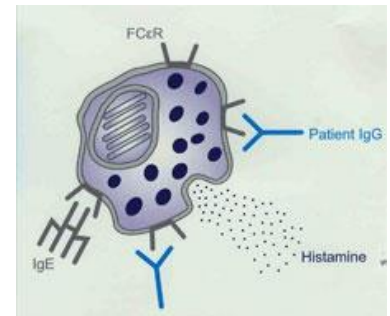


## **Anti-IgE Receptor Antibody**

**What it means:** The immune system has cells and some of these cells make antibodies. Antibodies are little proteins that search out for things that are not us—viruses, bacteria, etc.—but everyone does make some antibodies against our own tissues/cells by accident. Usually our immune system filters out these auto-antibodies, but not always and when this happens there can be various skin symptoms.

If your blood work shows an elevated IgE receptor antibody, then, for whatever reason, your immune system is tricking your allergy cells into releasing histamine into the surrounding skin. When this occurs you can get itching, hives, and/or swelling.

These symptoms can seem to occur for no reason or can be provoked by an irritant/trigger. This type of reaction is “on the outside” meaning no one has ever had a severe reaction with drop in blood pressure, shortness of breath, etc.



## **Common Triggers to Avoid**

1. Over the counter nonsteroidal pain medicines such as **Ibuprofen, Advil, Aleve/Naproxen, Aspirin** (81 mg dose of aspirin is usually tolerated), **Goody's powders, etc.** (Tylenol/Acetaminophen is different and is usually well tolerated)
2. **Stress**
3. If you get **sick**, like a viral illness
4. Anything that makes the skin **flush**, such as **heat (hot showers), spices, alcohol**

## **Treatment Plan**

Since histamine released into the skin is the problem, it usually can be controlled by specific antihistamines:

- Allegra/Fexofenadine in the morning (often cheaper over the counter)
- Zyrtec/Cetirizine at night (often cheaper over the counter)
- Hydroxyzine as needed (back up pill)
- Benadryl (generic over the counter as diphenhydramine) one teaspoon every hour or two as needed for itching/hives not controlled by the daily antihistamines
- Doxepin 1-2 at night (used a long time ago for mood; but we use it as a strong Histamine type 1 receptor and type 2 receptor blocker)
- Xolair – An injection under the skin done in a medical office monthly which was approved by the FDA in spring 2014 as first line treatment for this type of condition if not controlled by antihistamines (it has been around for years to treat allergic asthma). Xolair would require prior-authorization from you insurance company as it is considered a specialty medicine. Xolair is a biologic; it is not a steroid shot.

Often the symptoms will persist for months or even years, but then fizzle away. It may come back, but usually is not as intense. If you can go a couple weeks without any problems then try to taper off the antihistamines. Otherwise, return to clinic and we will discuss other options.