

# Sri Lakshmi Narayana Institute of Medical sciences



Date-20-06-19

From  
Dr. K. Harsha Vardhan  
Professor and Head,  
Department of dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

To  
The Dean  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

## **Sub: Permission to conduct value-added course: Urticaria**

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled : Urticaria on 20-07-2019 .We solicit your kind permission for the same.

Kind Regards

Dr. K. Harsha Vardhan

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### **FOR THE USE OF DEANS OFFICE**

Names of Committee members for evaluating the course:

The Dean: Dr. Jayalakshmi

The HOD: Dr. A. Buvaratchagan

The Expert: Dr. A. Buvaratchagan

The committee has discussed about the course and is approved.

**Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,**  
**DEAN**  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Agaram, Kudapakkam Post,  
Villianur Commune, Puducherry - 605502.

Subject Expert

HOD

Sri Lakshmi Narayana Institute of Medical sciences



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Dean  
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PROFESSOR & HEAD  
DEPT. OF DERMATOLOGY  
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OSUDU, PUDUCHERRY.

Subject Expert

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DEPT. OF DERMATOLOGY  
SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES  
OSUDU, PUDUCHERRY.

HOD



OFFICE OF THE DEAN

# Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,  
PUDUCHERRY - 605 502.

[ Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME ( P -II ) dt. 11/07/2011 ]  
[ Affiliated to Bharath University, Chennai - TN ]

## Circular

27.06.2019

**Sub: Organising Value-added Course: Urticaria (July 2019 – Oct 2019)**

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing “**Urticaria**”. The course content is enclosed below.”

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 13-07-2019. Applications received after the mentioned date shall not be entertained under any circumstances.

**Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,**  
**DEAN**  
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Villanur Commune, Puducherry - 605502.

Encl: Copy of Course content

## COURSE PROPOSAL

**Course Title:** Urticaria

**Course Objective:** To evaluate the predisposing factors and treatment of urticaria

**Course Outcome:** Completed

**Course Audience:** 2<sup>nd</sup> year mbbs

**Course Coordinator:** Dr. Bhuvanaratchagan

**Course Faculties with Qualification and Designation:**

**Dr. Bhuvanaratchagan**  
**Professor**  
**Department of Dermatology**

**Course Curriculum/Topics with schedule (Min of 30 hours)**

| SINo | Date    | Topic                      | Time            | Hours   | Lecture taken by     |
|------|---------|----------------------------|-----------------|---------|----------------------|
| 1    | 20-7-19 | Introduction               | 4 to 6 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 2    | 23-7-19 | Predisposing factors       | 4:30 to 6:30 pm | 2 hours | Dr. Bhuvanaratchagan |
| 3    | 26-7-19 | Etiology                   | 5 to 7 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 4    | 30-7-19 | Triggers                   | 4 to 6 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 5    | 2-8-19  | Clinical features          | 4:30 to 6:30 pm | 2 hours | Dr. Bhuvanaratchagan |
| 6    | 6-8-19  | Types                      | 5 to 7 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 7    | 13-8-19 | Variants                   | 4 to 6 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 8    | 16-8-19 | Investigation              | 4:30 to 6:30 pm | 2 hours | Dr. Bhuvanaratchagan |
| 9    | 20-8-19 | General management         | 5 to 7 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 10   | 23-8-19 | What to avoid in urticaria | 4 to 6 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 11   | 26-8-19 | Case series                | 4:30 to 6:30 pm | 2 hours | Dr. Bhuvanaratchagan |
| 12   | 28-8-19 | Newer treatment            | 5 to 7 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 13   | 3-9-19  | Urticaria in emergency     | 4 to 6 pm       | 2 hours | Dr. Bhuvanaratchagan |
| 14   | 10-9-19 | Q&A                        | 4:30 to 6:30 pm | 2 hours | Dr. Bhuvanaratchagan |
| 15   | 17-9-19 | Mcqs                       | 5 to 7 pm       | 2 hours | Dr. Bhuvanaratchagan |
|      |         |                            | Total Hours     | 30      |                      |

