



# CẬP NHẬT CHẨN ĐOÁN MÈ ĐẠY

ThS.BS. Trương Thị Mộng Thương

# \*NỘI DUNG

**1**

**Đại cương**

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**2**

**Cơ chế bệnh sinh**

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**3**

**Chẩn đoán**

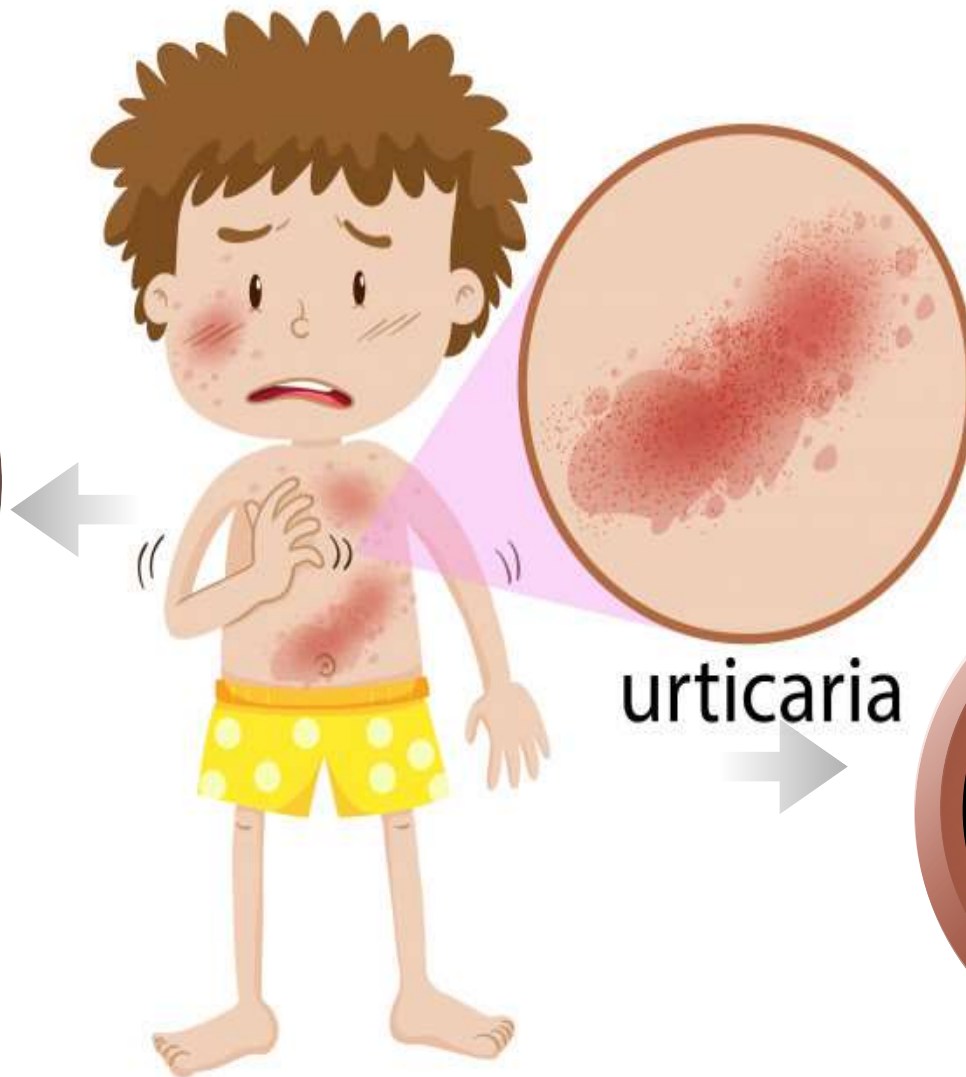
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# \*ĐẠI CƯƠNG



# Urticaria (skin condition)

**Mề đay cấp**



urticaria

**Mề đay mạn**

123RF



123RF



ĐẠI CƯƠNG





Source: Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ, Wolff K: *Fitzpatrick's Dermatology in General Medicine, 8th Edition*: [www.accessmedicine.com](http://www.accessmedicine.com)

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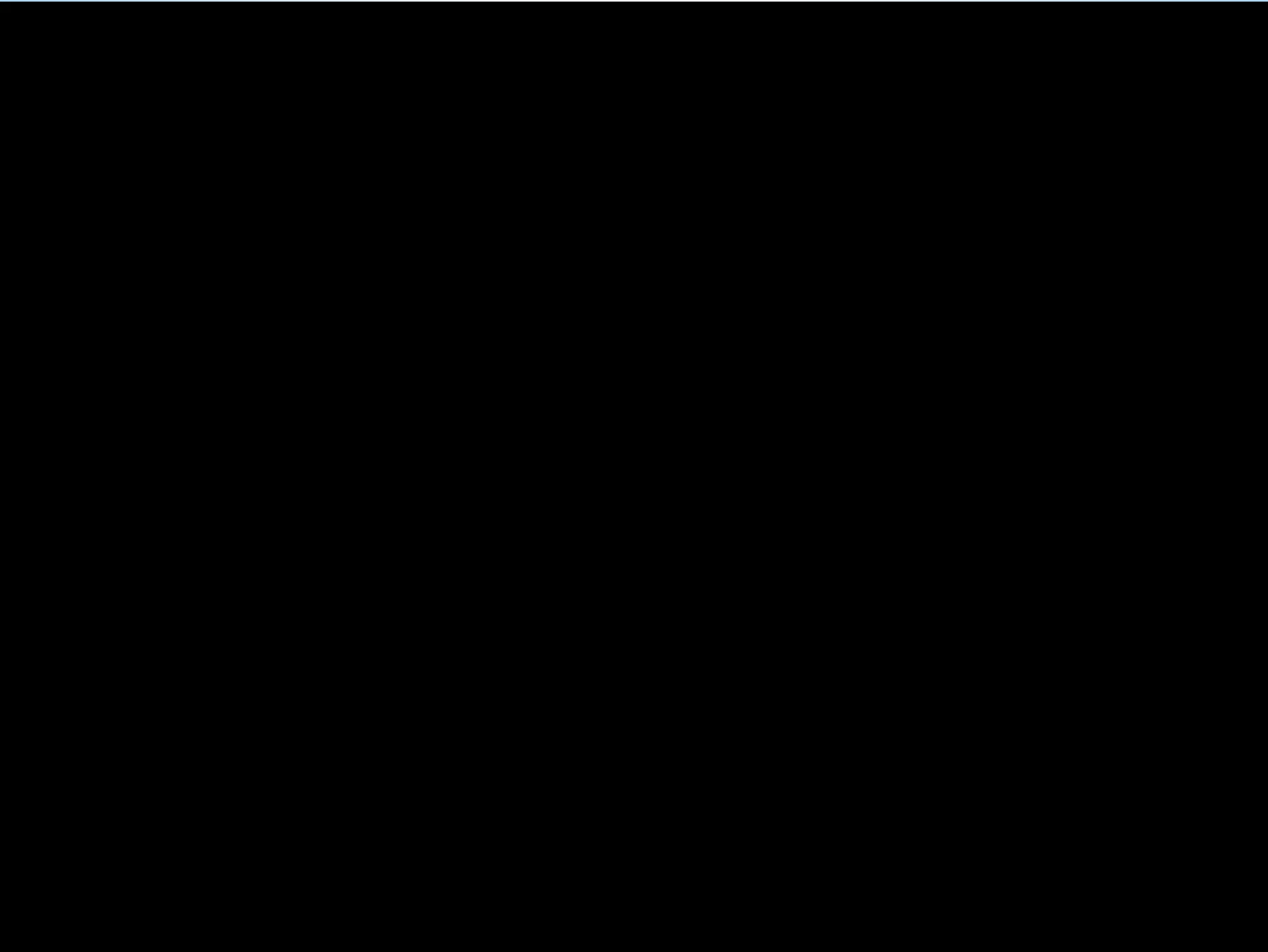
# \* CƠ CHẾ BỆNH SINH



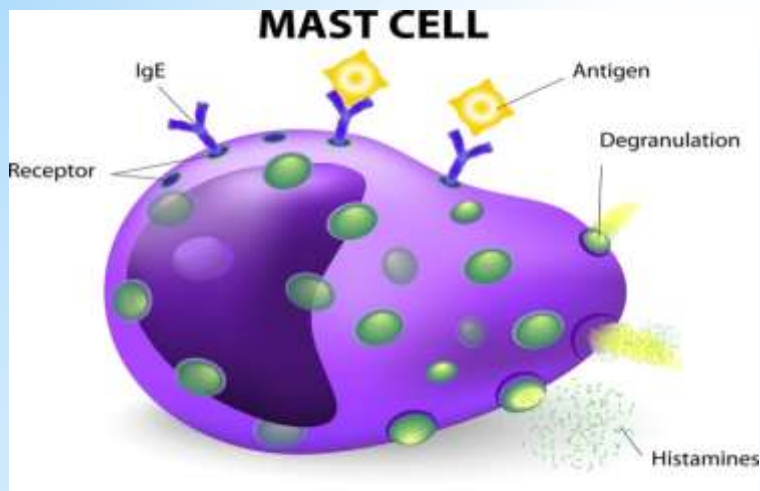




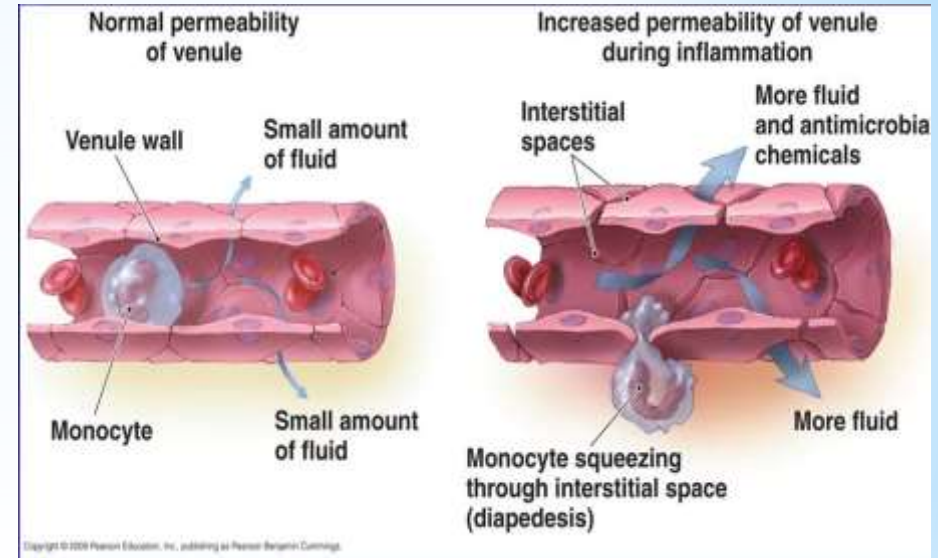
CƠ CHẾ BỆNH SINH



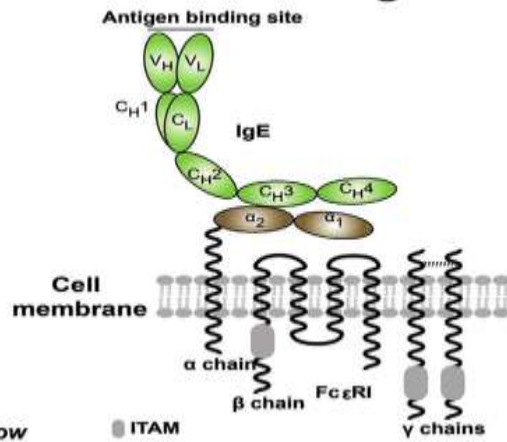
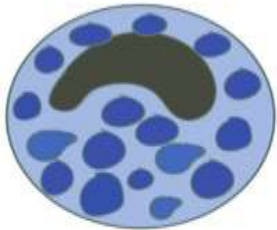
CƠ CHẾ BỆNH SINH



Mast là tế bào có vai trò chính  
 Kích thích phóng hạt  
 Các chất trung gian tiền viêm

