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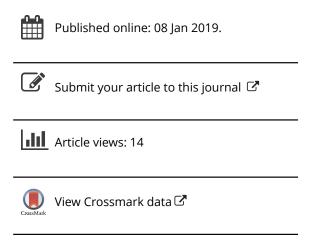
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Omalizumab in complex conditions: when urticaria is associated with other diseases and safety may be a challenge

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EDITORIAL



Omalizumab in complex conditions: when urticaria is associated with other diseases and safety may be a challenge

Omalizumab, previously available as an add-on therapy for moderate-to-severe persistent allergic asthma, was approved as adjunctive therapy for patients with chronic spontaneous urticaria (CSU) whose symptoms were resistant to antihistamine treatment (1–4). Omalizumab is a recombinant, humanized IgG monoclonal antibody that binds and blocks free IgE, thus preventing degranulation of mast cells and basophils and release of histamine (5,6). Efficacy and safety of this biological treatment option for CSU were demonstrated by clinical trials and confirmed in a real-life setting (2,3). Nevertheless, use of this drug may be improved and get more effective if clinical experience, as recently reported (7), will show how to manage special and complex situations within the broad spectrum of severe CSU presentation.

Patients with chronic urticaria, indeed, often present comorbidities - such as immune-mediated diseases - that may share physiopathologic mechanisms with urticaria (8,9) and complicate clinical picture and therapeutic approach. The supplement explores the use of omalizumab in some of these conditions where IgE and eosinophils play a relevant rule, angioedema may be associated to urticaria, or duration of recurrences is extremely prolonged and safety is a challenging issue: Del Duca et al. described simultaneous remission of urticaria and serious atopic dermatitis after treatment with omalizumab. Provenzano et al. reported effective treatment of a patient with spontaneous chronic urticaria and eosinophilic esophagitis. In addition, successful treatment of uvula oedema, a recurrent condition of unknown origin, published by Pannofino et al., suggests that new insight in the mechanisms of this condition could led to effective treatment solutions. Finally, two articles confirmed safety of omalizumab: Parisi et al. treated a 12-year old girl with chronic urticaria, and Omodeo reported that a patient with chronic urticaria, resistant to first-line treatment, obtained a long-lasting control of symptoms with a personalized schedule, where omalizumab was administered for a long period at low dosage.

Taken together, the case reports presented show how the treatment of urticaria with omalizumab can have positive effects

even on concomitant pathologies, improving the quality of life of the patient and leaving open the challenge to the understanding of the pathogenic mechanisms for these diseases.

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