

Suggestion for Practice

Therapy for chronic idiopathic urticaria (CIU) is usually quite frustrating for the patient, and in children also for his/her family, causing considerable quality of life impairment. Unsatisfactory response to antihistamines during a long period in refractory cases suggests an alternative to standard therapy. Before administering an immunosuppressant, i.e. prednisone (1 mg/kg/day) for two weeks, other therapeutic options such as leukotriene modifiers (montelukast) (5 mg/day) should be tried. We had four patients who responded to this therapy.

The efficacy of leukotriene receptor antagonists has been demonstrated in several studies, although the role of leukotrienes in urticaria is not completely clarified. H₂ antihistamines were often useful adjuncts in the treatment of CIU. Therefore, combined management is attempted to help our patients after negative clinical history, negative for allergic diseases/asthma, atopic dermatitis, high fever, drug allergy, negative routine laboratory param-

eters, skin prick test results to aeroallergens and common food allergens, negative focal results. To avoid longterm use of corticosteroids or cyclosporin A, it is suggested to follow the report by D. Vita, G. Passalacqua, L. Caminiti, G. Barberio and G.B. Pajno from Messina (Italy), "Successful combined therapy for refractory chronic urticaria in a 10-year-old boy" (Allergy 2004;59(9):1021-2).

The regimen is as follows: **month 1:** Í-aminocaproic acid (100 mg/kg/day); montelukast (5 mg/day); ranitidine (6 mg/kg/day); **month 2:** montelukast (5 mg/day); ranitidine (6 mg/kg/day); and **month 3:** ranitidine (6 mg/kg/day).

We propose this regimen as an alternative to standard therapy of CIU.

Prof. Jasna Lipozenčić, MD, PhD