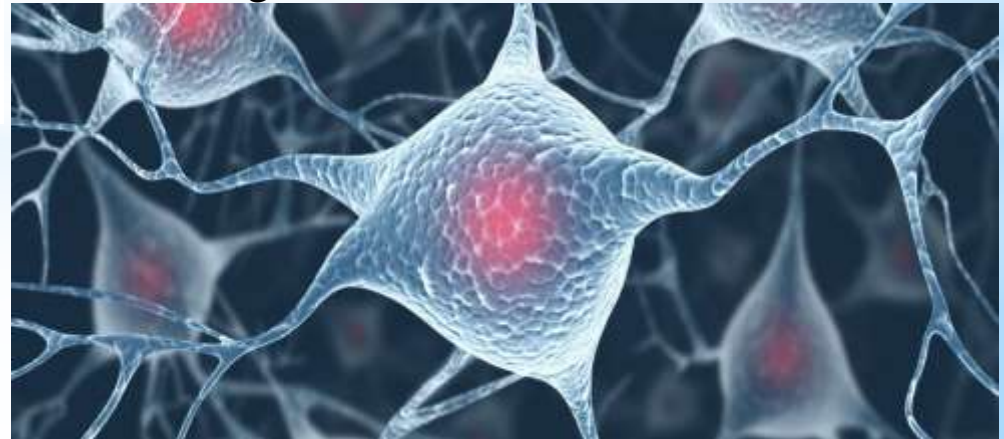


Giãn mạch, tăng tính thấm thành mạch  
 B Basophil C FcεRI with IgE



Granule content  
 Histamine  
 Chondroitin sulfate  
 Tryptase (mMCP-8)  
 Carboxypeptidase A3 low

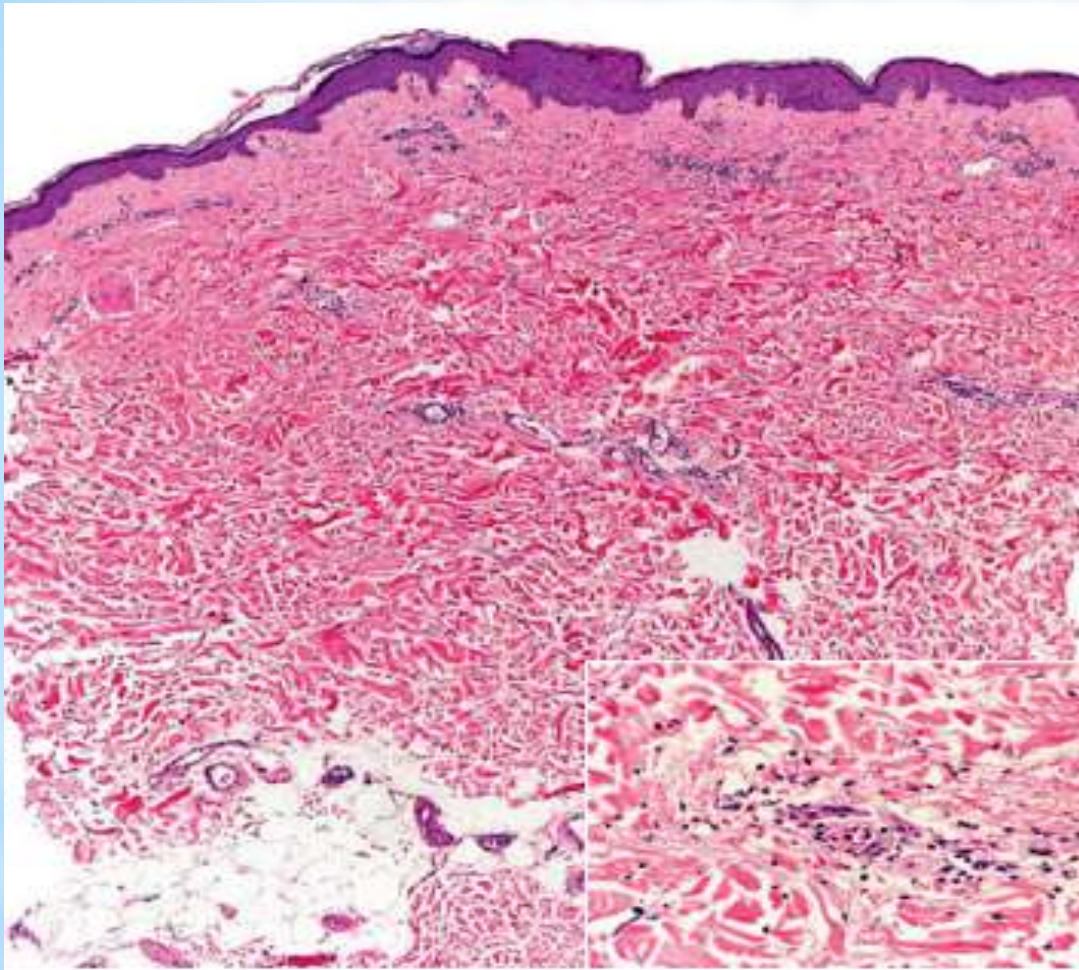
Tự kháng thể



Polypeptide ruột và các neuropeptide

CƠ CHẾ BỆNH SINH

# CƠ CHẾ TẠO SẴN PHÙ MỀ ĐAY



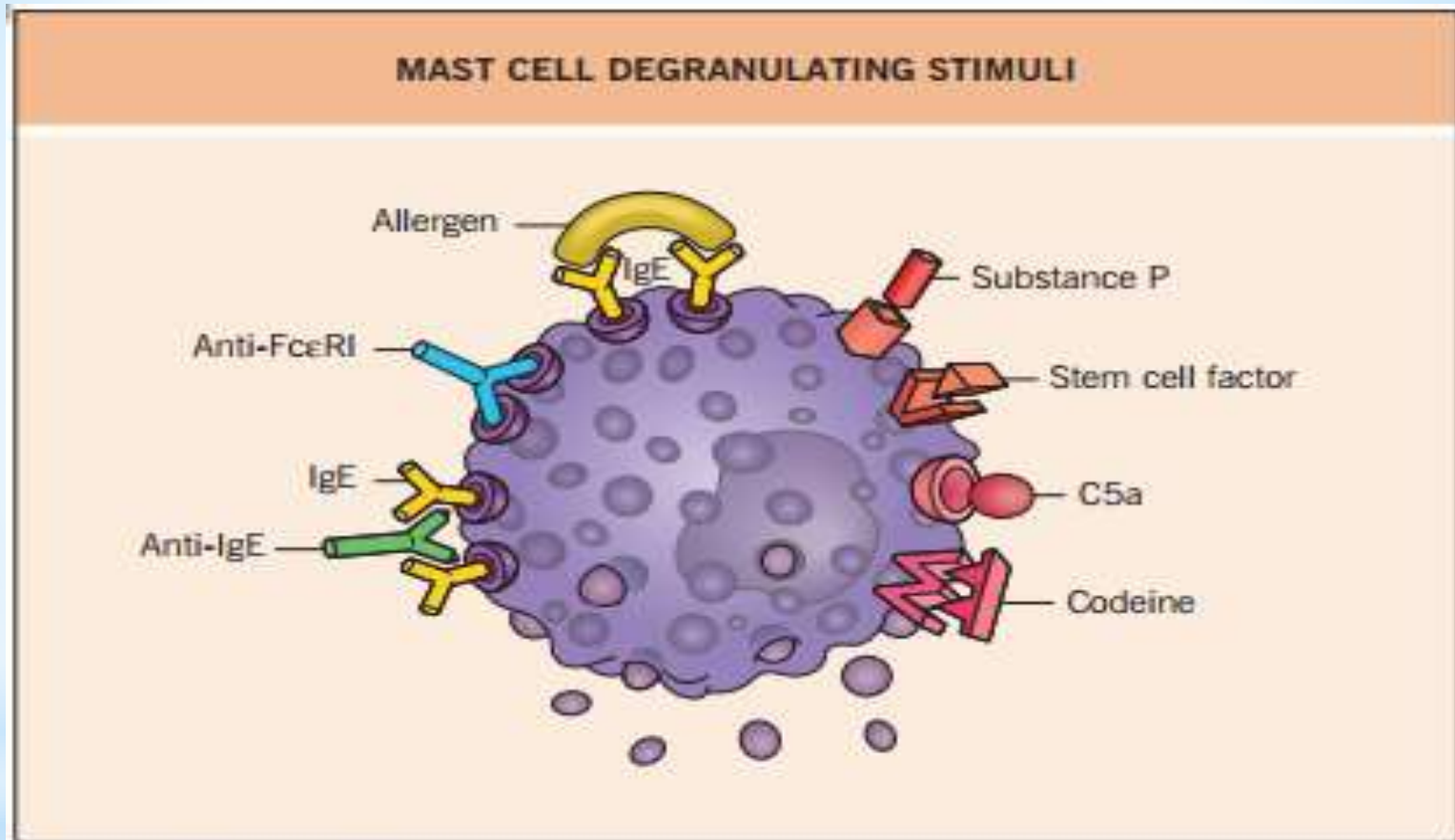
Phụ thuộc  
tế bào Mast

Không phụ thuộc  
tế bào Mast

Thiếu chất ức chế  
C1 esterase (C1 inh)

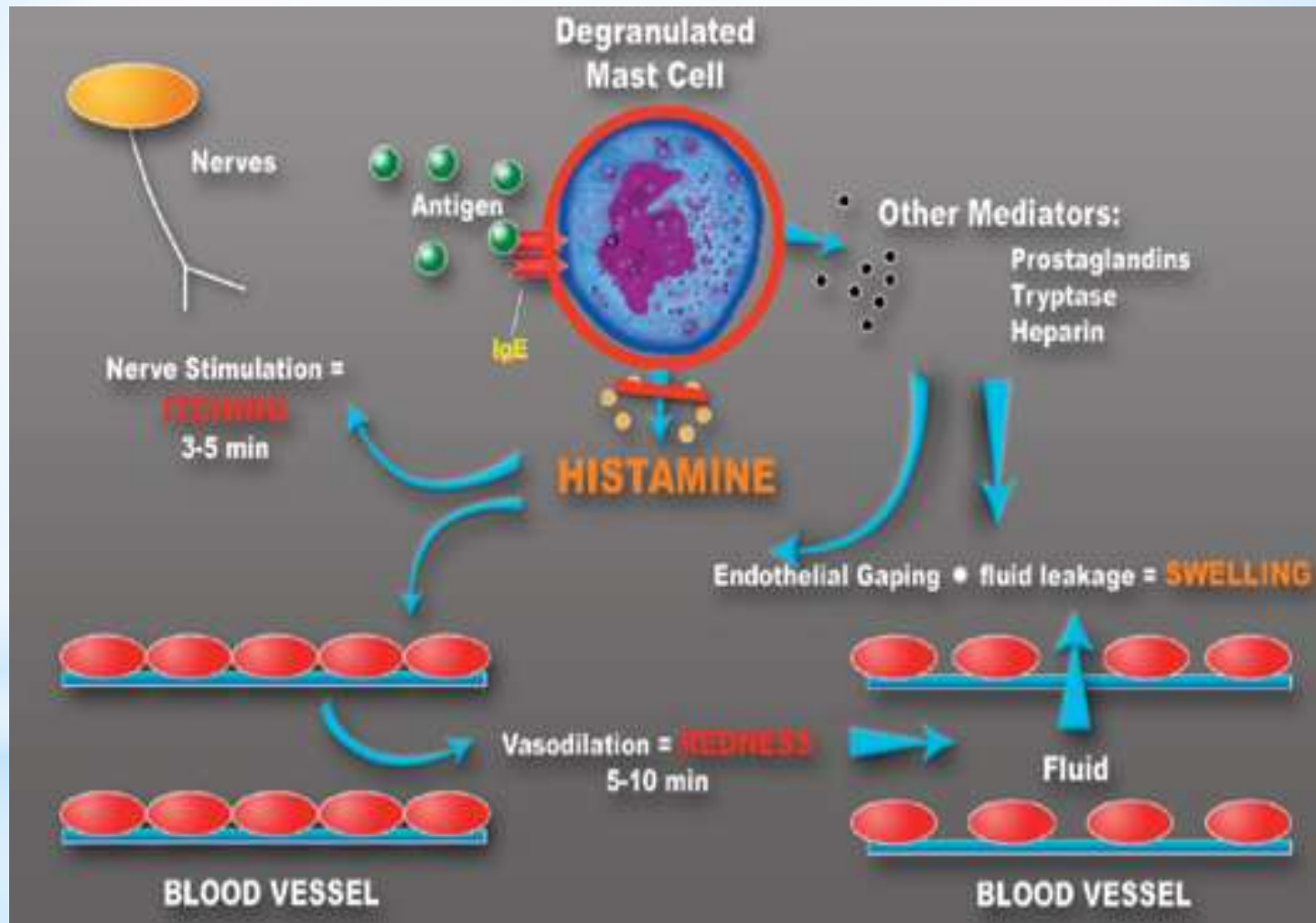
**Fig. 18.14 Ordinary urticaria – histologic findings.** A sparse, mainly perivascular inflammatory infiltrate and scant edema within the superficial and mid dermis. Note several neutrophils and a few eosinophils (insert).  
*Courtesy, Lorenzo Cerroni, MD.*