### REFERENCE BOOKS:

**Rooks Textbook of dermatology 9th edition**

**Fitzpatrick dermatology in general medicine**

## ABSTRACT -VALUE ADDED COURSE

### 1. Name of the programme & Code

Urticaria and DR11

### 2. Duration & Period

30 hrs & July 2019 to October 2019

### 3. Information Brochure and Course Content of Value Added Courses

*Enclosed as Annexure- I*

### 4. List of students enrolled

*Enclosed as Annexure- II*

### 5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

### 6. Course Feed Back

*Enclosed as Annexure- IV*

### 7. No. of times offered during the same

July 2019 to October 2019

### 8. Year of discontinuation: 2020

### 9. Summary report of each program year-wise

| Value Added Course- July 2019 to October 2019 |             |             |                     |                 |                               |
|---|-------------|-------------|---------------------|-----------------|-------------------------------|
| Sl. No  | Course Code | Course Name | Resource Persons    | Target Students | Strength & Year               |
| 1   | DR11        | Urticaria   | Dr. Buvanaratchagan | 2nd yr MBBS     | 15 (july 2019–<br>October 19) |
|   |             |             |                     |                 |                               |

### 10 Certificate model

*Enclosed as Annexure- V*

Dr. Buvanaratchagan

**RESOURCE PERSON**

Dr. Buvanaratchagan

**COORDINATOR**

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| 1   | DR11        | Urticaria   | Dr. Buvanaratchagan | 2nd yr MBBS     | 15 (july 2019–<br>October 19) |
|   |             |             |                     |                 |                               |

**10 Certificate model**

*Enclosed as Annexure- V*

Dr. Buvanaratchagan

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**ANNEXURE-1**

**URTICARIA**





# PARTICIPANT HAND BOOK

## Course details

| Particulars                    | Description  |
|--------------------------------|--|
| Course title                   | Urticaria overview   |
| Course code                    | DR11   |
| Objective                      | 1)to learn about clinical features<br>2) to learn about diagnosis<br>3) to learn about treatment |
| Further learning oppurtunities | Recent advances in management  |
| Key competencies               | To make a diagnosis and provide adequate treatment   |
| Target students                | 2nd year mbbs students   |
| Duration                       | 30 hours July 2019 to oct 2019   |
| Theory session                 | 10hrs  |
| Practical Session              | 20 hrs   |
| Assessment procedures          | Mcq  |

## Urticaria – an overview

### What is urticaria?

Urticaria is characterised by weals (hives) or angioedema (swellings, in 10%) or both (in 40%). There are several types of urticaria. The name urticaria is derived from the common European stinging nettle *Urtica dioica*.

A weal (or wheal) is a superficial skin-coloured or pale skin swelling, usually surrounded by erythema (redness) that lasts anything from a few minutes to 24 hours. Usually very itchy, it may have a burning sensation.

Angioedema is deeper swelling within the skin or mucous membranes and can be skin-coloured or red. It resolves within 72 hours. Angioedema may be itchy or painful but is often asymptomatic.

### Classification of urticaria

Urticaria is classified according to its duration.

- Acute urticaria (< 6 weeks duration, and often gone within hours to days)
- Chronic urticaria (> 6 weeks duration, with daily or episodic weals)

Chronic urticaria may be spontaneous or inducible. Both types may co-exist.

Inducible urticaria includes:

- Symptomatic dermographism
- Cold urticaria
- Cholinergic urticaria
- Contact urticaria
- Delayed pressure urticaria
- Solar urticaria
- Heat urticaria
- Vibratory urticaria
- Vibratory angioedema
- Aquagenic urticaria

### Urticaria and angioedema





Who gets urticaria?

One in five children or adults has an episode of acute urticaria during their lifetime. It is more common in atopics. It affects all races and both sexes.

Chronic spontaneous urticaria affects 0.5–2% of the population; in some series, two-thirds are women. Inducible urticaria is more common. There are genetic and autoimmune associations.

What are the clinical features of urticaria?

Urticarial weals can be a few millimetres or several centimetres in diameter, coloured white or red, with or without a red flare. Each weal may last a few minutes or several hours and may change shape. Weals may be round, or form rings, a map-like pattern or giant patches.

Urticaria can affect any site of the body and tends to be distributed widely.

Angioedema is more often localised. It commonly affects the face (especially eyelids and perioral sites), hands, feet and genitalia. It may involve tongue, uvula, soft palate, or larynx.

