

Hives In Children

McKenzie Pediatrics

Hives are a very itchy rash, sometimes also referred to as “welts”, but medically better known as Urticaria.

Hives are raised pink spots with pale centers, ranging in size from ½ inch to several inches across. They are usually oval or round in shape, but this is quite variable. They can rapidly change shape, size, and even location. They can even wax and wane depending on time of day and on the external temperature.

Hives are an allergic reaction, usually to a virus, but also possibly to a food, medication, insect bite, topical irritant (lotion, detergent, soap, plants, poison oak, etc.), or a wide range of other substances. Approximately 80 percent of cases of childhood hives are caused by a virus, with or without other symptoms such as fever, runny nose, cough, or sore throat. The child may also have had one or more of these symptoms in the very recent past.

Hives are not contagious.

More than 10 percent of children will experience a case of hives during their childhood. The average duration of a case of hives is 3 to 4 days, but it can be as brief as 24 hours or as long as 6 weeks, depending on the trigger.

Of the food triggers, the most common include: shellfish, peanuts or other nuts, eggs, and strawberries. Food additives such as coloring dyes can also trigger hives. A food trigger does not necessarily have to be a food the child has never had before.

Of medications, the most likely triggers are antibiotics, especially the penicillins and the sulfa drugs. As with food triggers, a medication trigger for hives does not have to be a medication the child has never had before.

Hives rarely progress into anything more severe or life-threatening. If that were to happen, it would usually be very soon after the hives started appearing. The child would begin to experience swelling of the mouth and throat, and then possibly of the airways, with wheezing and shortness of breath. This is known as anaphylaxis, and is a medical emergency. Contact 911, or take your child to the emergency department if very nearby.

Occasionally, hives can be chronic and recurring. Most often, this is a familial type of hives, meaning that other members of the family also have chronic and recurring hives. Children with these types of hives typically find them triggered by cold and/or pressure.

The best treatment for hives is Diphenhydramine, better known by its most common brand-name form, Benadryl. Its main side effect is drowsiness. Benadryl may be given a maximum of four times daily. Do not just wait until the hives return to give the next dose, but rather keep your child on a scheduled dose of Benadryl every 6 hours for the first couple of days. Cool baths are also often soothing for hives. Heat, such as hot showers and heat and sweat from playing outside on a warm day, will often make hives and the itch worse.

Hives are rarely medically concerning. Medical attention is needed only if sign of anaphylaxis, or if fever or joint swelling develop during a case of hives. If you suspect a medication as the trigger for hives, contact our office to discuss whether a new medication needs prescribed. If indeed a medication is the trigger, it is also important to note this on your child's chart.

