Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/practical-dermatology-type-ii-inflammation-journal-club/fertility-medications-and-chronic-spontaneous-urticaria/50955/

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Fertility Medications and Chronic Spontaneous Urticaria

Dr. Neal Bhatia (00:04):

Hi, I'm Dr. Neal Bhatia. I'm chief medical editor of Practical Dermatology. I'm here with the bestest of friends, Dr. Michelle Tarbox, chair at Texas Tech, good friend of Patrick Mahomes. And an understanding of urticaria. Let's talk about hives for a minute.

Dr. Michelle Tarbox (00:23):

I had a wonderful young lady that came to us for help. She had developed a very significant case of chronic spontaneous urticaria while she was undergoing fertility treatments, and it was very difficult to treat and was caus

(00:52):

So in human beings, we have three estrogen receptors. We have an estrogen receptor alpha, estrogen receptor beta, and then there's also a G protein coupled estrogen receptor. And all three of those are actually on the r

(01:23):

Now in that drug state, you either have normal or elevated estrogen levels. The other fertility treatments, the GNRH agonists, which work by actually binding to the GNRH receptor and stimulating it chronically when it's sup

(01:52):

Another medication that's used in fertility treatments is letrozole. That medication is able to actually interact in a way that doesn't really increase the production of estrogen. So the only one of the three classes that increase

Dr. Neal Bhatia (02:36):

Well, this is phenomenal. First of all, for boys, we forget about these drugs. And that's just shame on us. Second of all, do you remember the old days of progesterone dermatitis?

Dr. Michelle Tarbox (02:47):

Yes.

Dr. Neal Bhatia (02:48):

Is there maybe an overlap with the diagnosis and maybe something that we're not thinking about?

Dr. Michelle Tarbox (02:53):

You know, that's a really interesting question. And progesterone has a very interesting balancing effect on estrogen stimulatory response that it can have on mast cells. So in that setting, it's a little bit of a different scenario.

Dr. Neal Bhatia (03:33):

I think that's actually something we don't talk about enough. And again, as a boy, I'm not going to go downtown with hormones, but at the same time, you and I can discuss the rationale for that. And I think this is very legitir

Dr. Michelle Tarbox (04:14):

This is a disease state that we have new guidelines on how to manage, which is wonderful. And we've added our new therapeutics to the sort of second step. So of course still, we're going to try to optimize the patient on u

Dr. Neal Bhatia (05:09):

Yeah. There you go.

Dr. Michelle Tarbox (05:10):

This is what happens at Noah. Friends talk and get good ideas.

Dr. Neal Bhatia (05:12):

I was going to say, here's a surprise, Dr. Tarbox is going to make another paper. What a surprise.

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