Hives (urticaria) are welts or skin-toned swellings that can occur anywhere on the skin as well as the deeper tissues of the eyes, hands, mouth or genitals. Hives usually itch and sometimes burn. They typically persist for several hours or longer before fading away, often only to be replaced by new eruptions.

Hives are usually pea-sized although the welts can spread and appear larger. The skin affected by hives can also appear swollen. This swelling is called angioedema.

Causes

Hives have a number of causes. Allergic reactions to certain drugs, particularly penicillin or sulfa compounds, can cause hives as can reactions to certain bug bites and bee stings. Certain food sensitivities, particularly nuts, chocolate, fish, tomatoes, eggs, fresh berries and milk can also cause hives.

Recurrent hives can also be triggered by physical factors (physical urticaria), including sunlight, exercise (especially after eating certain foods), cold, stress, anger, heat, and pressure. Hives triggered by heat or blushing are often small and itch severely, causing the skin to appear red and blotchy (cholinergic urticaria).

Hives can also accompany a number of different autoimmune disorders, including vitiligo, Graves’ disease and Hashimoto’s thyroiditis. Sometimes, hives appear for no apparent reason and are called idiopathic hives. Chronic hives without a discernible cause are considered autoimmune (autoimmune urticaria).

Thyroid Connection

While hives are known to occasionally occur in individuals with autoimmune thyroid disease, especially during times of stress, they may persist for longer periods. Hives lasting for more than 6 weeks are referred to as chronic urticaria.

Most studies have found a 10-33 percent prevalence of anti-thyroid antibodies in the sera of patients with chronic idiopathic urticaria. For this reason, patients with chronic urticaria are generally tested for thyroid antibodies. Studies show that patients with thyroid antibodies, particularly thyroid peroxidase (TPO) and thyroglobulin antibodies, with chronic urticaria often respond to treatment with low doses of thyroid replacement hormone even when thyroid function tests are normal.

Cases of giant hives and angioedema with large areas of swelling have also been found to occur in patients with thyroid antibodies and normal thyroid function tests. In addition, these patients may have antibodies to immunoglobulin E or the immunoglobulin E receptor. In some, but not all cases, thyroid replacement hormone in combination with antihistamines has been successfully used.

Treatment
Mild hives are treated with antihistamines such as hydroxyzine (Vistaril) or Zyrtec. In more severe cases corticosteroids or cyclosporine may also be used. Other drugs that may be used in combination with antihistamines include Tagamet, dapsone, nifepidine, Accolate, and colchicines. It’s important to try to identify the cause of the hives so that any offending drugs, foods, or other environmental triggers can be avoided.

Resource: