

Chronic Urticaria in the Setting of Atypical FMF

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Introduction

- •Chronic urticaria is associated with a variety of underlying conditions including autoimmune disorders, thyroid disease, medications, infections, or exposure to allergens.
- •Exact percentage of population with chronic urticaria with a known underlying condition has not been established and varies by study (Zuberbier et al., 2018).
- •Mainstay treatment includes second generation H1antihistamines

Case description

- •22-year-old female with eight years of hive-like rash and angioedema
- •Hives located on face, trunk, and limbs with variable duration between days to weeks
- •Hives were initially exacerbated during illness, mechanical pressure, or stress, but have more recently worsened with no trigger.
- History of ecchymosis after resolution of hives
- •Associated symptoms: Fever and polyarthralgias, swelling of lips and eyes sometimes painful

Laboratory studies

Laboratory Test	Results
CBC with Differential	WBC: K/ul, Hgb: g/dL, plt K/uL, ANC per microliter
Inflammatory markers	mildly elevated II-10 elevated TNF alpha
Immunoglobul in Levels	IgA 256, IgD 223 (high), IgE 293 (high), IgM 117, IgA , IgG 1277 IgG subclass I 924 IgG subclass II 144 (low) IgG subclass III 51 IgG subclass IV 14.8
Lymphocyte Subsets	CD3 99% (47-76%), 1772 (1990- 5900) CD4 74% (31-56%), 1313 (1400-4300) CD8 25% (12-24%), 443 (500-1700) CD19 <1% (14-37%), <5 (61-260) CD16/56 1% (3-15%), 11 (160-950)
Periodic Fever 6 Gene NGS panel (DDC company)	Heterozygous variant for <i>MFEV</i> gene coding for familial Mediterranean fever (FMF)
Invitae Primary Immunodeficiency Panel (Invitae genetic testing)	Genetic testing of MEFV gene variant: Variants of Uncertain Significance for AP3D1 and TONSL
Biopsy of skin lesion	Mild edema within dermis; very sparse mixed inflammatory cell infiltrate that includes neutrophils and scattered eosinophils, consistent with vasculitis

•Patient initially started on Cetirizine BID, and Famotidine with some improvement but no alleviation of urticaria

- •After diagnosis of atypical FMF, initiated colchicine with no significant improvement in symptoms, then trial of hydroxychloroquine, with limited course of improvement.
- •Outcome and follow up: some improvement of urticaria but no alleviation of symptoms after prior treatments, follow up discussions are to trial Omalizumab or II-1 blockade as escalation of therapy.

Discussion and Conclusion

- •There are established associations between several autoimmune disorders and chronic urticaria (Confino-Cohen et al., 2012).
- •This case demonstrates the importance of recognizing underlying autoinflammatory disease in the setting of chronic urticaria and the utility of genetic testing in correlation of chronic urticaria to autoinflammatory disease.
- •Gene mutation MEVF has been associated with chronic urticaria and FMF which ultimately helped better symptomatically treat with medications not used for chronic urticaria (Alonso, 2002)
- •This case emphasizes consideration of autoinflammatory disease as a differential to hives prior to diagnosis of chronic urticaria



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References

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Patient presentation of hives