

中文題目：水源性蕁麻疹案例報告及簡要文獻回顧

英文題目：A case of aquagenic urticaria with a brief review of the literature

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Introduction

Aquagenic urticaria, a type of physical urticaria, is quite rare and only about 50 cases have been reported in the medical literature. It was first described by Shelley and Rawnsley in 1964. Wheals occur when a patient's skin makes contact with any type of water within 30 minutes of exposure, and can last for 30 minutes to 2 hours after cessation of exposure. Aquagenic urticaria most commonly develops on the trunk and upper limbs. To the best of our knowledge, no case of aquagenic urticaria from Taiwan has been reported. Herein, we present a young Taiwanese male patient diagnosed with aquagenic urticaria.

Case Report

A 22-year-old man who was quite healthy except for a history of *Helicobacter pylori* (*H. pylori*) associated with a duodenal ulcer. He stated that he has had recurrent episodes of urticaria for over 10 years. Multiple pinpoint wheals with erythema appear 10-20 minutes after contact with water. Occasionally, this is associated with severe pruritus. The wheals are generally located on the trunk and upper limbs, and never appear on the palms or lower limbs. Several types of water can induce an episode, including tap water, distilled water, sea water, rainwater, and even sweat. A water challenge test using regional contact with wet clothes on the patient's trunk at a temperature of 35°C was performed, and only a few eruptions appeared after 20 minutes. Subsequently, the patient underwent a shower test using water at a temperature of ~35°C. Multiple pinpoint wheals surrounded by 1-3 cm erythematous flares appeared on the trunk, upper arm, and post-aural area. We prescribed fexofenadine at a dose of 80 mg twice daily for symptomatic relief.

Discussion

Aquagenic urticaria is not commonly seen in the clinical setting, but it causes obvious discomfort to affected patients. The pathophysiology of aquagenic urticaria is not fully understood. Several mechanisms have been proposed. Currently, treatment of aquagenic urticaria is unsatisfactory. Long-acting antihistamines are often recommended for the treatment of aquagenic urticaria. Recently, omalizumab has been successfully applied in a patient to treat aquagenic urticaria refractory to antihistamines.

To date, there has been no reported case of aquagenic urticaria in Taiwan. However, we think that the true prevalence of aquagenic urticaria might be underestimated. We expect that more cases will be identified after the publication of this case report. With more cases witnessed and information gathered in the future, the pathogenesis of aquagenic urticaria could be further understood, which may contribute to treatment progress.