2. Salivary gland biopsy.

CONCLUSION

It is an atypical case because it is an SS in a young woman and the order of appearance of CU and SS, since the diagnoses were practically concomitant, differing from the literature. Patients with CU have an increased risk of SS, so this should be remembered in CU cases, especially in those without improvement with antihistamines, with dry symptoms and ANA present.