

## This Week's Citation Classic®

**Champion R H, Roberts S O B, Carpenter R G & Roger J H.** Urticaria and angio-oedema: a review of 554 patients. *Brit. J. Dermatol.* 81:588-97, 1969.  
[Dermatology Department, Addenbrooke's Hospital, and Department of Human Ecology, University of Cambridge, England]

The records of 554 consecutive patients attending one department with urticaria and/or angio-oedema were analysed. In 79 percent the aetiology was not found, although aggravating factors were apparent. A past or family history of atopic disorders was no more common than in controls, further evidence that atopic allergy is not being missed too often. Urticaria and angio-oedema are counterparts of each other. The natural history is expressed in the form of life tables. [The SCI® indicates that this paper has been cited in over 140 publications.]

### Defining Our Ignorance

R.H. Champion  
Department of Dermatology  
Addenbrooke's Hospital  
Cambridge CB2 2QQ  
England

March 24, 1990

Urticaria is a common clinical problem affecting perhaps 15 percent of the population at some stage of their life. The patients are upset because they have what is often an intensely itchy problem. Only those who have experienced prolonged severe itching can comprehend the misery that this involves, without even the equivalent of an opiate to fall back on when desperate. They are led to believe that it is an allergy or "something you ate," but apparently nobody is at all proficient at finding out what the something is. Doctors are abashed to have to admit that such explanations are a naive oversimplification and that they do not have anything coherent to replace this theory. Their patients may keep coming back, clearly in trouble and even at times reproachful.

The 1969 article set out to address the problem of why so many patients with urticaria who come to a hospital department remain with the label idiopathic urticaria, sometimes even after prolonged observation and investigation. They still do! Overall there was clearly no close link-up with the asthma-eczema-hay fever syndrome. The traditional subdivision of urticaria to acute and chronic has convenience in practice, but there was a complete gradation between the two. Perhaps the paper is quoted because clinicians have to admit that they do not know what is going on in these patients. The paper,

based on by far the largest series of patients studied in one department, gives the reassurance that others too have problems. The message to emerge was that *idiopathic urticaria needs sorting out as an entity (or entities) in its own right and not just as an exogenous allergy if only someone were clever enough to disentangle it.* This was not an original concept. Despite all the sophistication of modern techniques, the investigation of the patient with urticaria remains almost entirely clinical. With no great difficulty, one can separate urticaria into some 50 different types. Such well-defined conditions as the physical urticarias, cholinergic urticaria, hereditary angio-oedema, allergic urticaria, and urticarial vasculitis together account for only 30 percent of all cases. Foods, food additives, infection, systemic disease, and the all too readily invoked stress can contribute, but routine tests play a remarkably small part in sorting out this problem.

The problems of urticaria are still fascinatingly baffling and complex, if anything even more so than they were. The results of the 554 patients have recently been extended to 2,310 patients with essentially the same message.<sup>1</sup> Meetings on urticaria in Cambridge in 1984 and again in 1990<sup>2,3</sup> show what an exciting amount of work is going on, and productively. The many, many mediators, the pathways that activate and inactivate them, are being unravelled. The physiology and pathology of the mast cell and also the endothelial cell are being elucidated together with the interrelationships of these cells with T cells and the mechanisms normally considered more important in delayed hypersensitivity reactions.

The two clinicians (Champion and Roberts) still have mainly happy memories of the 554 willing patients, their notes, their follow-ups and their protocols—perhaps in much the same way that marathon runners look back on their sporting activities with pleasure. It was for them also an early introduction to what 23 years ago was very sophisticated and time-consuming computer-aided statistics (Carpenter and Roger) that could no doubt have been done more easily now, although with no different result.

The 1969 paper went some way towards defining our ignorance rather than solving it.

1. Champion R H. Urticaria: then and now. *Brit. J. Dermatol.* 119:427-36, 1988.
2. Champion R H, Greaves M W, Kobza Black A & Pye R J. *The urticarias.* Edinburgh, Scotland: Churchill Livingstone, 1985. 237 p.
3. Kobza Black A, Greaves M W, Champion R H & Pye R J. Urticaria 1990. Submitted for publication.