URTICARIA AND URINARY TRACT INFECTION
(A case report)

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Summary

This report describes a patient in whom repeated episodes of urticaria were associated with urinary tract infection. Most of the times urticaria subsided following treatment with antibacterial drugs alone.

Introduction

Occurrence of urticaria due to infections has been mentioned in the literature[1], but the subject is quite controversial. Some workers[2-7] have provided adequate evidence of the dependence of urticaria in some cases on the infective focus, while some others[8-10] have failed to corroborate the association. We are reporting a case in whom urticaria subsided every time the patient was treated with one or the other anti-bacterial agent.

Case Report

Since October 1965, a 38-year-old male was getting daily attacks of urticaria for 2 months (October and November) every year. In 1969, however, he started getting urticaria in April for which he was given methdilazine hydrochloride 24 mg daily. Approximately 3 weeks later, he developed frequency of micturition and dysuria. Culture of the urine showed *Proteus vulgaris*. Treatment with 2 gm of chloramphenicol a day led to marked amelioration of his urinary complaints as well as urticaria. The remaining symptoms cleared during the next 2 weeks. Fourteen days after stopping the treatment he again started developing urticaria and dysuria which was again controlled within 7 days with 1 gm of chloramphenicol a day. During the next one month he had only occasional attacks of urticaria which were controlled with methdilazine hydrochloride. After about 2 years, in August 1971 he again started having urticaria and dysuria. A culture of urine this time showed *Pseudomonas aeruginosa and Esch. coli*. Both these diseases disappeared following treatment with 900 mg of demethylchlortetracycline per day for 7 days. Seven days after stopping the medicine, however, urticaria recurred, but it disappeared promptly with 7 days' further treatment with 900 mg of demethylchlortetracycline a day. In September, 1973 patient again started having urticaria without any urinary complaints. Urine examination this time showed no micro-organisms on culture. Urticaria cleared in about a month's time with uroleucocil. The next attack occurred after about 6 years in September 1979 when patient again had urticaria and frequency of micturition and dysuria. Culture of the urine showed no growth,

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but urticaria and the urinary symptoms cleared in nearly 20 days following treatment with co-trimoxazole.

Discussion

Repeated occurrence of urticaria in this patient in association with urinary tract infection, and relief from both the diseases following treatment with one or the other antibacterial agent amply suggests that the urticaria was caused by the infective focus. During one episode of urticaria, however, there was no evidence of urinary tract infection, but the urticaria disappeared following treatment with a urinary tract disinfectant suggesting that it may not be essential for the bacterial focus to be active enough to produce signs and symptoms of infection, though it can still lead to the allergic manifestations. This indicates that in some other patients too, the urticaria can be caused by a bacterial focus, even when there are no clinical signs of infection. A trial with an antibacterial agent in such cases would help to decide whether a bacterial focus is responsible or not. This approach is simpler and cheaper compared to any other, meant to locate and eradicate the bacterial focus. A careful selection of the patients for a trial of antibacterial therapy is essential, because antibacterial agents will be of no use, if the urticaria is not being caused by a bacterial focus. This was quite obvious in a previous study and would explain the negative results obtained with antibacterial agents by some other workers.

References :

1. Monroe EW and Jones HE: Urticaria. An updated review. Arch Derm, 1977; 113: 80.
2. Shelly WB: Urticaria of 9 year's duration cleared following dental extraction. Arch Derm, 1969; 100 : 324.
3. Africk JA and Halprin KM: Infectious mononucleosis presenting as urticaria. JAMA, 1969; 209 : 1524.
4. Cowdrey SC and Reynolds JS: Acute urticaria in infectious mononucleosis. Ann All, 1969, 27 : 182.
5. Koehn GG and Thorne EG: Urticaria and viral hepatitis. Arch Derm, 1972; 106 : 422.
6. Lockshin NQ and Hurley H: Urticaria as a sign of viral hepatitis. Arch Derm, 1972; 105 : 507.
7. Pasricha JS: Therapeutic effect of antibacterial agents in urticaria. Ind J Derm Ven and Lep, 1979; 45 : 344.
8. Chargin L and Keil H: Skin diseases in non-surgical renal disease. Arch Derm and Syphil, 1932; 26 : 314.
9. Champion RH, Roberts SOB, Carpenter RG and Roger JH: Urticaria and angio-oedema. A review of 554 patients. Brit J Derm, 1969; 81 : 588.
10. Nizami RM and Baboo MT: Office management of patients with urticaria. An analysis of 215 patients. Ann All, 1974; 33 : 78.