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## Reply to “CSU, CHA and CSU-AE”

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### Doi

N/A

I appreciate the interest expressed by our colleagues in their letter, which highlights the scientific discussion that this topic continues to generate among physicians and researchers in the field of Allergy and Clinical Immunology. We would like to clarify the following points:

1. Mast cell-mediated angioedema (CHA) and chronic spontaneous urticaria with angioedema (CSU-AE) show certain differences that are not consistently confirmed in the limited number of published studies. A major limiting factor is the low prevalence of CHA and the resulting small patient samples in most investigations, including our own, which restricts the generalisability of these findings.
2. Although some evidence suggests that immunological differences may exist between CHA and CSU-AE, such as the absence of IgG autoantibodies against the FcεRI receptor, this aspect was not investigated in our study. In reference to the pathogenic classification of chronic spontaneous urticaria

(CSU) into type I and type IIb, the latter characterised by the presence of IgG autoantibodies, our patients were not stratified according to these features. Consequently, assessing clinical severity and treatment response in relation to specific disease subgroups remains challenging, potentially influencing the interpretation of results for both CHA and CSU-AE in the absence of these immunological markers.

3. Even though CHA and CSU-AE share the same therapeutic approach, it is undeniable that relevant differences exist. Research is still ongoing and larger, well-designed studies are needed to better define CHA and to further clarify its distinction from CSU-AE.

In conclusion, more detailed characterisation of CHA and CSU-AE may ultimately lead to updates in guidelines, improving disease awareness and diagnostic accuracy, fostering a more uniform consensus and contributing to a clearer definition of CSU.