
This article introduced a new term, urticarial dermatitis, to describe patients (many of whom are older) with pruritic, erythematous, urticarial papules and plaques that are sometimes accompanied by eczematous lesions. Histologically, the features of urticarial dermatitis include a normal stratum corneum, minimal spongiosis, and an upper dermal perivascular and interstitial lymphocytic infiltrate with varying numbers of eosinophils. While the authors suggested that urticarial dermatitis was a more specific histologic diagnosis than the commonly used dermal hypersensitivity reaction, I believe that the 2 terms continue to be used interchangeably (maybe incorrectly) today. Urticarial dermatitis as a clinical diagnosis represents a reaction pattern with a broad differential diagnosis that includes drug reactions, viral exanthems, infestations, prodromal bullous pemphigoid, and dermatitis herpetiformis, pruritic urticarial papules and plaques of pregnancy, dermal contact dermatitis, and even urticarial vasculitis, thus underscoring the importance of a skin biopsy to differentiate among these disorders. Treatment often entails the use of topical or systemic corticosteroids and/or UV-B. Also, I have found dapsone to be effective for more resistant patients.

From August 2009 through August 2010, this article was viewed 2119 times on the Archives of Dermatology Web site.

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