Serum sickness due to blood transfusion and serum sickness-like reactions due to certain drugs cause acute urticaria leaving bruises, fever, swollen lymph glands, joint pain and swelling.

In chronic inducible urticaria, weals appear about 5 minutes after the stimulus and last a few minutes or up to one hour. Characteristically, weals are:

- Linear in symptomatic dermographism
- Tiny in cholinergic urticaria
- Confined to contact areas in contact urticaria
- Diffuse in cold urticaria—if large areas of skin are affected, they can lead to fainting (potentially dangerous if swimming in cold water)

The weals are more persistent in chronic spontaneous urticaria, but each has gone or has altered in shape within 24 hours. They may occur at certain times of the day.

Urticaria severity assessment

Visual analogue scales can be used to record and compare the degree of itch.

The activity of chronic spontaneous urticaria can be assessed using the UAS7 scoring system. The daily weal/itch scores are added up for seven days; the maximum score is 42.

| Score | Weals/24 hours | Itch     |
|-------|----------------|----------|
| 0     | None           | None     |
| 1     | <20            | Mild     |
| 2     | 20–50          | Moderate |
| 3     | >50            | Intense  |

The emotional impact of urticaria and its effect on quality of life should also be assessed. The Dermatology Life Quality Index (DLQI) and CU-Q2oL, a specific questionnaire for chronic urticaria, have been validated for chronic urticaria, where sleep disruption is a particular problem.

What causes urticaria?

Wheals are due to release of chemical mediators from tissue mast cells and circulating basophils. These chemical mediators include histamine, platelet-activating factor and cytokines. The

mediators activate sensory nerves and cause dilation of blood vessels and leakage of fluid into surrounding tissues. Bradykinin release causes angioedema.

Several hypotheses have been proposed to explain urticaria. The immune, arachidonic acid and coagulation systems are involved, and genetic mutations are under investigation.

#### Acute urticaria

Acute urticaria can be induced by the following factors, but the cause is not always identified.

- Acute viral infection—upper respiratory infection, viral hepatitis, infectious mononucleosis, mycoplasma
- Acute bacterial infection—dental abscess, sinusitis
- Food allergy (IgE mediated)—usually milk, egg, peanut, shellfish
- Drug allergy (IgE mediated drug-induced urticaria)—often an antibiotic
- Drug-induced urticaria due to pseudoallergy—aspirin, nonselective nonsteroidal anti-inflammatory drugs, opiates, radiocontrast media; these cause urticaria without immune activation
- Vaccination
- Bee or wasp stings
- Widespread reaction following localised contact urticaria — for example, rubber latex

Severe allergic urticaria may lead to anaphylactic shock (bronchospasm, collapse).

Immune complexes due to blood transfusion cause serum sickness and certain drugs cause serum sickness-like reactions (urticaria leaving bruises, fever, swollen lymph glands, joint pain and swelling).

A single episode or recurrent episodes of angioedema without urticaria can be due to an angiotensin-converting enzyme (ACE) inhibitor drug.

#### Chronic urticaria

Chronic spontaneous urticaria is mainly idiopathic (cause unknown). An autoimmune cause is likely. About half of investigated patients carry functional IgG autoantibodies to immunoglobulin IgE or high-affinity receptor FcεRIα.

Chronic spontaneous urticaria has also been associated with:

- Chronic underlying infection, such as Helicobacter pylori, bowel parasites
- Chronic autoimmune diseases, such as systemic lupus erythematosus, thyroid disease, coeliac disease, vitiligo and others

Wheals in chronic spontaneous urticaria may be aggravated by:

- Heat

- Viral infection
- Tight clothing
- Drug pseudoallergy—aspirin, nonsteroidal anti-inflammatory drugs, opiates
- Food pseudoallergy—salicylates, azo dye food colouring agents such as tartrazine, benzoate preservatives and other food additives

Inducible urticaria is a response to a physical stimulus.

