

蕁麻疹 (風癩)

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「醫生，昨晚開始，我身上長出一塊塊大大小小的紅疹，痕癢難耐，好驚！」

「醫生，我每次食完蝦，身上都有一塊塊如地圖般浮起的紅疹，癢得要命。」

以上的對白是我常常在診症室聽到的。其中大部分的原因是急性蕁麻疹，又稱風疹塊或風癩，是皮膚敏感反應的一種。根據臨床病情，蕁麻疹可分為以下類型：

1. 急性蕁麻疹

患者接觸敏感源後，一般會在一至兩天內，全身出現大小不一而隆起的疹塊，淡紅到鮮紅色，圓形、橢圓形、甚至如地圖般不規則形狀，疹塊也可連合融成一大片，伴有劇癢。數小時後，原有疹塊可消退，而別處又可以另起新一組疹塊。個別人士可引致口腔、嘴唇，甚至氣管水腫，呼吸困難。急性蕁麻疹大多由食物引起，而患者往往能夠指出食物的過敏源頭。

2. 慢性蕁麻疹

病情可維持六週至數年時間。期間病者全身皮膚出現反覆的紅色劇癢疹塊，影響睡眠。

3. 膽鹼激導性蕁麻疹

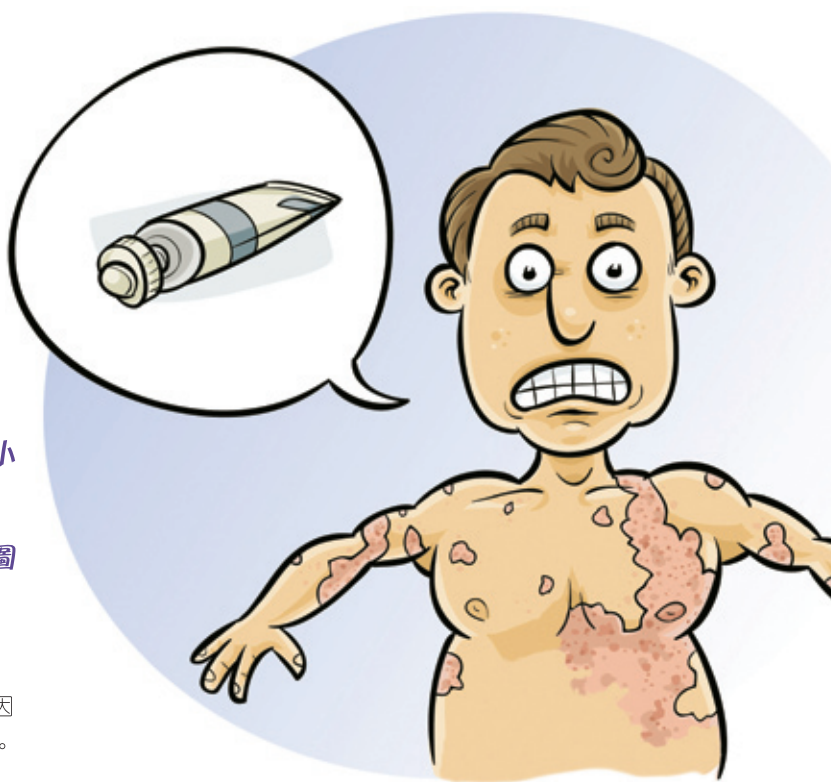
此類型多見於年青人在運動、受熱、情緒緊張、喝酒或進食濃味（如辛辣）食物後出現。通常隆起的紅色疹塊較為細小，直徑約二至四毫米，一般出現於上半身，伴有劇癢。

