

The treatment of idiopathic edema, a cause of chronic pelvic pain in women: effectively controlled chronic refractory urticaria - case reports

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Summary

Purpose: To corroborate or refute a previous case report from 20 years ago whether treatment with sympathomimetic amines is effective in controlling chronic urticaria.

Methods: All cases of chronic urticaria in our reproductive endocrinology and infertility practice were identified. All four had been treated with dextroamphetamine sulfate. Quickness and duration of response were then determined.

Results: Four women were identified. All showed improvement within the first month. The marked improvement did not dissipate including two patients whose duration of improvement was 8.5 and 13 years, respectively.

Conclusions: Gynecologists should consider idiopathic edema as an etiology when facing chronic pelvic pain and urticaria. Since allergists and dermatologists do not seem to be aware of this treatment option, the initiation of therapy may need to come from the gynecologist.

Key words: Idiopathic edema; Urticaria; Sympathomimetic amines.

Introduction

Dextroamphetamine sulfate is a sympathomimetic amine that is used in the treatment of idiopathic orthostatic cyclic edema, a pathological condition mostly found in women [1-3]. It can be a cause of pain including pelvic pain [4, 5]. This is a well accepted and established treatment which does not appear to have any significant long term side-effects. Dextroamphetamine sulfate works by stabilizing the vascular membrane [2]. This therapy was considered as a possible therapeutic option for two cases of severe chronic urticaria [6]. Both of these previous cases responded extremely well to the therapy with the response persisting over a three-month observation period [6]. Both of these cases proved Koch's postulates because of their quick return of urticaria upon stopping the medication but prompt remission of the urticarial lesions after restarting medication. The purpose of the present study was to report the effect of dextroamphetamine sulfate therapy of four additional cases of chronic urticaria. There have been no further reports to either corroborate or refute these previous findings since 1984 [6].

Materials and Methods

Due to the drug classification system, a record is kept of all patients prescribed dextroamphetamine sulfate in the entire practice of reproductive endocrinology and infertility. The majority of these patients are prescribed dextroamphetamine sulfate to treat refractory weight loss problems unrelated to

excessive eating [2, 3] or chronic pelvic pain not responsive to other therapies and usually without a specific diagnosis [5]. Rarely, related to some physicians' knowledge of the 1984 publication [6], patients are referred for treatment of refractory urticaria. A chart review was compiled of all patients prescribed dextroamphetamine sulfate in the past 20 years, with four patients being identified as taking the medication for the treatment of chronic urticaria. The effect of therapy and the duration of any beneficial effect was then determined.

Results

All four of the patients were unsuccessful in their treatment with antihistamines for at least one and a half years. Two of the patients had also been treated with corticosteroids. Three of the four patients showed marked improvement of their urticaria within one month of treatment with dextroamphetamine sulfate with the dosage needed varying between 20 and 30 mg spansules per day (Table 1). None of the patients became unresponsive to the treatment. One had been symptom free for 13 years and another for 8.5. Three patients reported no side-effects, and the mild side-effects in the fourth (patient no. 2) were not strong enough to discontinue therapy. All four patients reported that their quality of life had improved and they were able to stop antihistamine and/or corticosteroid therapy.

Discussion

The specific cause of chronic urticaria is unknown in about 70% of patients afflicted with the disease. Many of these are relieved by antihistamines. There are a variety of H1 antagonists that are effective in assisting therapy.

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Table 1. — *Efficacy of sympathomimetic amines for the control of refractory chronic urticaria.*

Case	Duration of symptoms prior to initial consult	Previous medications prior to dextroamphetamine sulfate	Side-effects	Noticed improvement of symptoms	Maximum dose	Duration of improvement to date
1	8 years	Antihistamines, corticosteroids	None	First two weeks	30 mg	1.7 years
2	17 years	Antihistamines, corticosteroids	Xerostomia, racing heart, dizziness. Dose was decreased to 10 mg qd and pt experienced no side effects	First month	20 mg	8.5 years
3	4 years	Antihistamines	None	After 2 months	30 mg	1.5 years
4	1.5 years	Antihistamines	None	First month	20 mg	13 years

When the H1 antagonist alone is insufficient in providing relief, a combination of H1 and H2 antagonists may be combined. Also effective are short-term courses of corticosteroids, but the side-effects preclude long-term usage.

Two cases of severe chronic urticaria that had been previously refractory to antihistamine and steroids responded quickly to dextroamphetamine sulfate [3]. A literature review failed to uncover any studies that had been attempted to refute or corroborate the aforementioned results in the past 20 years. Our practice predominantly treats women with reproductive endocrinological problems so it was impossible for us to conduct a randomized controlled study. Thus, the present small retrospective cohort analysis was conducted to see if we could support or refute the previous claims.

The present study evaluated the long-term effectiveness of dextroamphetamine sulfate for chronic urticaria in contrast to the first which had only evaluated short-term response [6]. The original two patients were excluded from this study. Unfortunately, we could only find four additional patients that we treated for chronic urticaria. The present study confirms the previous report that dextroamphetamine sulfate was highly effective in controlling chronic urticaria despite previous unresponsiveness to antihistamine and corticosteroid therapy. This study also demonstrates the positive long-term effectiveness of

the medication. It is hoped that these data, which were limited by a small sample size, will generate renewed interest especially for those physicians who treat urticaria on a regular basis so that a proper randomized controlled evaluation of the therapy can be undertaken.

The presence of chronic urticaria in women with chronic pelvic pain of unknown etiology should prompt the treating gynecologist to consider idiopathic edema as a common denominator and consider sympathomimetic amines as a therapy for both conditions. Since allergists, dermatologists, family physicians, and internal medicine specialists do not seem to be aware of this very effective therapy for chronic urticaria, the responsibility may fall to a woman's gynecologist to identify and treat the condition of chronic urticaria whether it is associated with chronic pelvic pain or not.

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