



The Corner

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20. Urticaria: outpatient visit

Mother: Good morning Dr. Cameron. I'm here because Julie has woken up with these red patches and bumps all over her body which have been enlarging on our way here and she can't stop scratching herself.

Doctor: I see. Have you noticed any increased work of breathing or swallowing, hoarse voice or vomits?

Mother: No, fortunately only the rash.

Doctor: Do you associate it with anything in special? Any new food? New linen? New detergents? New shower gel or creams?

Mother: No, we haven't changed anything at home and she hasn't eaten anything new. As you know, she doesn't have any allergies that we know of.

Doctor: And has she had a cold, a fever or any other symptoms these days?

Mother: Well, she's had a runny nose for a few days now and started coughing yesterday.

Doctor: OK, please take off all of her clothes so I can take a better look at her skin.

PHYSICAL EXAMINATION:

Pulse: 90 bpm. SpO₂: 99%. Axillary temperature: 36,8°C. Good general condition. Well-nourished and hydrated. Capillary refill time: less than 2 seconds. No respiratory distress. Face not swollen. Skin: Oval circumscribed, raised, erythematous and blanching plaques affecting the face, the extremities and coalescent on the trunk, not painful to palpation. Cardiac auscultation: regular, no heart murmur. Pulmonary auscultation: general good bilateral ventilation, no pathological breath sounds. HEENT: normal oropharynx. Uvula not swollen. Normal tympanic membranes. Abdomen: normal. Neurological: normal.

Doctor: Julie has hives, everything else is normal.

Mother: And why did they appear?

Doctor: Hives can appear secondary to many different causes, such as allergies, infections, changes in body temperature, or other physical stimuli, and sometimes even,

the cause is not identified. In Julie's case the most likely trigger is a viral infection, since she has upper respiratory symptoms.

Mother: So, how do we treat it? When will it disappear?

Doctor: Hives can evolve within the first 24 hours with new individual lesions appearing while others disappear, but they usually resolve in a few days. To relieve itching, she can take an antihistamine; dexchlorpheniramine 3 mg every 6 hours until all the lesions disappear. If the hives persist beyond a few days, we can add glucocorticoids.

Mother: So there's nothing to be worried about?

Doctor: Not right now, what Julie has seems to be a simple acute urticaria. However, you should look out for trouble breathing, difficulty for swallowing, tightness in the throat, hoarse voice, nausea or vomiting, crampy stomach pain or lightheadedness. If any of these symptoms appear, you should take Julie to the ED in order to discard anaphylaxis.

Mother: Thank you very much Dr. Cameron. I'll let you know how she goes.

KEY WORDS:

Patches and bumps: manchas y bultos.

Enlarging (to enlarge): crecer.

Scratching (to scratch): rascarse.

Swallowing (to swallow): tragar.

Hoarse voice: voz ronca.

Raised: sobreelevado.

Blanching: que blanquea a la presión.

Swollen uvula: edema de úvula.

Hives: habones, urticaria.

Itching: picor/prurito.

Lightheadedness: mareo.



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