| Type of inducible urticaria       | Examples of stimuli inducing wealing   |
|-----------------------------------|--|
| <u>Symptomatic dermographism</u>  | <ul style="list-style-type: none"> <li>• Stroking or scratching the skin</li> <li>• Tight clothing</li> <li>• Towel drying after a hot shower</li> </ul>   |
| <u>Cold urticaria</u>             | <ul style="list-style-type: none"> <li>• Cold air on exposed skin</li> <li>• Cold water</li> <li>• Ice block</li> <li>• Cryotherapy</li> </ul>   |
| <u>Cholinergic urticaria</u>      | <ul style="list-style-type: none"> <li>• Sweat induced by exercise</li> <li>• Sweat induced by emotional upset</li> <li>• Hot shower</li> </ul>  |
| <u>Contact urticaria</u>          | <ul style="list-style-type: none"> <li>• Eliciting substance absorbed through the skin or mucous membrane</li> <li>• Allergens (IgE-mediated): white flour, cosmetics, textiles, <u>latex</u>, saliva, meat, fish, vegetables</li> <li>• Pseudoallergens or irritants: stinging nettle, hairy <u>caterpillar</u>, medicines</li> </ul> |
| <u>Delayed pressure urticaria</u> | <ul style="list-style-type: none"> <li>• Pressure on affected skin several hours earlier</li> <li>• Carrying heavy bag</li> <li>• Pressure from a seat belt</li> <li>• Standing on a ladder rung</li> <li>• Sitting on a horse</li> </ul>  |
| <u>Solar urticaria</u>            | <ul style="list-style-type: none"> <li>• Sun exposure to non-habituated body sites</li> <li>• Often spare face, neck, hands</li> <li>• May involve long wavelength UV or visible light</li> </ul>  |
| Heat urticaria                    | <ul style="list-style-type: none"> <li>• Hot water bottle</li> <li>• Hot drink</li> </ul>  |

|                     |   |
|---------------------|---|
| Vibratory urticaria | <ul style="list-style-type: none"> <li>• Jackhammer</li> </ul>  |
| Aquagenic urticaria | <ul style="list-style-type: none"> <li>• Hot or cold water</li> <li>• Fresh, salt or chlorinated water</li> </ul> |

Recurrent angioedema without urticaria can be due to inherited or acquired complement C1 esterase deficiency.

How is urticaria diagnosed?

Urticaria is diagnosed in people with a history of weals that last less than 24 hours with or without angioedema. A family history should be elicited. A thorough physical examination should be undertaken.

Skin prick tests and radioallergosorbent tests (RAST) or CAP fluoroimmunoassay may be requested if a drug or food allergy is suspected in acute urticaria.

There are no routine diagnostic tests in chronic spontaneous urticaria apart from blood count and C-reactive protein (CBC, CRP), but investigations may be undertaken if an underlying disorder is suspected.

The autologous serum skin test is sometimes carried out in chronic spontaneous urticaria, but its value is uncertain. It is positive if an injection of the patient's serum under the skin causes a red weal.

Inducible urticaria is often confirmed by inducing the reaction, eg scratching the skin in dermographism or applying an ice cube in suspected cold urticaria.

Investigations for a systemic condition or autoinflammatory disease should be undertaken in urticaria patients with fever, joint or bone pain, and malaise. Patients with angioedema without weals should be asked if they take ACE inhibitor drugs and tested for complement C4; C1-INH levels, function and antibodies; and C1q.

Biopsy of urticaria can be non-specific and difficult to interpret. The pathology shows oedema in the dermis and dilated blood vessels, with a variable mixed inflammatory infiltrate. Vessel-wall damage indicates urticarial vasculitis.

What is the treatment for urticaria?

The main treatment of all forms of urticaria in adults and children is with an oral second-generation antihistamine chosen from the list below. If the standard dose (eg 10 mg for cetirizine) is not effective, the dose can be increased up to fourfold (eg, 40 mg cetirizine daily).

They are stopped when the acute urticaria has settled down. There is not thought to be any benefit from adding a second antihistamine.

- Cetirizine
- Loratadine
- Fexofenadine
- Desloratadine
- Levocetirizine
- Rupatadine
- Bilastine

Terfenadine and astemizole should not be used, as they are cardiotoxic in combination with ketoconazole or erythromycin. They are no longer available in New Zealand.

Although systemic treatment is best avoided during pregnancy and breastfeeding, there have been no reports that second-generation antihistamines cause birth defects. If treatment is required, loratadine and cetirizine are currently preferred.