# \*Phụ thuộc tế bào Mast



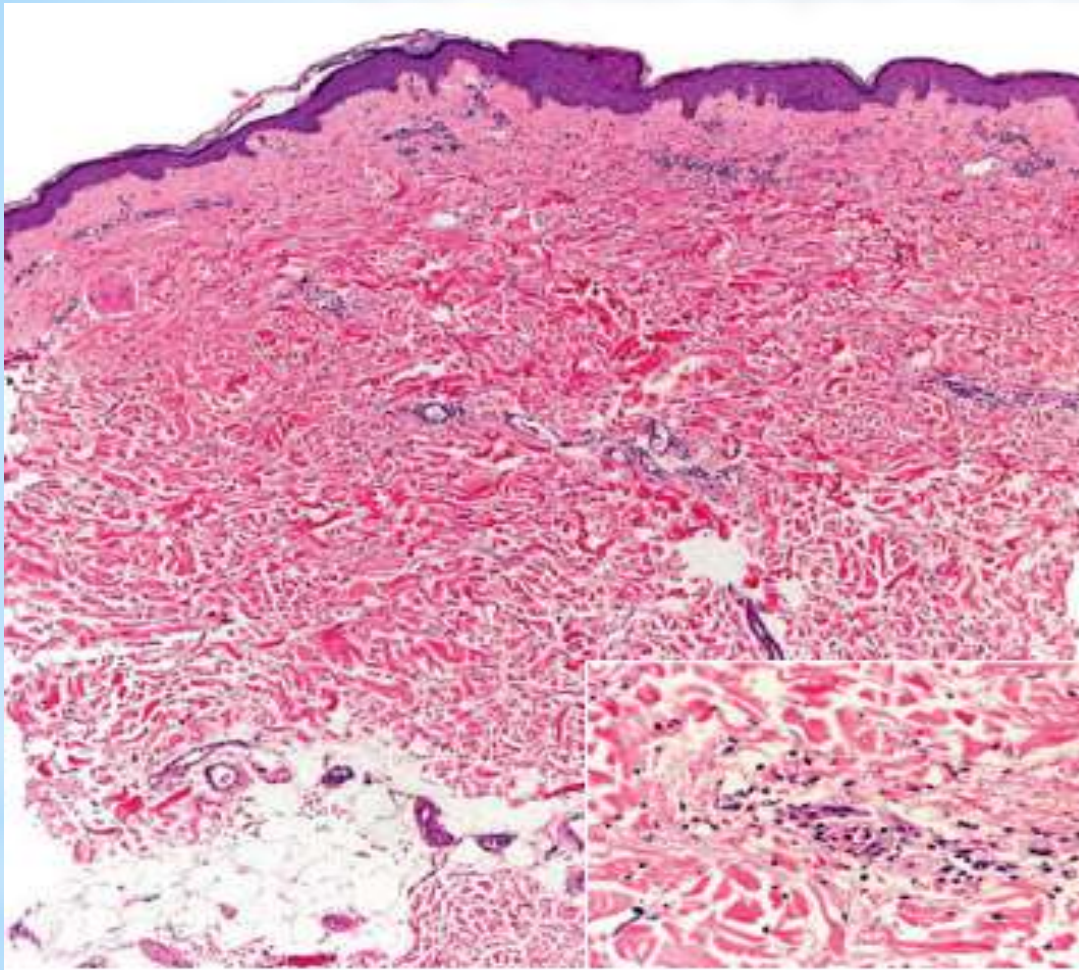
**Fig. 18.3 Mast cell degranulating stimuli.** Both immunologic and non-immunologic stimuli can lead to release of mediators. Stem cell factor is also known as KIT ligand.

# \* Phụ thuộc tế bào Mast



CƠ CHẾ BỆNH SINH

# CƠ CHẾ TẠO SẴN PHÙ MỀ ĐAY



Phụ thuộc  
tế bào Mast

Không phụ thuộc  
tế bào Mast

Thiếu chất ức chế  
C1 esterase (C1 inh)

**Fig. 18.14 Ordinary urticaria – histologic findings.** A sparse, mainly perivascular inflammatory infiltrate and scant edema within the superficial and mid dermis. Note several neutrophils and a few eosinophils (insert).  
*Courtesy, Lorenzo Cerroni, MD.*

# Không phụ thuộc tế bào Mast

## Cryopyrin associated periodic syndromes: CAPS

### Familial cold autoinflammatory syndrome (FCAS)

- Autosomal dominant
- Cold-induced
  - Urticarial rash
  - Arthralgia
  - Conjunctivitis



MILD

### Muckle–Wells syndrome (MWS)

- Autosomal dominant
- Urticarial rash
- Sensorineural deafness
- AA amyloidosis (in 25% of patients) leading to renal failure



### NOMID/CINCA

- Progressive chronic meningitis
- Urticarial rash
- Deafness
- Visual and intellectual damage
- Destructive arthritis

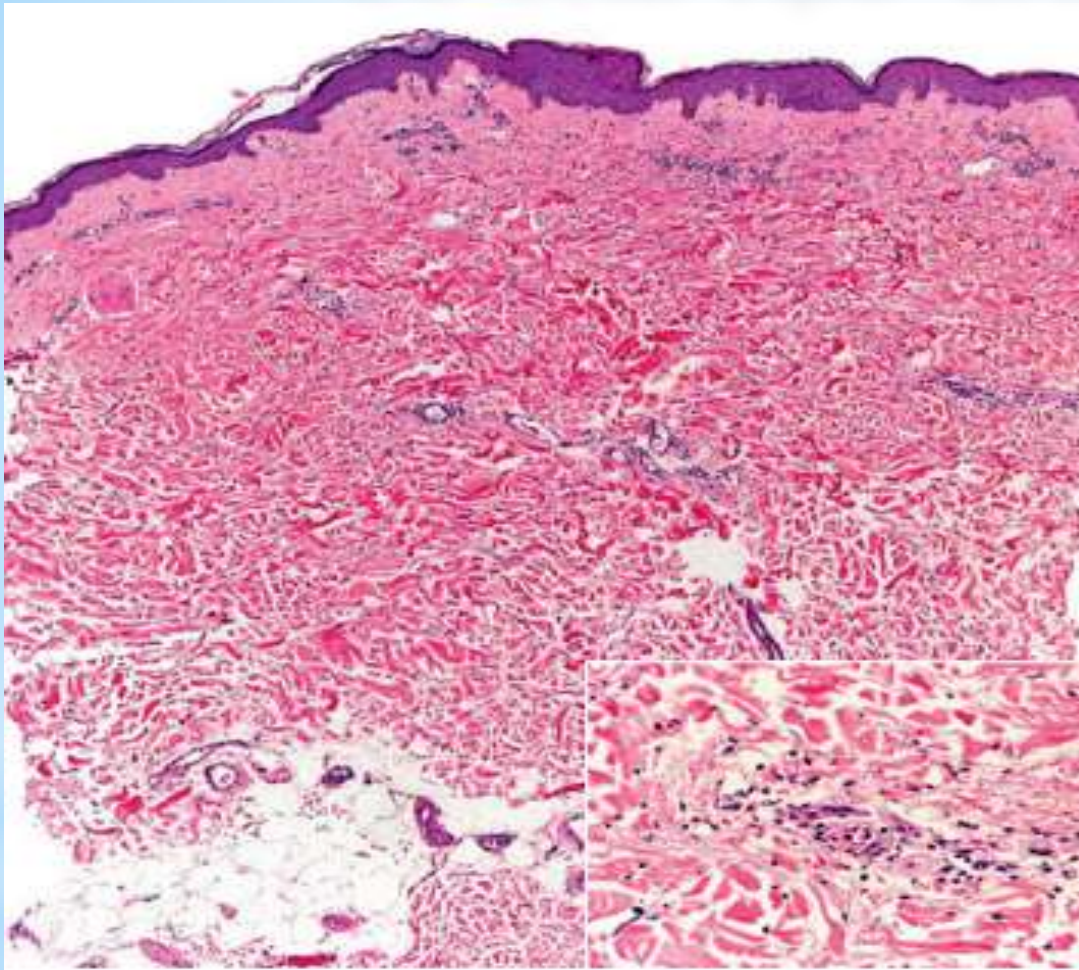


SEVERE

NOMID: Neonatal-onset multisystem inflammatory disease; CINCA: chronic infantile neurological cutaneous and articular syndrome  
Image copyright: FCAS and MWS: HJ Lachmann; NOMID/CINCA: Club Rhumatismes et Inflammations. Available at [http://www.cri-net.com/base\\_image/display\\_rub.asp?rub=periodique](http://www.cri-net.com/base_image/display_rub.asp?rub=periodique) (Accessed 5 May 2009)



# CƠ CHẾ TẠO SẴN PHÙ MỀ ĐAY



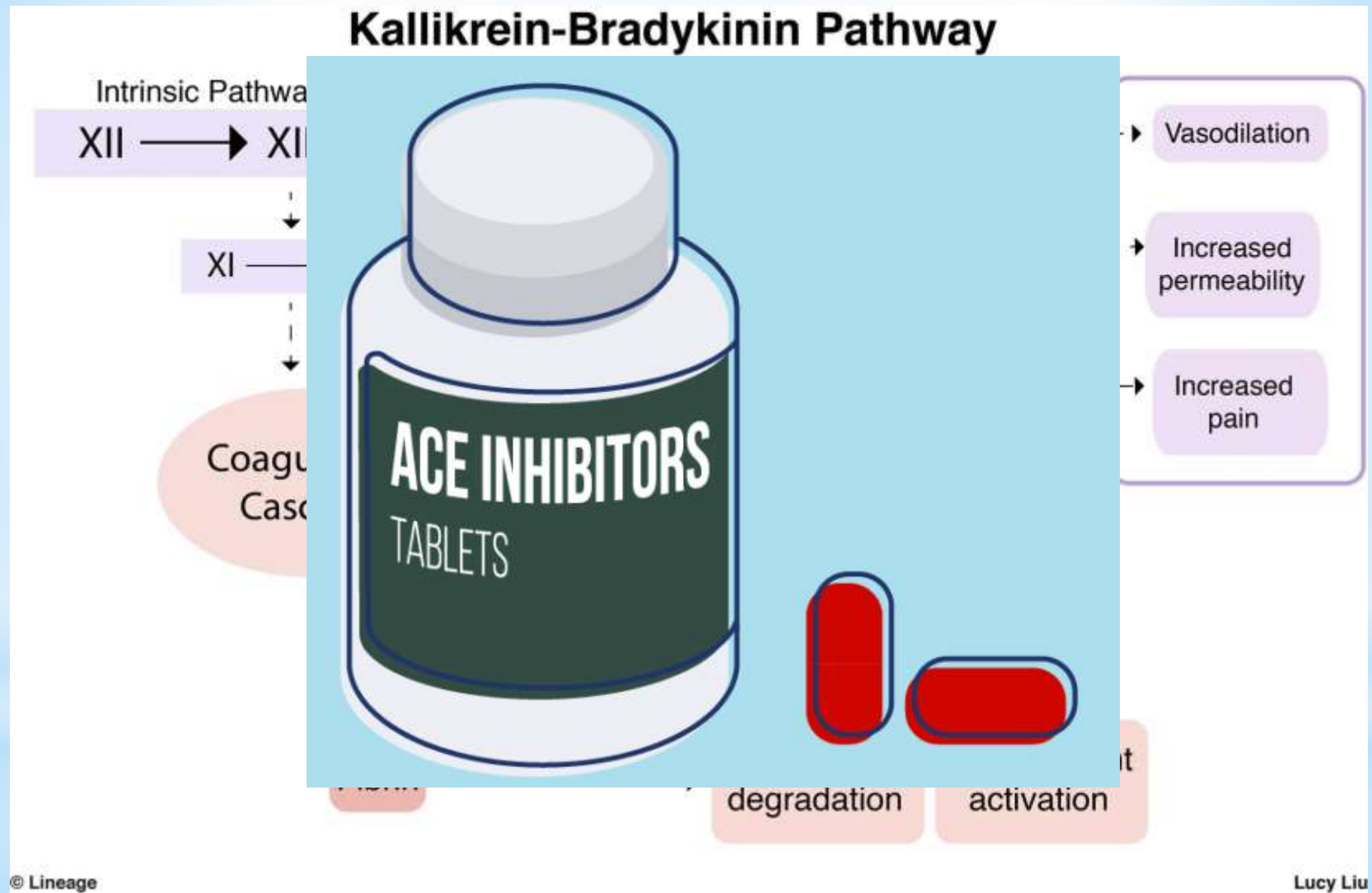
Phụ thuộc  
tế bào Mast

Không phụ thuộc  
tế bào Mast

Thiếu chất ức chế  
C1 esterase (C1 inh)

**Fig. 18.14 Ordinary urticaria – histologic findings.** A sparse, mainly perivascular inflammatory infiltrate and scant edema within the superficial and mid dermis. Note several neutrophils and a few eosinophils (insert).  
*Courtesy, Lorenzo Cerroni, MD.*

# Thiếu chất ức chế C1 esterase (C1 inh)



# \* CHẨN ĐOÁN



# CÁC BƯỚC ĐÁNH GIÁ MỘT BỆNH NHÂN MÈ ĐAY

Xác định bệnh nhân bị  
mè đay

1

Xác định mè đay cấp hay  
mạn tính

2

Điều tra các nguyên nhân gây  
mè đay mạn

3

Đánh giá độ nặng của bệnh

4



(a)



(b)



(c)



(d)

CHẨN ĐOÁN

# CÁC BƯỚC ĐÁNH GIÁ MỘT BỆNH NHÂN MÈ ĐAY

Xác định bệnh nhân bị  
mè đay

**1**

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mè đay mạn

**3**

Đánh giá độ nặng của bệnh

**4**



**FIGURE 6-10** ■ Acute urticaria. Wheals vary from a few millimeters to large, continuous plaques that may cover a large area. The plaques have smooth surfaces with curved or polycyclic borders. The degree of erythema varies. Central clearing occurs in expanding lesions.

