INTRODUCTION

Urticaria (the hives, nettle rash) is a vascular reaction of the skin characterized by the appearance of wheals which are elevated, whitish or reddish evanescent plaque, generally surrounded by a red halo or flare and associated with severe itching, stinging, or pricking sensation. The wheals are caused by localized oedema **.** The oedema is due to the extravasation of protein-rich fluid from small blood vessels and is a reflection of increased permeability of the vessel wall. Urticaria may be acute or chronic and also may have special forms ***(Odom et al., 2006).***

Urticaria considered a constant challenge to physicians, it is experienced by 15 to 20% of the population at least once in their life time ***(Sheldon et al., 2008).*** Fortunately, most episodes are acute, last for few days and in these the aetiology is often detectable. Chronic urticaria however, can be more debilitating and frustrating and the cause is not found in over 70-75% of cases ***(Champion et al., 2008).***

Chronic urticaria is termed, when urticaria recurs daily or most of days over a six or more weeks. Finding the cause challenge not only the physician but also the patient, who must search for a cause in their daily exposure and discomfort throughout efforts at listing for the cause and finding the proper medication for the relief of symptoms ***(Odom et al., 2006).***

Patients who present with hives are often hoping their physician can tell them what caused the condition. In acute cases this often possible and the condition is usually self limited, but unfortunately, the majority of chronic cases are idiopathic. Chronic urticaria is occasionally a symptom of a more serious underlying disease so, it is best to warm patients with

chronic urticaria that they may be dealing with this condition for 1-2 years so, that they know not to expect an immediate resolution ***(Sveum, 2006).***

These patients suffer some disability in social and economic terms ***(Champion et al., 2008).*** Most of the causes of urticaria listed in current textbook of dermatology to acute but not to chronic urticaria ***(Hide et al., 2007).*** In chronic urticaria much effort and expense are frequently expended in check list and search for the numerous aetiologic and contributory factors that have to be identified. Among these factors physical urticaria is frequently identified in patients who present with chronic urticaria ***(Sibbald et al., 2007).***

It has been noticed that causes of chronic urticaria may be due to autoimmune disease ***(Matthews,2005).***

Leznoff and Sussman, (2005) have found that 14% of patients with chronic urticaria had evidence of thyroid autoimmunity, others have assessed anti IgE autoantibodies in urticaria , and others had evidence of an immunologic response ***(Gruber et al., 2006)*** .

Further implicated factors include dietary factors, medications such as acetyl salicylic acid, infection and psychological stress ***(Champion et al., 2006& Juhlin et al ., 2006).***

Together with antihistamines, various antibiotics including penicillin, tetracycline, and others have been empirically used to treat chronic urticaria in an attempt to eliminate an underlying focal infection. On the basis of this knowledge, the authors posed the question as to whether staphylococcus aureus could be an underlying cause of chronic urticaria ***(Ertam et al., 2007).***

Staphylococcus aureus (S. aureus) is Gram (+ve) cocci, present in nose and throat as a commensal may play a key role in the aetiology of chronic urticaria. Several reports have been describing a possible relation between staphylococci of nose and throat and dermatological diseases ***(Gilani et al., 2005).***

AIM OF THE WORK

As infection is one of the contributing factors in chronic urticaria, and staphylococci has been observed to be related to chronic urticaria patients, the aim of this study was to assess the prevalence of staphylococcal carrier in nose and throat among patients with chronic urticaria, in order to treat the focus which may be the cause in this disease.