Conventional first-generation antihistamines such as promethazine or chlorpheniramine are no longer recommended for urticaria:

- They are short-lasting.
- They have sedative and anticholinergic side effects.
- They impair sleep, learning and performance.
- They cause drowsiness in nursing infants if taken by the mother.
- They interact with alcohol and other medications.
- Lethal overdoses are reported.

Avoidance of trigger factors

In addition to antihistamines, the cause of urticaria should be eliminated if known (eg, drug or food allergy). Avoidance of relevant type 1 (IgE-mediated) allergens clears urticaria within 48 hours.

- Treat identified chronic infections such as H pylori.
- Avoid aspirin, opiates and nonsteroidal anti-inflammatory drugs (paracetamol is generally safe).
- Minimise dietary pseudoallergens for a trial period of at least three weeks.
- Avoid known allergens that have been confirmed by positive specific IgE/skin prick tests if these have clinical relevance for urticaria.
- Cool the affected area with a fan, cold flannel, ice pack or soothing moisturising lotion.

The physical triggers for inducible urticaria should be minimised; see examples below. However, symptoms often persist.

- Symptomatic dermographism: reduce friction, eg avoid tight clothing.



- Cold urticaria: dress up carefully in cold or windy conditions and avoid swimming in cold water.
- Delayed pressure urticaria: broaden the contact area eg of a heavy bag.
- Solar urticaria: dress up and apply broad-spectrum sunscreens.

Some patients with inducible urticaria benefit from daily induction of symptoms to induce tolerance. Phototherapy may be helpful for symptomatic dermographism.

Treatment of acute refractory urticaria

If non-sedating antihistamines are not effective, a 4 to 5-day course of oral prednisone (prednisolone) may be warranted in severe acute urticaria.

Intramuscular injection of adrenaline (epinephrine) is reserved for life-threatening anaphylaxis or swelling of the throat.

Treatment of chronic refractory urticaria

Patients with chronic urticaria that has failed to respond to maximum-dose second-generation oral antihistamines taken for four weeks should be referred to a dermatologist, immunologist or medical allergy specialist.

There is good evidence to support treatment with omalizumab or ciclosporin, which each have a 65% response rate in antihistamine-resistant patients.

- Omalizumab is a monoclonal antibody directed against IgE, with low toxicity. Omalizumab is not funded by PHARMAC in New Zealand for urticaria (2015).
- Ciclosporin is a calcineurin inhibitor, with potentially serious side effects (eg, may increase blood pressure and reduce renal function).

Other treatments that are sometimes used off-label in chronic urticaria include:

- Leukotriene antagonist, montelukast
- Tricyclic antidepressants
- Methotrexate
- Dapsone
- Phototherapy
- Anti-TNF alpha agents, for example infliximab, adalimumab
- Intravenous immunoglobulins

Long-term systemic corticosteroids are not recommended, as high doses are required to reduce symptoms of urticaria and they have inevitable adverse effects that can be serious.

The effectiveness of treatment can be objectively monitored using urticaria control test. Patients are asked to score the physical symptoms of urticaria they have experienced in the previous four

weeks, quality of life affected by urticaria, how often treatment was not enough to control symptoms, and overall control of urticaria.

Differential diagnosis of urticaria

#### Scombroid fish poisoning

Histamine release from decomposing scombroid fish causes erythema without weals, tachycardia, abdominal pain, diarrhoea and diaphoresis.

Papular urticaria

Insect bites are localised, often clustered in groups of 3–5 lesions, and they appear in crops. Bites persist for days. Close inspection reveals a central punctum. Chronic hypersensitivity to insect bites is often called papular urticaria.

#### Mastocytosis

The most common form of mastocytosis, maculopapular cutaneous mastocytosis is also called urticaria pigmentosa. Itchy brown patches or freckles on the skin are due to abnormal collections of mast cells.

#### Urticarial vasculitis

Urticarial vasculitis causes persistent urticaria-like plaques that last more than 24 hours and resolve with bruising. Biopsy reveals leukocytoclastic vasculitis.

#### Autoinflammatory syndromes

Urticarial rashes are rarely due to autoinflammatory syndromes, which are mediated by interleukin (IL) 1.

