The skin-deep conversation

Focus on urticaria and angioedema

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First Name		**Profession**	
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1. The co-occurrence of both wheals and angioedema is seen in __% of cases of urticaria?

☐ **A** 10% ☐ **B** 40% ☐ **C** 50%

2. Urticaria is generally classified according to:

☐ **A** Duration of symptoms ☐ **B** Presence or absence of inducing stimuli ☐ **C** A and B

3. Which statement is false? Acute urticaria refers to wheals with or without angioedema:

☐ **A** That last for <6 weeks
☐ **B** Which are induced by physical stimuli such as cold, sunlight and pressure
☐ **C** Which are induced by infections and allergic triggers

4. Which statement is false? Angioedema:

☐ **A** Can appear erythematous or skin-coloured and is described as mostly painful, rather than itchy
☐ **B** Angioedema in the absence of wheals should alert the clinician to possible alternative diagnoses
☐ **C** Does not occur in the absence of urticarial wheals

5. Mast cell degranulation leads to the rapid release of which inflammatory mediators?

☐ **A** Histamine ☐ **B** Leukotrienes
☐ **C** PAF ☐ **D** Prostaglandins
☐ **E** All of the above ☐ **F** A, B and C only

6. Inflammation-mediated mechanisms for itch, wheals and angioedema include:

☐ **A** Vasodilation and extravasation ☐ **B** Sensory nerve activation
☐ **C** Cellular infiltration ☐ **D** All of the above
☐ **E** A and C only ☐ **F** B and C only

7. One proposed mechanism for the pathogenesis of chronic urticaria involves the development of IgG autoantibodies to IgE or high-affinity IgE receptors on both mast cells and basophils.

☐ **A** True ☐ **B** False

8. Which medications are commonly known to cause urticaria with or without angioedema?

☐ **A** Beta-lactams and sulphonamides ☐ **B** NSAIDs
☐ **C** Acetylsalicylic acid ☐ **D** All of the above
☐ **E** A and C only ☐ **F** B and C only

9. Which statement is incorrect? Chronic urticaria:

☐ **A** Is more prevalent in adults than in children
☐ **B** Affects women more frequently than men
☐ **C** Can differ in presentation in children, middle-aged adults and older patients

10. Triggers or aggravating factors can be identified in __% of children with chronic urticaria?

☐ **A** 8-10% ☐ **B** 10-18% ☐ **C** 21-55%

11. Autoimmunity is present in __% of patients with CSU?

☐ **A** 20-40% ☐ **B** 40-60% ☐ **C** 60-80%

12. Pseudoallergens that promote inflammation or reduce anti-inflammatory mechanisms may predispose susceptible individuals to CSU.

☐ **A** True ☐ **B** False

13. Which statement is incorrect?

☐ **A** Acute urticaria can generally be easily managed and is associated with a good prognosis
☐ **B** CSU is often associated with significant morbidity and diminished quality of life
☐ **C** Inducible urticaria tends to be milder and resolves more quickly than acute urticaria

14. Which statement is incorrect? For patients with CSU:

☐ **A** Food avoidance through elimination diets can be helpful
☐ **B** NSAIDs, alcohol and opiates should be avoided
☐ **C** Using anti-IgE and high-dose second-generation antihistamines daily, rather than as-needed, is the cornerstone of treatment

15. Second-generation antihistamines induce fewer CNS-related side effects than first-generation antihistamines, due to poor CNS penetration.

☐ **A** True ☐ **B** False

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