

Urticaria (hives) is a common condition that affects up to 20% of the population. It presents as pruritic, raised, erythematous plaques, often with central pallor, with lesions varying in shape and size. It is caused by the activation of mast cells by triggers such as infections, insect stings or bites, foods or additives, plants, and medications (ex: NSAIDS). However, no specific etiology can be identified in many patients. More than 2/3 of new-onset urticaria resolves spontaneously

Urticaria multiforme is a subtype that is also known as acute annular urticaria.

- It is often mistaken for other dermatoses such as erythema multiforme, urticarial vasculitis, and serum sickness-like reaction.
- It primarily affects children under 3 years of age.

- Pruritic annular, polycyclic, violaceous wheals with ecchymotic centers or central clearing.
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Treatment of pruritus (often intense) is essential to improving quality of life, preventing excoriations, and minimizing post-inflammatory hyperpigmentation.

2nd generation H1 antihistamines are preferred over 1st generation H1 antihistamines since they are minimally or non-sedating and free of anticholinergic effects

- a. Cetirizine (Reactine)
 - i. 6mo - 2yr: 2.5mg once daily
 - ii. 2yr - 5yr: 5mg once daily
 - iii. 6yr +: 5mg or 10mg once daily
- b. Loratadine (Claritin)
 - i. 2yr - 5yr: 5mg once daily
 - ii. 6yr +: 10 mg once