Urticarial rashes in autoinflammatory syndromes differ from urticaria:

- Patches are flat
- Lesions persist longer
- Distribution is symmetrical
- Systemic symptoms
- Elevated inflammatory markers such as C-reactive protein (CRP)
- Biopsy of skin lesion shows dense neutrophilic infiltrate
- Lack of response to antihistamines

What is the outlook for chronic urticaria?

Although chronic urticaria clears up in most cases, 15% continue to have wealing at least twice weekly after two years.

Annexure 2

**Bharath Institute of Higher Education and Research**

Sri Lakshmi Narayana Institute of Medical Sciences

Participant list of Value-added course: **URTICARIA-DR11**

**(July 2019 – Oct 2019)**

| 2 <sup>nd</sup> Year MBBS Student |                         |          | Signature           |
|-----------------------------------|-------------------------|----------|---------------------|
| Sl. No                            | Name of the Student     | Reg No   |                     |
| 1                                 | SHREYASEE CHATTOPADHYAY | U18MB371 | <i>Shreyasee</i>    |
| 2                                 | SHRI KIRTI RAAJA        | U18MB372 | <i>Shri.Kirti</i>   |
| 3                                 | SNEKA SE                | U18MB373 | <i>Sneka SE</i>     |
| 4                                 | SONALI HESSA            | U18MB374 | <i>Sonali</i>       |
| 5                                 | SOUMITRA MOHANTY        | U18MB375 | <i>Soumitra</i>     |
| 6                                 | SREEHARI S NAIR         | U18MB376 | <i>Sreehari</i>     |
| 7                                 | SREELEKSHMI S NAIR      | U18MB377 | <i>Sreelekshmi</i>  |
| 8                                 | SREENIDHI N B           | U18MB378 | <i>Sreenidhi</i>    |
| 9                                 | SUBALAKSHMI V           | U18MB379 | <i>Subala</i>       |
| 10                                | SUDHARSAN .S            | U18MB380 | <i>Sudhar</i>       |
| 11                                | SUHAIL AHMAD            | U18MB381 | <i>Suhail</i>       |
| 12                                | SUMAN KALYAN SAHOO      | U18MB382 | <i>Suman Kalyan</i> |
| 13                                | SUSMITA KHAN            | U18MB383 | <i>Susmita Khan</i> |
| 14                                | SWAPNIL                 | U18MB384 | <i>Swapnil</i>      |
| 15                                | SWARNAB JANA            | U18MB385 | <i>Swarnab</i>      |

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**COORDINATOR**

## ANNEXURE-3



# SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Annexure – III

## URTICARIA

### MULTIPLE CHOICE QUESTIONS

Course code: DR11

#### ANSWER ALL THE QUESTIONS

1. In urticaria what is seen?
  - a) Wheals
  - b) Angioedema
  - c) Both
  - d) None
2. Acute urticaria is?
  - a) Less than 3 weeks
  - b) Less than 3 months
  - c) Less than 6 weeks
  - d) Less than 6 months
3. What is not a feature of anaphylaxis?
  - a) Stridor
  - b) Joint pain
  - c) Hypertension
  - d) Hypotension
4. Doxepine can be given in urticaria
  - a) True
  - b) False
  - c) Neither true or false
5. What is preferred in urticaria in pregnancy?
  - a) First gen antihistamines
  - b) Second gen
  - c) All of the above
  - d) None of the above
6. Which drug can be given in chronic urticaria?
  - a) Rituximab
  - b) Omalizumab
  - c) Etanercept
  - d) Adalimumab

7. Wheals are at which level?
  - a) Epidermis only
  - b) Upto upper dermis
  - c) Subcutaneous
  - d) Dermis only
8. Bradykinin induced urticaria produce
  - a) Wheals
  - b) Angioedema
  - c) Both
  - d) None of the above
9. Urticaria vasculitis produce
  - a) Wheals
  - b) Angioedema
  - C) Both
  - d) None of the above
10. Urticaria is a Mast cell driven disease
  - a) True
  - b) False
  - c) Neither true nor false



