

75 chronic urticaria patients are studied for possible causative factors. Possible causative factors are obtained in 13 cases (17.3%); physical urticaria 11 cases and 2 cases of parasitic infestation, which the urticaria is cured after treatment of the parasite. Many kinds of foods are found to be an aggravating factor in 11 cases (14.7%). Thirteen cases (17.3%) have associated diseases, parasitic infestation 12 cases and latent syphilis 1 case. The urticaria is improved after those diseases are treated. In 38 cases (50.7%) the etiologic and aggravating factors are unknown. History taking is the useful in detecting the possible causes. Physical examination has little value in most of cases. Laboratory test which may be useful is stool examination. Long term follow up will determine whether those factors are truly relevant to the current episode of urticaria or not. Histopathologic changes are studied in 30 patients. 60% cases show superficial and deep perivascular inflammatory cell infiltration. Lymphocyte predominate is found in 60%, mixed cell with eosinophil predominate in 33.3% and mixed cell with neutrophil predominate in 3.3% Leukocytoclastic vasculitis-liked is found in one case (3.3%) But there is no fibrin deposit at vascular walls. Direct immunofluorescence study dose not show any immunoglobulin, complement and fibrin deposit at vascular walls. Number of mast cells increase in 25 of 27 case (92.6%). Deposition of mucin in the dermis is obtained in 10 cases. There is no correlation between deposition of mucin in the dermis and number of mast cells. Histopathologic characteristics do not correlate with neither clinical features nor any posible causative factors.