

**CHAPTER IV**

**R E S U L T S**

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### Results of the Clinical Examination:

1. Age: The age of the patients examined ranged between 13-55 years. Out of thirty cases examined:  
11 patients were between the age of 20-30 years,  
9 patients were between the age of 30-40 years,  
7 patients were between the age of 13-20 years,  
3 patients were between the age of 50-55 years.  
Thus patients in the third and fourth decades contributed the highest incidence and the least was above the age of fifty years.
2. Sex: The incidence was higher in females, contributing 28 cases (93.3%) out of the thirty cases examined.
3. Occupation: Of the 28 females, 22 were housewives, three students, two civil servants and one midwife, while the two males were students.
4. Presenting Symptoms: Itching and transient red oedema of the skin constituted the main complaints among the patients examined.  
8 cases complained of the condition being more severe in hot weather, 9 cases complained of exaggeration with exercise as house duties, 2 of the patients complained of whealing also after trauma to the skin, 2 developed the attack on rest at night, 1 patient complained of developing the condition on exposure to house dust.

As regards drugs, 5 patients complained of urticaria after ingestion of aspirin and two after penicillin therapy. A common observation was that most of the patients complained of exaggeration of the disease after nervous tension.

5. Site: The common site was the trunk and then the extremities. One of the patients had angioedema of the face together with other lesions on the trunk and extremities.
6. Duration: The duration of the disease among the patients varied from six weeks to several years, reaching up to twenty years in one case.
7. Recurrence: The condition was recurrent in twenty cases.
8. Onset: Twenty of the patients could not relate the onset of their disease to any known cause.

Seven patients related the onset to drug intake (three to antirheumatics, among whom one to tri-B injection, one to penicillin therapy for rheumatic fever, one to intake of sulphur, one to liver extract injection, and one after intake of lyndiol contraceptive pills).

One patient related the first attack to pregnancy, and another after delivery. Urticaria following infective hepatitis occurred in one case.

9. Associated Symptoms: Urticaria was associated with coryza in one case, asthma in two cases and abdominal pain in three cases.

10. Family History: Four cases gave positive family history to urticarial eruptions.

11. Medical Examination: Four of the examined patients were having chronic tonsillitis, two chronic gingivitis, eight dental caries and one cervical erosion.

Many of the patients were having more than one disease:

- Dental caries with chronic tonsillitis ... 3 patients.
- Chronic gingivitis with chronic suppurative otitis media ... 1 patient.
- Dental caries with chronic pharyngitis ... 1 patient.
- Chronic tonsillitis with bronchial asthma ... 1 patient.
- Chronic tonsillitis with chronic gingivitis and fatty liver infiltration ... 1 patient.

Laboratory Investigations:

Stool analysis revealed *entamoeba histolytica* in 12 cases, *ascaris* in one patient, *giardia lamblia* in two patients and *trichostrongyloides stercoralis* in one patient.

Urine examination was normal in all the patients except one who had *bilharsia ova*.

Blood examination: haemoglobin percentage, sedimentation rate, erythrocytic count, platelet count, total and differential counts were within normal in all the patients.

X-ray of the chest was normal in all the patients.

**Skin test:** all the patients showed sensitivity to more than one allergen.

|    |       |        |          |             |      |    |                   |
|----|-------|--------|----------|-------------|------|----|-------------------|
| 28 | cases | showed | positive | intradermal | test | to | candida albicans, |
| 27 | "     | "      | "        | "           | "    | "  | mites,            |
| 26 | "     | "      | "        | "           | "    | "  | house dust,       |
| 24 | "     | "      | "        | "           | "    | "  | milk,             |
| 24 | "     | "      | "        | "           | "    | "  | egg,              |
| 15 | "     | "      | "        | "           | "    | "  | aspergillus,      |
| 15 | "     | "      | "        | "           | "    | "  | cladosporem,      |
| 11 | "     | "      | "        | "           | "    | "  | grass pollens.    |

The commonest associations were between house dust, mites, candida, egg and milk, and the highest was sensitivity to candida albicans.

#### **Empirical Treatment:**

Elimination of the septic foci and anticandida therapy did not improve or cure the condition.

One case responded to antibiotics (tetracid V capsules) and another after treating the intestinal amoebiasis.

Antihistaminic treatment was not fully curative. The patients complained of the recurrence of the disease after stoppage of the drug. Two cases responded well to phenargan tablets and one to sedatives and reassurance.

Elimination of Diet:

Nine patients were not allergic to foods. The highest incidence of food allergy were to fish, milk, cheese, chocolate, melons, bananas, apricots and guava in order of frequency. However, most of the patients complained of recurrence of the attacks on ingestion of the allergic foods after the periods of elimination and others were developing the attacks in spite of abstinence to the food allergen.