ANNEXURE-3

**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL  
SCIENCES**

Annexure – III

**URTICARIA**

**MULTIPLE CHOICE QUESTIONS**

Course code: DR11

SREENIDHINB

ANSWER ALL THE QUESTIONS

1. In urticaria what is seen?  
a) Wheals  
b) Angioedema  
c) Both ✓  
d) None
2. Acute urticaria is?  
a) Less than 3 weeks  
b) Less than 3 months  
c) Less than 6 weeks ✓  
d) Less than 6 months
3. What is not a feature of anaphylaxis?  
a) Stridor  
b) Joint pain  
c) Hypertension ✓  
d) Hypotension
4. Doxepine can be given in urticaria  
a) True ✓  
b) False  
c) Neither true or false
5. What is preferred in urticaria in pregnancy?  
a) First gen antihistamines  
b) Second gen ✓  
c) All of the above  
d) None of the above
6. Which drug can be given in chronic urticaria?  
a) Rituximab  
b) Omalizumab ✓  
c) Etanercept

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- d) Adalimumab
7. Wheals are at which level?
- a) Epidermis only
  - b) Upto upper dermis
  - c) Subcutaneous
  - d) Dermis only
8. Bradykinin induced urticaria produce
- a) Wheals
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  - c) Both
  - d) None of the above
9. Urticaria vasculitis produce
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  - c) Both
  - d) None of the above
10. Urticaria is a Mast cell driven disease
- a) True
  - b) False
  - c) Neither true nor false

ANNEXURE-3



**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL  
SCIENCES**

Annexure – III

**URTICARIA**

**MULTIPLE CHOICE QUESTIONS**

Course code: DR11

SNEKASE

ANSWER ALL THE QUESTIONS

1. In urticaria what is seen?
  - a) Wheals
  - b) Angioedema
  - c) Both
  - d) None
2. Acute urticaria is?
  - a) Less than 3 weeks
  - b) Less than 3 months
  - c) Less than 6 weeks
  - d) Less than 6 months
3. What is not a feature of anaphylaxis?
  - a) Stridor
  - b) Joint pain
  - c) Hypertension
  - d) Hypotension
4. Doxepine can be given in urticaria
  - a) True
  - b) False
  - c) Neither true or false
5. What is preferred in urticaria in pregnancy?
  - a) First gen antihistamines
  - b) Second gen
  - c) All of the above
  - d) None of the above
6. Which drug can be given in chronic urticaria?
  - a) Rituximab
  - b) Omalizumab
  - c) Etanercept

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- d) Adalimumab
- 7. Wheals are at which level?
  - a) Epidermis only
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- 8. Bradykinin induced urticaria produce
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  - c) Both
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- 9. Urticaria vasculitis produce
  - a) Wheals
  - b) Angioedema
  - c) Both
  - d) None of the above
- 10. Urticaria is a Mast cell driven disease
  - a) True
  - b) False
  - c) Neither true nor false

**ANNEXURE-4**

**Student Feedback Form**

Course Name: **URTICARIA**

Subject Code: **DR11**

Name of Student: \_\_\_\_\_ Roll No.: \_\_\_\_\_

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

| Sl. NO | Particulars  | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1      | Objective of the course is clear                   |   |   |   |   |   |
| 2      | Course contents met with your expectations         |   |   |   |   |   |
| 3      | Lecturer sequence was well planned                 |   |   |   |   |   |
| 4      | Lectures were clear and easy to understand         |   |   |   |   |   |
| 5      | Teaching aids were effective                       |   |   |   |   |   |
| 6      | Instructors encourage interaction and were helpful |   |   |   |   |   |
| 7      | The level of the course                            |   |   |   |   |   |
| 8      | Overall rating of the course                       | 1 | 2 | 3 | 4 | 5 |

*\* Rating: 5- Outstanding; 4- Excellent; 3- Good; 2- Satisfactory; 1- Not-Satisfactory*

Suggestions if any:

Date: 17-09-2019

Signature

ANNEXURE-4

Student Feedback Form

Course Name: **URTICARIA**

Subject Code: **DR11**

Name of Student: SNEKASE Roll No.: U18MB373

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

| Sl. NO | Particulars  | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1      | Objective of the course is clear                   |   |   | ✓ |   |   |
| 2      | Course contents met with your expectations         |   |   |   | ✓ |   |
| 3      | Lecturer sequence was well planned                 |   |   |   |   | ✓ |
| 4      | Lectures were clear and easy to understand         |   |   |   | ✓ |   |
| 5      | Teaching aids were effective                       |   | ✓ | ✓ |   |   |
| 6      | Instructors encourage interaction and were helpful |   |   | ✓ |   |   |
| 7      | The level of the course                            |   |   |   | ✓ |   |
| 8      | Overall rating of the course                       | 1 | 2 | 3 | 4 | 5 |