CHẨN ĐOÁN



**FIGURE 6-11** ■ Chronic urticaria. Wheals may have the same configuration and intensity as those seen in acute urticaria. This patient has red plaques with sharply defined round, oval, and annular borders. The central clearing is highly characteristic of urticaria.

# CÁC BƯỚC ĐÁNH GIÁ MỘT BỆNH NHÂN MÈ ĐAY

Xác định bệnh nhân bị  
mè đay

**1**

Xác định mè đay cấp hay  
mạn tính

**2**

Điều tra các nguyên nhân gây  
mè đay mạn

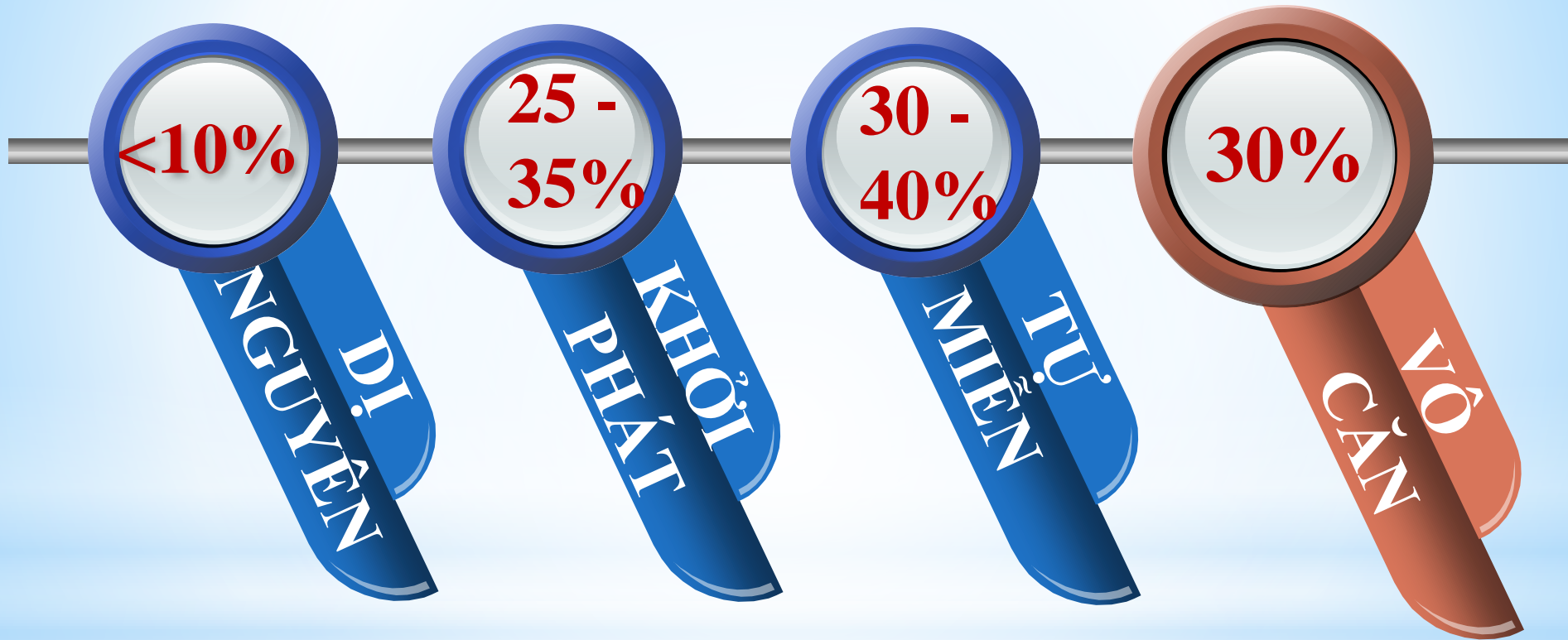
**3**

Đánh giá độ nặng của bệnh

**4**



# \*NGUYÊN NHÂN



# \* CÁC DỊ NGUYÊN TỬ MÔI TRƯỜNG

**Tác nhân  
gây bệnh:**

**Phấn hoa**



**Bọ ve trong  
bụi nhà**



**Lông  
động vật**



# \* CÁC DỊ NGUYÊN TỪ MÔI TRƯỜNG



## Các loại thuốc thường gây bệnh Mề đay

- Aspirin (6,7-30%)
- NSAID khác
- ACE inhibitors
- Alcohol
- Codein, Morphine
- Oral contraceptives

# \* CÁC DỊCH NGUYÊN TỬ MÔI TRƯỜNG

Vi trùng	Ký sinh trùng
<ul style="list-style-type: none"><li>- Herpes group viruses</li><li>- HIV</li><li>- Hepatitis B and C viruses</li><li>- Mycoplasma pneumonia</li><li>- Helicobacter pylori</li><li>- Mycobacterium tuberculosis</li></ul>	<ul style="list-style-type: none"><li>- Giardia lamblia</li><li>- Blastocytis hominis</li><li>- Strongyloides stercoralis</li><li>- Toxocara</li><li>- Anasakis simplex</li></ul>

## REVIEW ARTICLE

**Chronic spontaneous urticaria and internal parasites – a systematic review**P. Kolkhir<sup>1</sup>, G. Balakirski<sup>2</sup>, H. F. Merk<sup>2</sup>, O. Olisova<sup>1</sup> & M. Maurer<sup>3</sup><sup>1</sup>Department of Dermatology and Venereology, Sechenov First Moscow State Medical University, Moscow, Russia; <sup>2</sup>Department of Dermatology and Allergy, University Hospital of Aachen, Aachen, Germany; <sup>3</sup>Department of Dermatology and Allergy, Charité–Universitätsmedizin Berlin, Berlin, Germany

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**Keywords**

chronic spontaneous urticaria; parasites; pathogenesis; prevalence.

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Edited by: Werner Aberer

Chronic spontaneous urticaria (CSU) is defined as the recurrent development of transient wheals (hives), angioedema (AE), or both for  $\geq 6$  weeks due to known or unknown causes (1). The prevalence of CSU in the general population has been estimated to range from 0.5% to 5% (1, 2). In up to 90% of CSU cases, the search for underlying causes is not successful, in routine clinical practice (1–3). Autoimmunity, food intolerance, and infections, including internal parasitic infections (PI), have been described as underlying causes of CSU (1, 4). A possible role for PI in urticaria was suggested

**Abbreviations**

AE, angioedema; CIC, circulating immune complexes; CSU, chronic spontaneous urticaria; GI, gastrointestinal; MC, mast cells; PAR, protease-activated receptors; PI, parasitic infections; TF, tissue factor; TSLP, thymic stromal lymphopoietin.

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**Abstract**

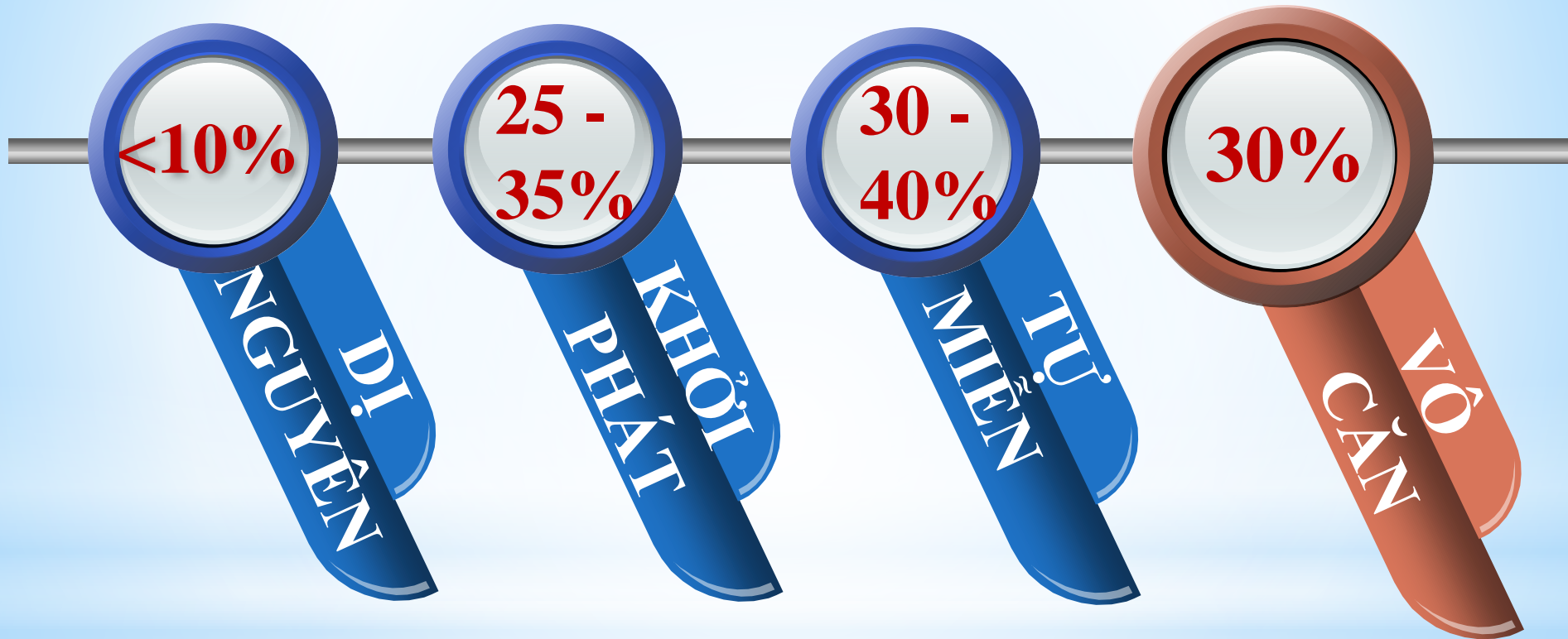
Chronic spontaneous urticaria (CSU) is defined as persistent wheals, angioedema, or both lasting for  $\geq 6$  weeks due to known or unknown causes. Some epidemiological studies and case reports suggest that internal parasite infections (PI) can cause CSU. Here, we provide a systematic overview of published findings on the prevalence and relevance of PI in CSU and we discuss possible pathomechanisms. The prevalence of PI in CSU was investigated by 39 independent studies and comorbidity reportedly ranged from 0 to 75.4% (two-thirds of these studies reported infection rates of 10% or less). The prevalence of PI in adult and pediatric CSU patients ranged from 0% to 75.4% and from 0% to 37.8%, respectively. CSU patients were more often diagnosed with protozoa and had a significantly higher risk of toxocarasis seropositivity and *Anisakis simplex* sensitization when compared to healthy controls. Patients with chronic urticaria more frequently had seropositivity of fasciolosis, *Anisakis simplex* sensitization, and the presence of *Blastocystis hominis* allele 34 (ST3) as compared with control subjects. In 21 studies, efficacy of treatment with antiparasitic drugs ranged from 0 to 100% (35.7% of 269 CSU patients benefitted). In 9 (42.8%) of 21 studies, more than 50% of efficacy was observed. The reported rate of urticaria comorbidity in PI patients in 18 independent studies is 1–66.7%. Urticaria including CSU might be a quite common symptom of strongyloidiasis and blastocystosis. Pathogenic mechanisms in CSU due to PI may include specific IgE, Th2 cytokine skewing, eosinophils, activation of the complement, and the coagulation systems.

as early as in 1949 (5): in a 16-year-old boy with *Giardia lamblia* and CSU. His CSU resolved completely after specific and effective treatment of the infection. Since then, infections with endoparasites, such as helminths (worms, which consist of many cells and have internal organs) and protozoa (consist of only one cell), have been discussed to cause chronic urticaria, and several clinical studies and reviews on the prevalence and relevance of PI in patients with CSU were performed and published (4, 6–10).