4. 紫外線蕁麻疹

患者在陽光暴曬後，皮膚會出現粉紅色疹塊，引發痕癢。通常以350毫微米波長的紫外線最易引發敏感，疹塊在一小時後會自動消退。

5. 壓力接觸性蕁麻疹

此類型多見於患者皮膚受壓部分，約數小時後會局部發生紅腫及痕癢，常見於穿鞋部位、腰帶、眼鏡托及配帶耳筒位置，一般持續約八至十小時才消退。



診斷蕁麻疹並不困難，但要找出病因則較困難。病因可與下列因素有關：

1. **食物：**蝦、蟹、蛋類、酒精飲品、人工添加劑等
2. **藥物：**抗生素、疫苗、亞士匹靈等
3. **身體感染：**呼吸道、腸道、肝炎病毒、梅毒等
4. **物理因素：**溫度極端變化、紫外線、香薰、摩擦和壓力
5. **全身性疾病：**如紅斑狼瘡、惡性腫瘤等

在求診時，詳細病歷是必需的，特別是有關食物、用藥、工作環境、飼養寵物等。如有需要，醫生會要求病人節錄飲食日記，為期兩星期，再加以分析，一般食物敏感源頭也不難找到。另外，醫生亦會考慮為患者進行皮膚系統性斑貼測試及進一步檢驗血液。

除此之外，醫生亦會叮囑病者：

1. 避免用過熱的水溫沐浴
2. 用溫和而滋潤的沐浴露、洗頭水及潤膚露
3. 避免進食蝦、蟹、蛋、牛肉等
4. 穿著透氣通爽全棉的衣服
5. 避免使用繃緊的皮帶、衣服、鞋履、眼鏡及耳筒


在治療方面，最佳方法始終是找出蕁麻疹的過敏源。藥物方面，以使用抗組織胺類藥物為主，加以評估個人的體質及反應，選擇不同類型的抗組織胺。特別在慢性蕁麻疹的治療過程，可能需要多類型抗組織胺交替及合併使用，以達致理想效果。近年，亦有病人採用除敏治療，治療程比較漫長，及可能導致嚴重過敏反應，而且費用亦比較高昂。

Urticaria

Dr Colin Ho-lam Lee, family physician,
Haven of Hope S K Yee Po Lam Clinic

"Doctor, I've had a terrible night! I have a bumpy and itchy rash over my whole body, please help!"

"Doctor, large, a red blotchy and itchy rash develops all over my body whenever I eat prawn salad."



I often encounter patients with such comments in my clinic. In most cases the patient is suffering from acute urticaria, a type of allergic reaction.

Urticaria can be divided into several types according to clinical symptoms. **Acute urticaria** can develop in a few hours after exposure to the allergic source. Multiple raised, itchy red rashes of various shapes and sizes appear on the body. These may vanish in a few hours, but are followed by subsequent crops of rashes in other parts of the body. Occasionally, these may lead to lip swelling or even fatal airway blockage.

In patients with **chronic urticaria**, recurrent urticarial symptoms occur on a regular basis. **Cholinergic urticaria** usually occurs in teenagers, often after sports activities or alcoholic drinks or spicy food. The rash is smaller in size, about two to four mm diameter, and again very itchy.

Ultra-violet light related urticaria develops after prolonged sunlight exposure and usually resolves in a few hours.

Pressure urticaria can occur around the ankles, waist, nose, region when wearing tight shoes, belts, spectacles respectively.

Some examples of urticarial allergic sources:

Food : e.g. seafood, egg, food preservatives, alcohol

Medications : e.g. antibiotics, vaccines, aspirin

Infection : e.g. viral infection, syphilis

Physical factors : e.g. extreme temperature changes, UV ray, friction

Chronic disease : e.g. leukaemia, systemic lupus erythematosus

During consultation, a detailed medical history especially regarding recent food intake, medications, pets, working environment should be obtained. In some cases, analysis of a two-week-food-intake diary or skin patch tests may identify the related allergens.

The ideal treatment of urticaria is identification and avoidance of the allergic source.

Regarding medication treatment, antihistamines remain the cornerstone of urticarial management. In chronic urticaria cases, rotation and mixing of various antihistamines are often required to control the condition.

Recently, desensitisation treatments are increasingly employed with good result, but this may be time-consuming and expensive.



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