\* Rating: 5- Outstanding; 4- Excellent; 3- Good; 2- Satisfactory; 1- Not-Satisfactory

Suggestions if anv:

*Sneka St.*  
Signature

Date: 17-09-2019

ANNEXURE-4  
**Student Feedback Form**

Course Name: **URTICARIA**

Subject Code: **DR11**

Name of Student: SREEMATHI MB Roll No.: V18MB378

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

| Sl. NO | Particulars  | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1      | Objective of the course is clear                   | ✓ |   |   |   |   |
| 2      | Course contents met with your expectations         |   | ✓ |   |   |   |
| 3      | Lecturer sequence was well planned                 |   |   | ✓ |   |   |
| 4      | Lectures were clear and easy to understand         |   |   | ✓ |   |   |
| 5      | Teaching aids were effective                       |   |   |   | ✓ |   |
| 6      | Instructors encourage interaction and were helpful |   |   | ✓ |   |   |
| 7      | The level of the course                            |   |   |   | ✓ |   |
| 8      | Overall rating of the course                       | 1 | 2 | 3 | 4 | 5 |

\* Rating: 5- Outstanding; 4- Excellent; 3- Good; 2- Satisfactory; 1- Not-Satisfactory

Suggestions if any:

*Sreemathi*  
Signature

Date: 17-09-2019



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

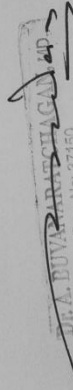
(Deemed to be University under section 3 of the UGC Act 1956)


## CERTIFICATE OF MERIT

This is to certify that சுனேகா டீ has actively participated in the Value

Added Course on *Urticaria* held during July 2019 – Oct 2019 Organized by Sri Lakshmi

Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

  
Dr. Buvanaratchagan  
COORDINATOR  
Sri Lakshmi Narayana Institute of Medical Sciences  
Pondicherry- 605 502

  
Dr. Buvanaratchagan  
COORDINATOR  
Sri Lakshmi Narayana Institute of Medical Sciences  
Pondicherry- 605 502



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

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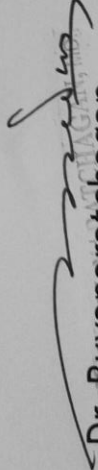


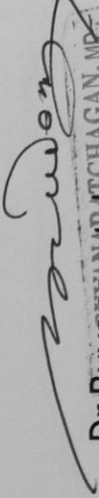
## CERTIFICATE OF MERIT

This is to certify that SHREENIDHI N.B has actively participated in the Value

Added Course on *Urticaria* held during July 2019 – Oct 2019 Organized by Sri Lakshmi

Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

  
Dr. Buvanaratchagan  
Professor, Dermatology  
Reg. No. 9714  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Kodaikankam, Pudukkottai-605 502

  
Dr. Buvanaratchagan, MD  
Professor, Dermatology  
Reg. No. 9714  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Kodaikankam, Pudukkottai-605 502

**Course completion letter**

Date-21-09-19

From  
Dr. Bhuvanaratchagan  
Department of Dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

Through Proper Channel

To  
The Dean  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Completion of value-added course: urticaria**

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course title: **urticaria** on 20-7-19. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. Bhuvanaratchagan

<HOD Sign and Seal>

**Encl: Certificates**

**Photographs**

Course completion letter

Date-21-09-19

From  
Dr. Bhuvanaratchagan  
Department of Dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

Through Proper Channel

To  
The Dean  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

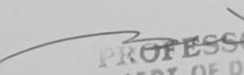
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Kind Regards

Dr. Bhuvanaratchagan

  
<HOD Sign and Seal>  
**PROFESSOR & HEAD**  
**DEPT. OF DERMATOLOGY**  
**SRI LAKSHMI NARAYANA INSTITUTE OF**  
**MEDICAL SCIENCES**  
**OSUDU, PUDUCHERRY.**

**Encl: Certificates**

**Photographs**