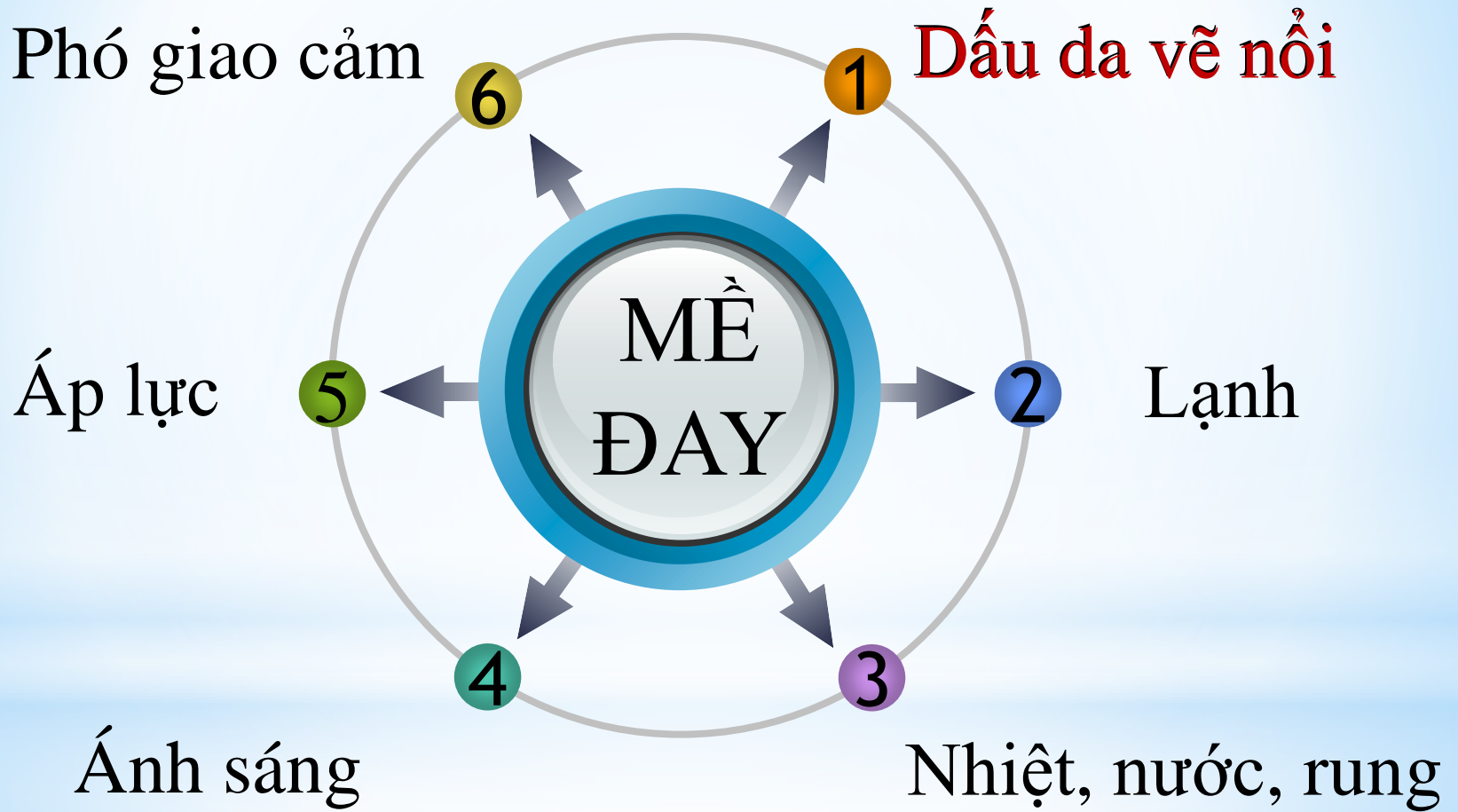
Parasites are more prevalent in equatorial regions and countries with a tropical climate, high humidity, poor sanitation, dirty water, substandard and crowded housing, and in populations with low socioeconomic status (sub-Saharan Africa, Asia, Latin America, and Caribbean) (11, 12). According to a recent WHO report, more than 1.5 billion people, or 24% of the world's population, are infected with

Allergy 71 (2016) 308–322 © 2015 John Wiley &amp; Sons A/S. Published by John Wiley &amp; Sons Ltd

# \*NGUYÊN NHÂN



# \* CÁC YẾU TỐ KHỞI PHÁT



# \*Dấu da vẽ nổi



**FIGURE 6-13** ■ Dermographism. A tongue blade drawn firmly across the arm elicits urticaria in susceptible individuals. This simple test should be considered for any patient with acute or chronic urticaria.

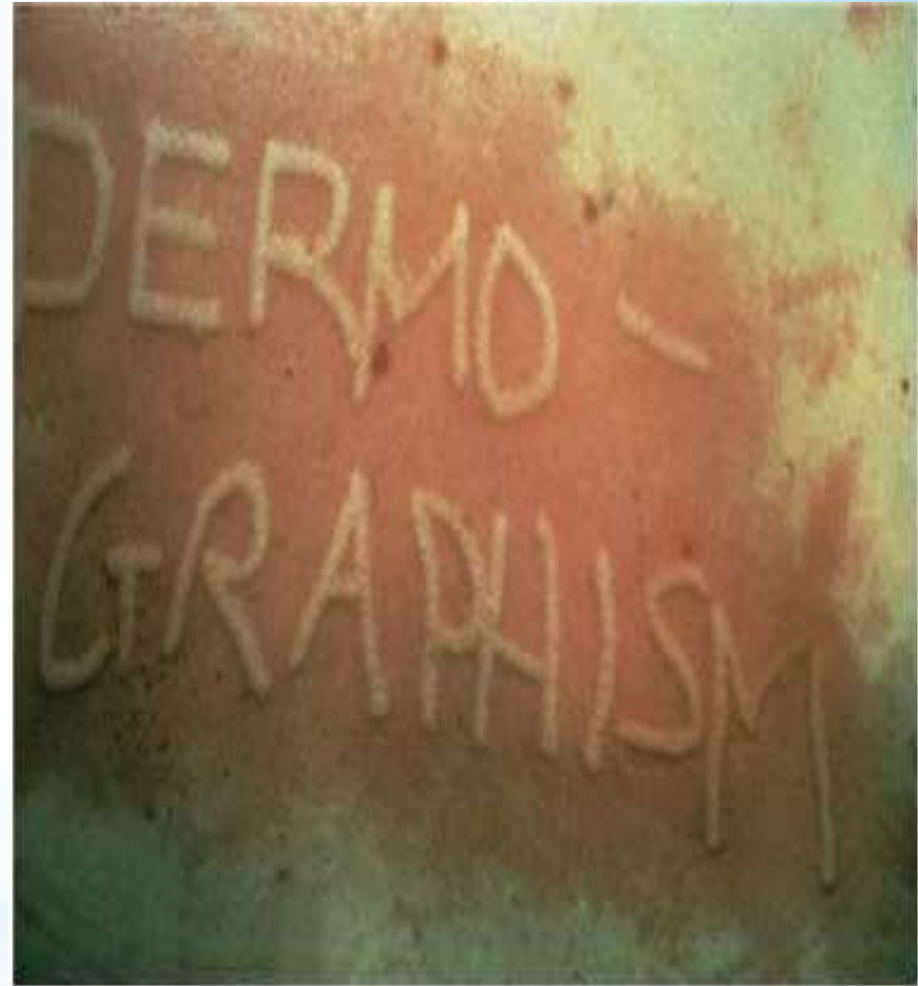
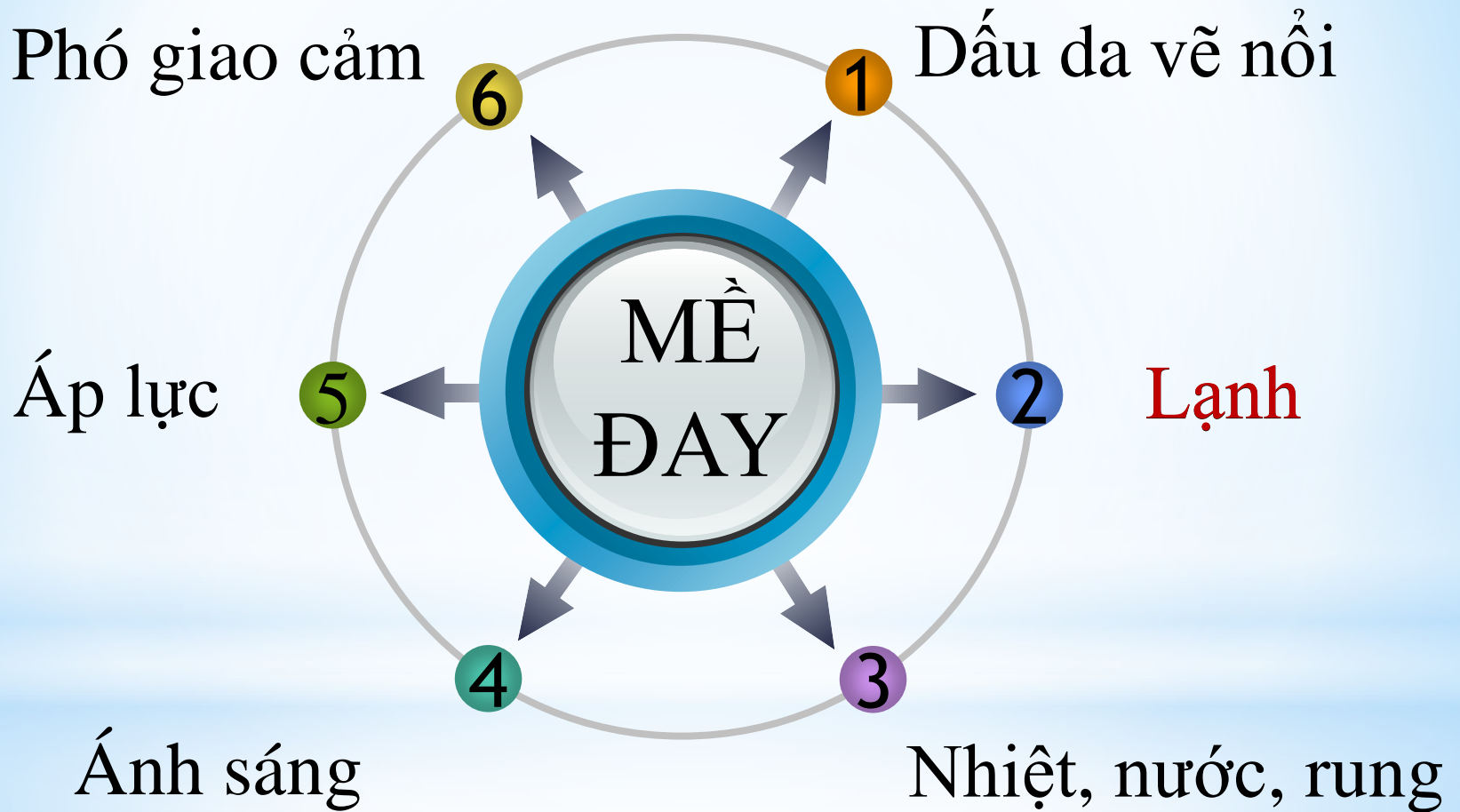


Figure 42.5 Dermographism, meaning 'skin writing'. (Courtesy of St John's Institute of Dermatology, London, UK.)



