Case study: CSU #2

Initial Presentation and Diagnosis

The patient first noticed occasional welts in the months prior to diagnosis, particularly after intense physical labor. The hives appeared where a belt contacted their skin and initially seemed like reactions to external irritants (e.g., hairy caterpillars). Over time, the hives increased in frequency and size, with one notable incident involving a large hive that appeared to shift location on the body.

After this event, the patient sought medical attention. Due to family connections at a local clinic, they obtained a relatively quick appointment. The initial GP prescribed steroid cream, which was ineffective. A follow-up with a more experienced GP led to a diagnosis of urticaria based on the physician's own past experience.

"This all came off the back of a really bad COVID case… the GP was like there's heaps of people that are getting urticaria triggered from COVID at the moment."

Treatment Journey

The prescribed treatment was straightforward: loratadine (10 mg), taken four times daily as needed. A printed fact sheet from the GP outlined the regimen, which lacked a defined start or end date. The patient described using antihistamines heavily during flare-ups and carrying them everywhere.

"It didn't even have a start and an end date… it was like eat them for the rest of your life basically."

With no access to specialists in their rural area, and as symptoms were manageable, the patient never pursued further assessment.

Ongoing Management and Prognosis

The urticaria remains episodic and manageable. The patient identifies heat and physical pressure as the primary triggers—wearing belts, harnesses, or tight clothing for extended periods. They has adapted by changing their work gear and clothing, avoiding pressure on the skin.

"I went away from using any belts… got all new clothes with elastic waistbands."

When symptoms arise, they self-manages with loratadine. Flare-ups typically resolve within a few days.

There is no current engagement with a regular GP, and the patient does not have access to specialist care. Despite recurring episodes, the condition is not considered debilitating or urgent.

Psychosocial Impact and Lifestyle Changes

Though not significantly impacting quality of life, urticaria has prompted practical adaptations, including changing workwear and daily routines to reduce triggers. The patient, a small business owner, balances symptom management with professional responsibilities and reports no psychological distress linked to the condition.

They also reported success in resolving other health issues (e.g., migraines) through major dietary changes, though this had no effect on his urticaria.

Health System Interactions and Experiences
- **Specialist Access:** None due to rural location and limited resources
- **Treatment Plan**: Loratadine antihistamines; no follow-up or alternate options
- **Telehealth:** Not used
- **Allied Health:** No engagement
- **Clinical Trials:** Not previously aware until wife found the PEEK study
- **Decision-Making:** Based on feasibility and minimal disruption to work/life

"If someone was like fly to [LOCATION]… that's not happening. But if it was like drop into the local [LOCATION] and get some blood taken, that's viable."

Conclusions and Key Learnings

This case illustrates the importance of patient adaptability in managing chronic conditions in resource-limited settings:
- Informal Diagnosis and Self-Directed Management
- Accessibility Barriers to Specialist Care
- Impact of Physical Work Conditions
- Value of Practical, Patient-Led Modifications

Despite limited clinical engagement, the patient has maintained a functional quality of life through self-awareness, pharmacological intervention, and lifestyle changes.