# \* CÁC YẾU TỐ KHỞI PHÁT

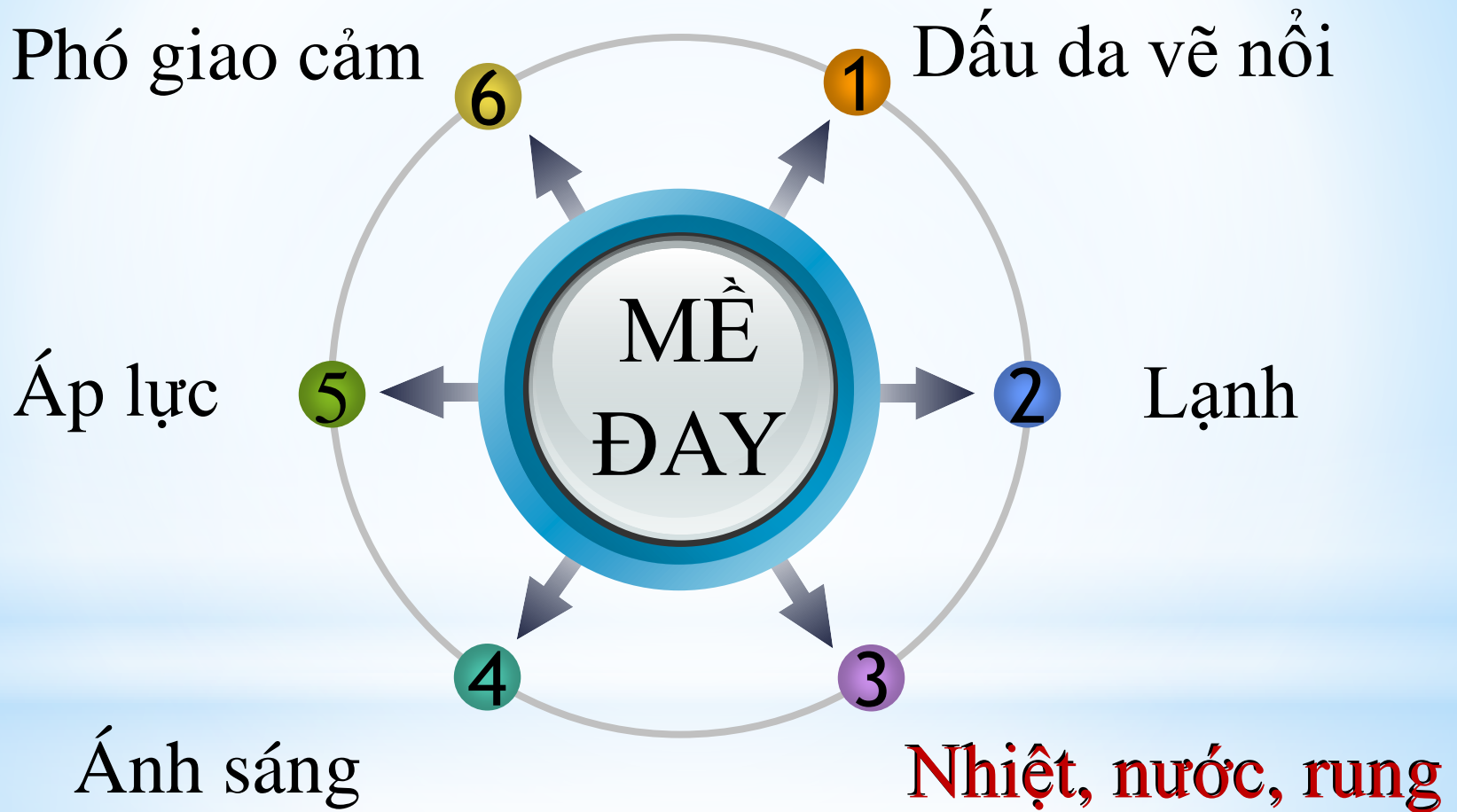


Ice cube place on volar forearm 5 min → removed (re-warm skin) → erythema and pruritis within 2-4 minutes  
→ wheal within 10 minutes indicate a positive test



N Engl J Med 2008; 358:e9

# \* CÁC YẾU TỐ KHỞI PHÁT



# MỀ ĐAY DO NƯỚC, NHIỆT, RUNG

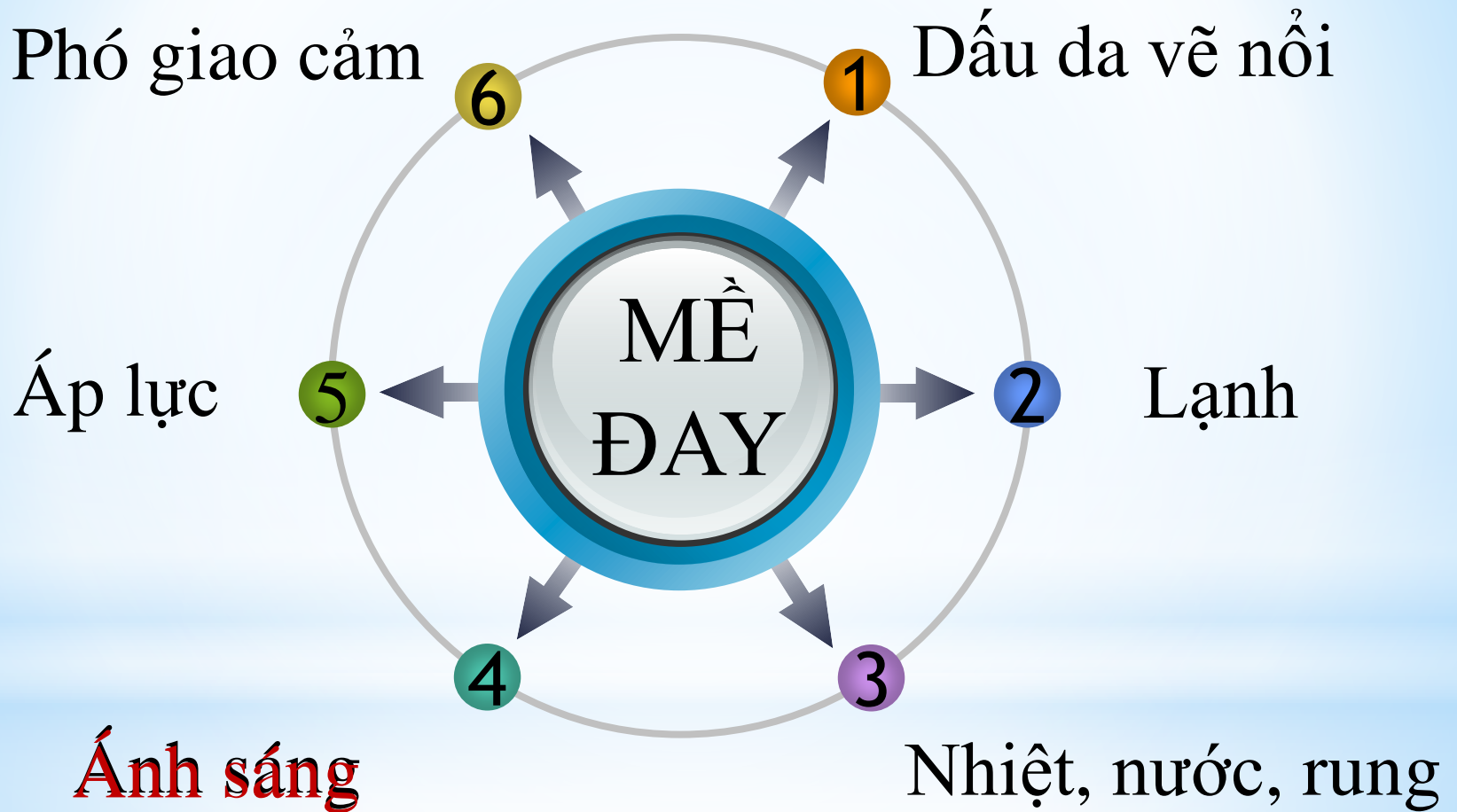


## Aquagenic Urticaria or Water Allergy

Symptoms of Aquagenic urticaria or water allergy may be witnessed after swimming or walking in the rain. Sometimes, the skin can break out when the body sweats or a person cries.

ePainAssist.com

# \* CÁC YẾU TỐ KHỞI PHÁT

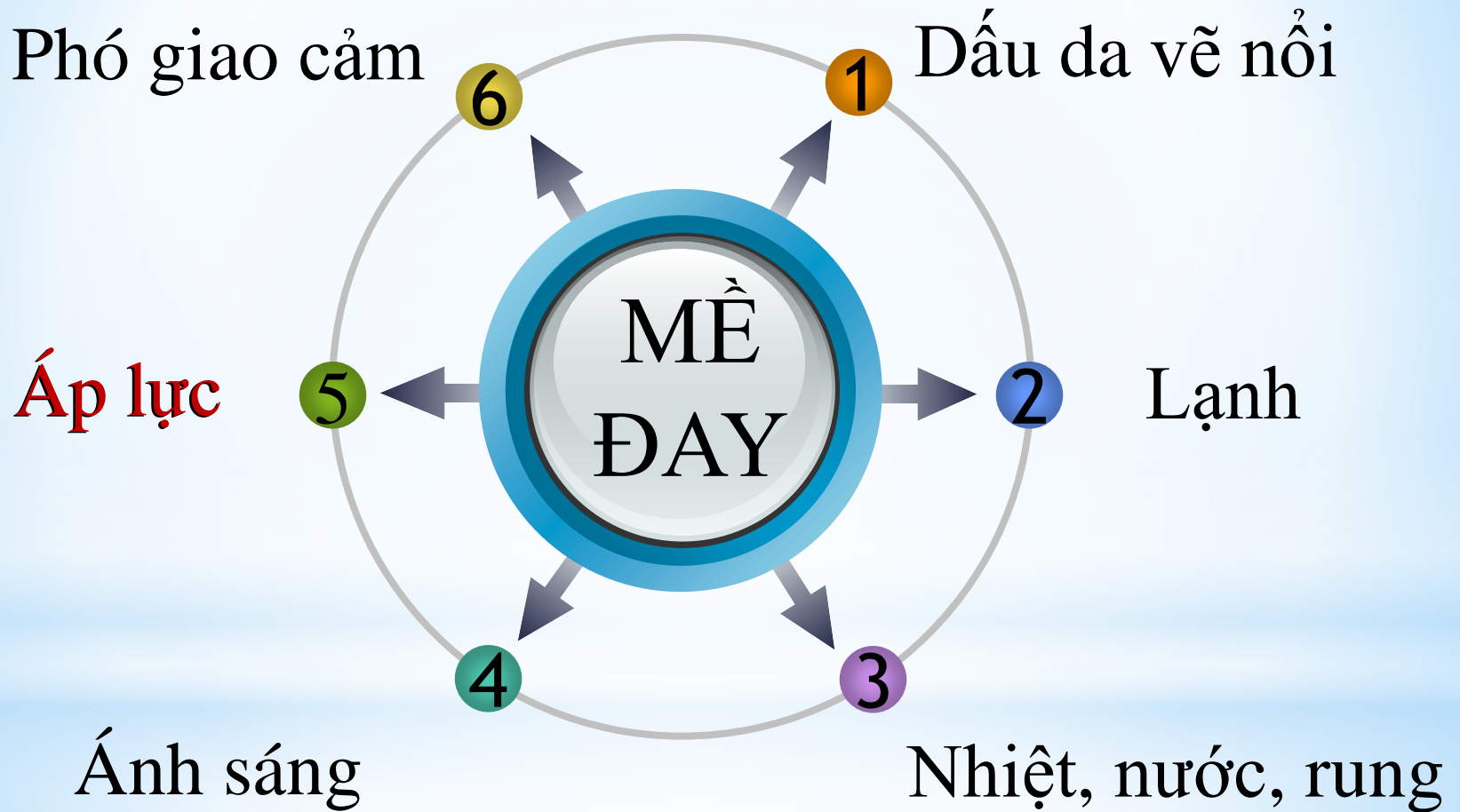


# MỀ ĐAY DO ÁNH SÁNG



CHẨN ĐOÁN

# \* CÁC YẾU TỐ KHỞI PHÁT



# MỀ ĐAY DO ÁP LỰC



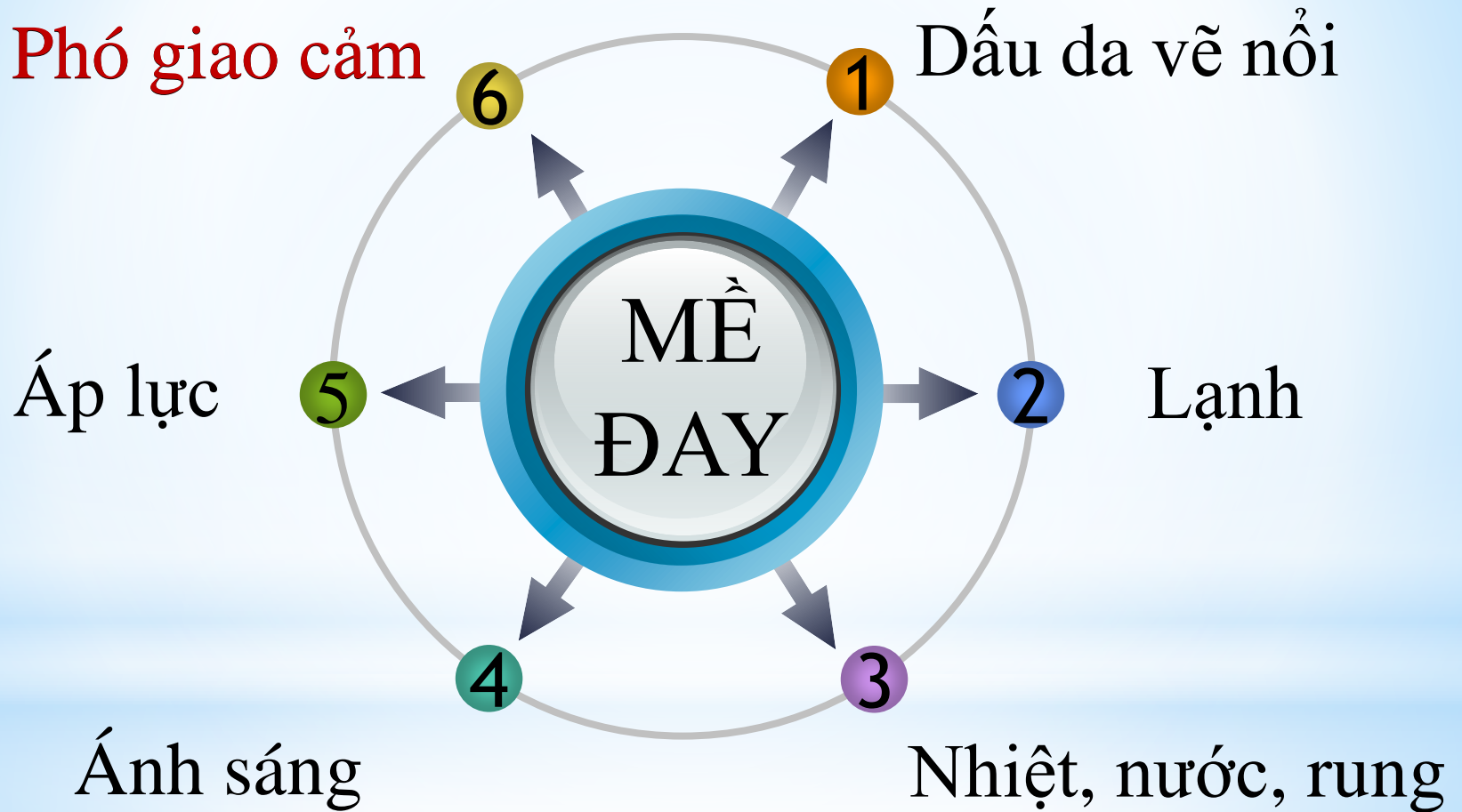
**FIGURE 6-14** ■ Pressure urticaria. Hives form under the edge of the bra from the increased pressure exerted by the edge of the garment.



**FIGURE 6-15** ■ Hives form under the edge of the bra and waistband.



# \* CÁC YẾU TỐ KHỞI PHÁT



# MỀ ĐAY DO PHÓ GIAO CẢM

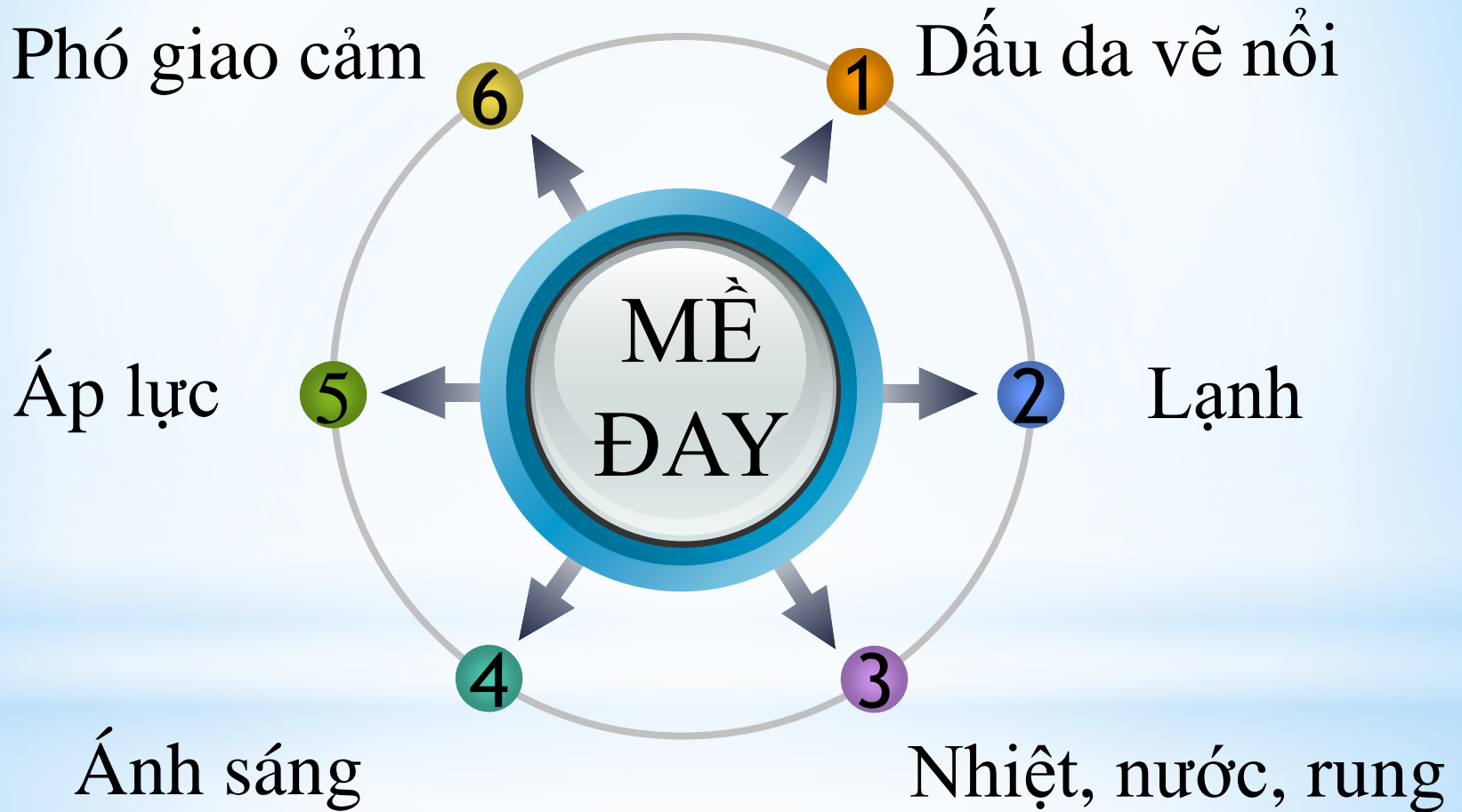


FIGURE 6-16 ■ Cholinergic urticaria. Round, red, papular wheals that occur in response to exercise, heat, or emotional stress.

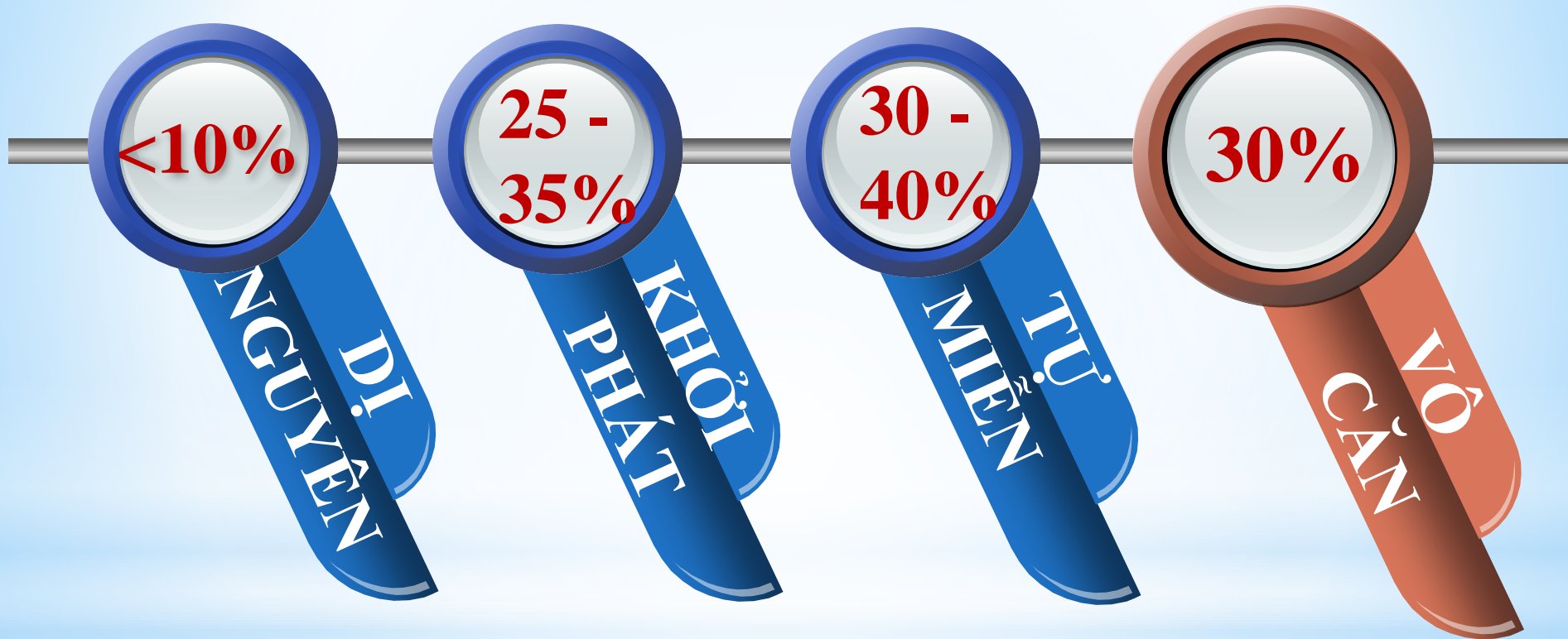


FIGURE 6-17 ■ Cholinergic urticaria. Patient had reported small hives after exertion. A test of exertion reproduced the lesions and proved the diagnosis.

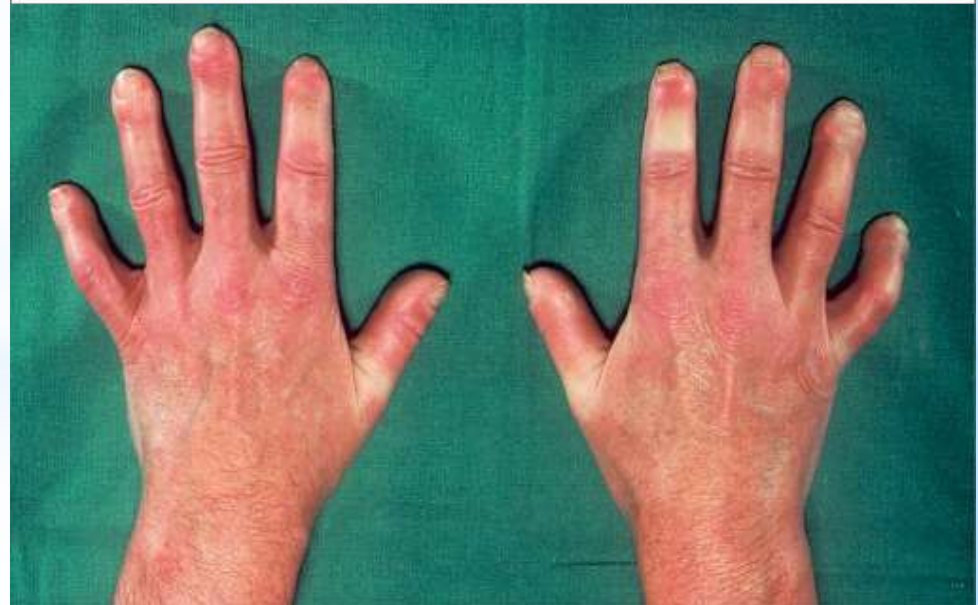
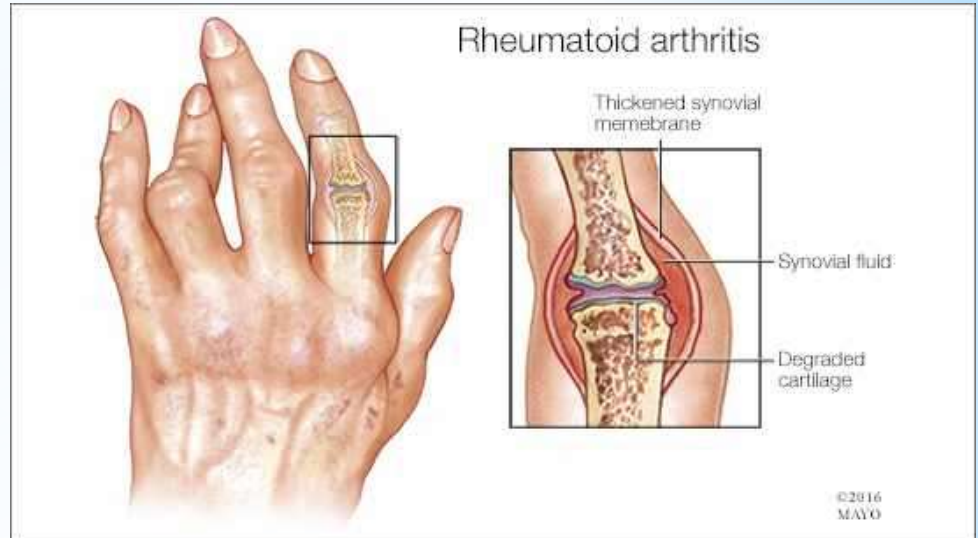
# \* CÁC YẾU TỐ KHỞI PHÁT



# \*NGUYÊN NHÂN

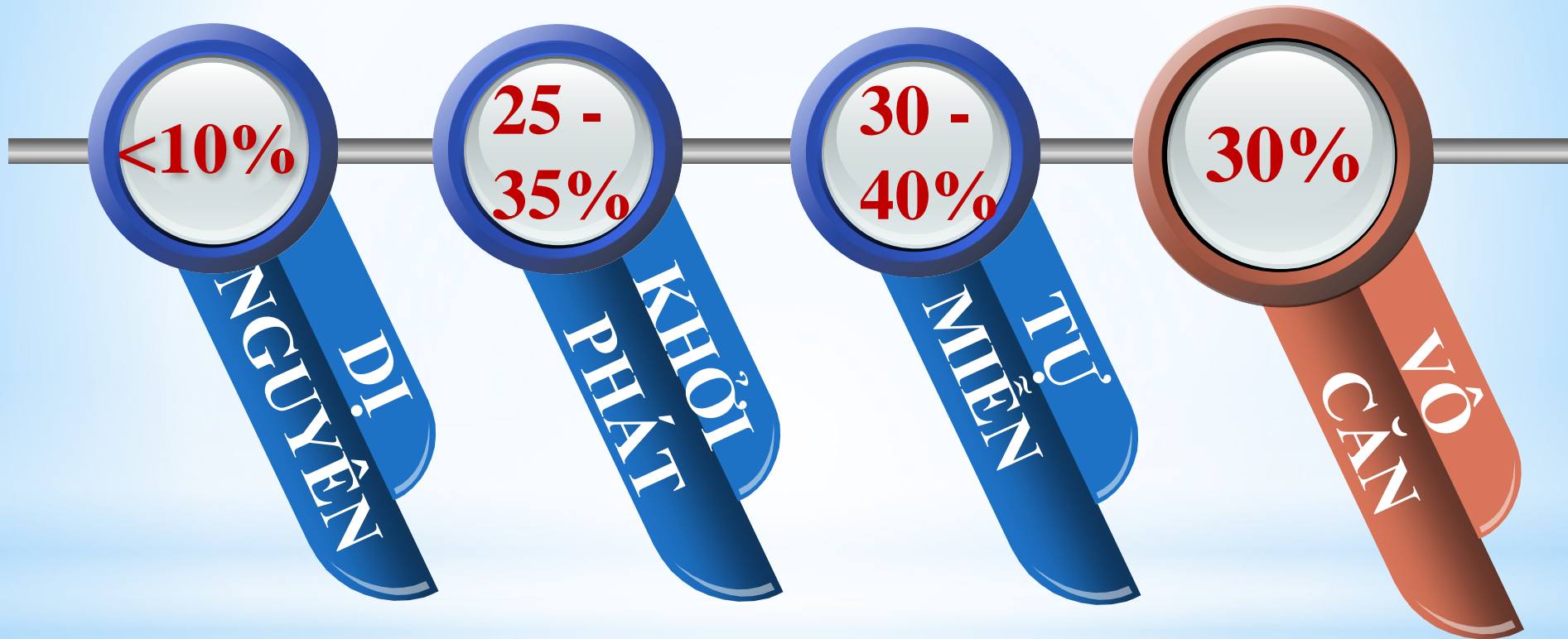


# BỆNH TỰ MIỄN

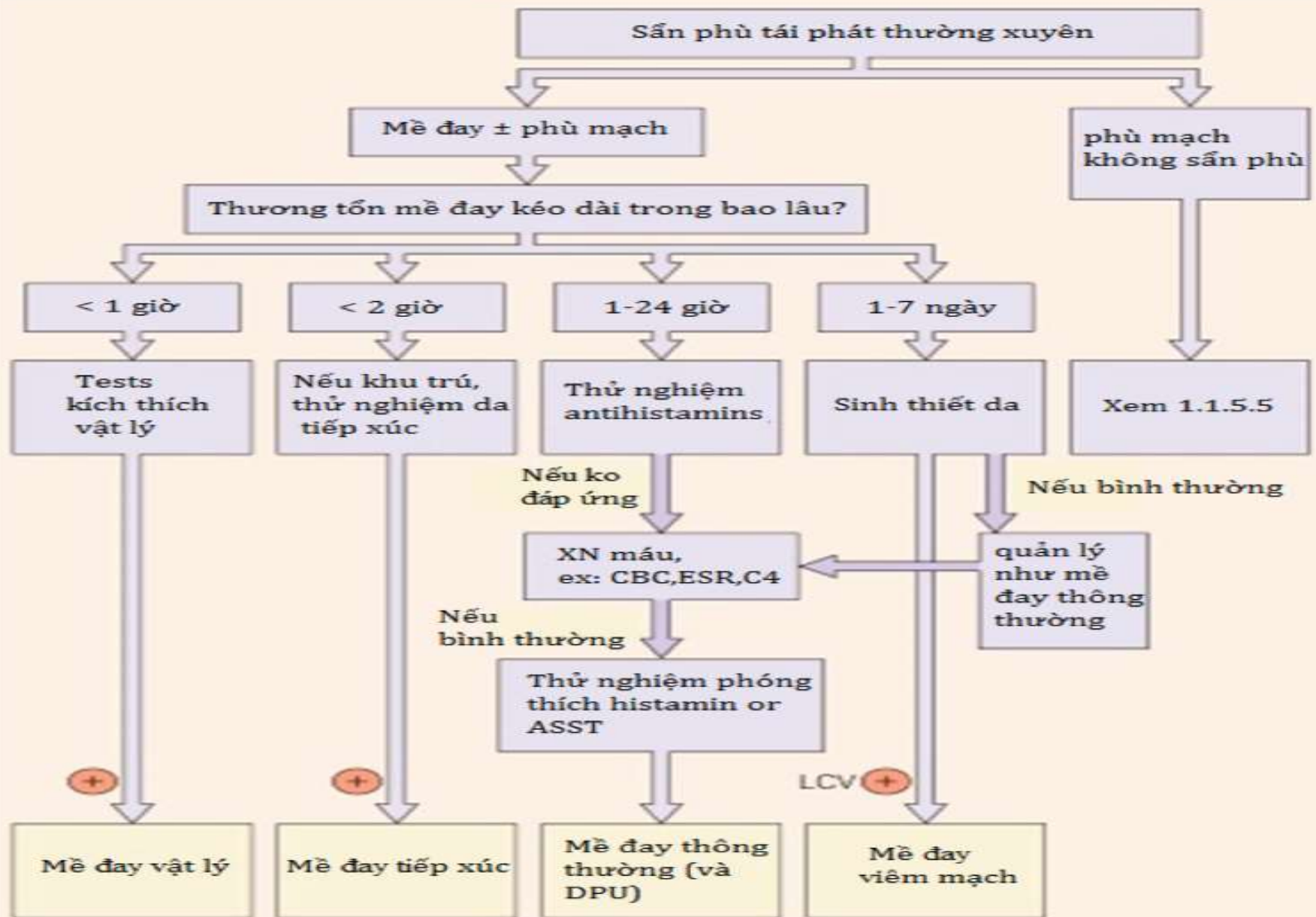


CHẨN ĐOÁN

# \*NGUYÊN NHÂN



# CÁCH TIẾP CẬN CHẨN ĐOÁN MỀ ĐAY MÃN TÍNH



CBC = Complete blood count  
ASST = Autologous serum skin test

DPU = Delayed pressure urticaria  
LCV = Leukocytoclastic vasculitis

# Urticaria

Lesions last >24 hours or systemic features (eg, arthralgia)

Consider other tests including skin biopsy as clinically indicated

Urticarial vasculitis

Novasculitis

Consider delayed-pressure urticaria

Associated autoimmune disorder

Autoimmune urticaria most likely

Consistent allergic trigger (eg, latex, animal, food)

Confirm with appropriate skin tests

Allergic urticaria

Offending drug

Consider trial off drug

Drug-induced urticaria

Exclusion of all known precipitating factors

Further appropriate tests negative

Idiopathic urticaria



# CÁC BƯỚC ĐÁNH GIÁ MỘT BỆNH NHÂN MÈ ĐAY

Xác định bệnh nhân bị  
mè đay

**1**

Xác định mè đay cấp hay  
mạn tính

**2**

Điều tra các nguyên nhân gây  
mè đay mạn

**3**

Đánh giá độ nặng của bệnh

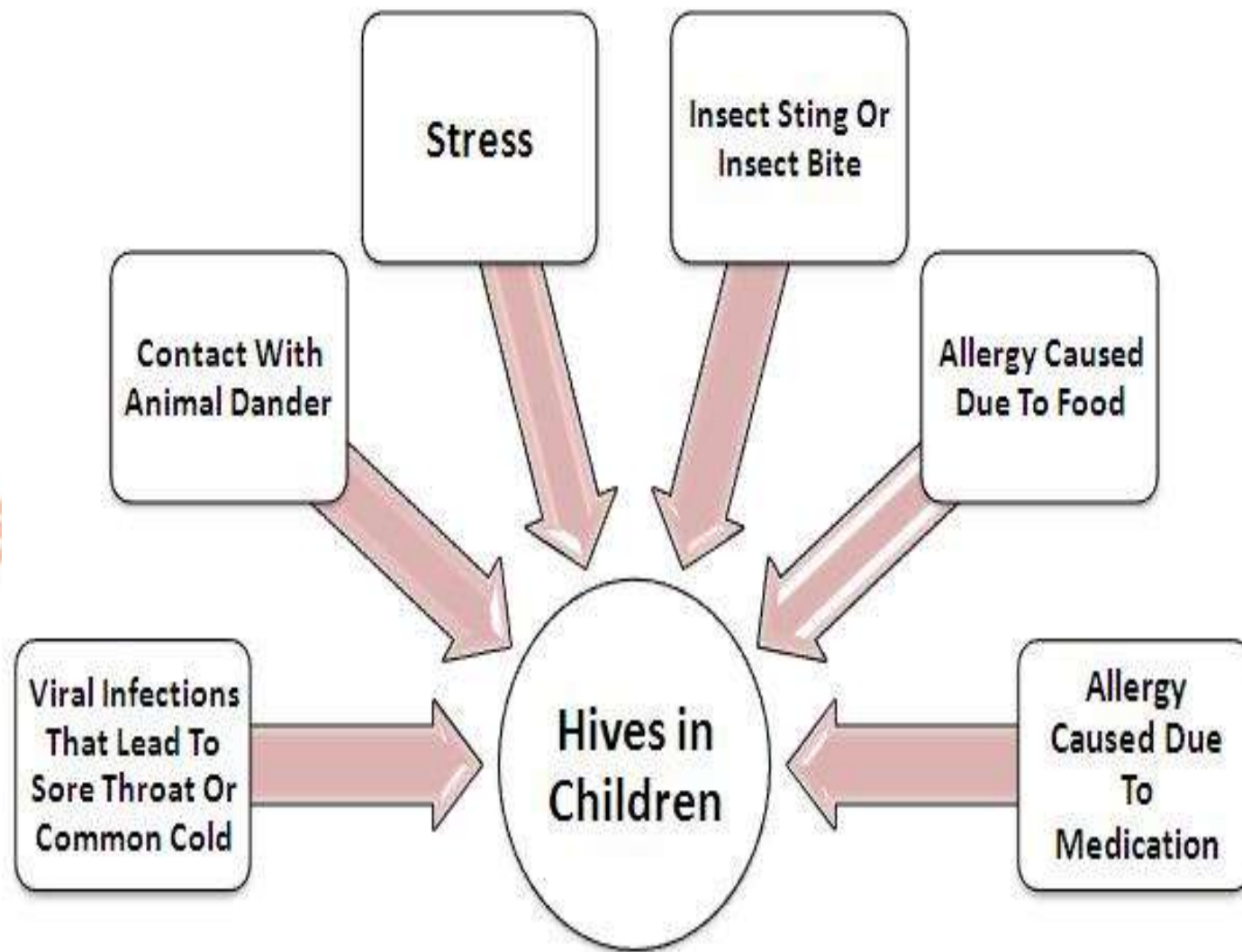
**4**

# Đánh giá độ nặng của bệnh

Số lượng Sang Thương (ST)	Số lần lặp lại trong ngày	Kích thước trung bình của ST (inches)	Thời gian trung bình nổi ST (giờ)	Mức độ ngứa	Điểm
0	0	0	0	Không	0
1-10	1	< 0,5	0-4	Nhẹ	1
11-20	2-3	0,5-1	4-12	Trung bình	2
> 20	> 3	> 1	> 12	Nặng	3

## ■ Đánh giá mức độ:

- 0: không có triệu chứng
- 1: Mề đay nhẹ (1-4 điểm)
- 2: mề đay trung bình (5-9 điểm)
- 3: Mề đay nặng (>10 điểm)



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# HIVES



*thanks for listening!*

Natural Remedies to Ease An Itchy Situation