ORIGINAL ARTICLE

Research hotspots in urticaria: A bibliometric study of the top 100 most cited articles

Tingting Fu¹ | Yuhong Wu² | Ruoxin Wang³ | Rongqi Liu⁴ | Tao Wen¹ |

Correspondence

Tingting Fu, Department of Dermatology, Yichang Traditional Chinese Medicine Hospital of Three Gorges University, Yichang, Hubei, 443003, China.

Email: doctorfutt@sina.com

Abstract

Background and Purpose: Urticaria is a prevalent recurrent skin allergic condition. Severe itching significantly impacts patients' quality of life. This paper aims to investigate the development status of urticaria through bibliometric analysis to predict future research hotspots and trends.

Methods: On October 29, 2023, a literature search was conducted in the Web of Science (WOS) database to collect urticaria-related publications. The top 100 most cited articles were charted, and VOSviewer software was utilized for the literature data analysis. A visual analysis was performed on the number of articles, journals, main researchers, keywords, and so on.

Results: The research involved 415 authors from 28 countries, published across 25 journals, ranging from 1963 to 2023. Marcus Maurer was the leading author, with the United States being the foremost country in urticaria research. CEH Grattan received the most citations, and The Medical University of South Carolina had the highest number of publications. Key research focuses include epidemiology, pathogenesis, drug therapy, and quality of life assessments. "Anti-high affinity IgE receptor α chain (FcεRlα)," "chronic idiopathic urticaria," "autoantibodies," "histamine-release" emerged as the keywords with the highest prominence.

Conclusion: The field of urticaria research has attracted substantial attention over the past few decades, witnessing rapid development. This study highlighted the top 100 articles by citation frequency within the urticaria field. Bibliometric analysis revealed a shift in treatment methods from traditional antihistamines to biological agents, with significant emphasis on improving the quality of life in chronic urticaria management. These areas represent the current research focal points and indicate future trends in urticaria research.

KEYWORDS

bibliometry, pathogenesis, therapy, urticaria

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made. © 2024 The Authors. Skin Research and Technology published by John Wiley & Sons Ltd.

¹Three Gorges University Hospital of Traditional Chinese Medicine & Yichang Hospital of Traditional Chinese Medicine, Yichang, Hubei, China

²Shenyang Seventh People's Hospital (Shenyang Hospital of Integrated Traditional Chinese and Western Medicine), Shenyang, Liaoning, China

³Daqing Hospital of Traditional Chinese Medicine, Daging, Heilongjiang, China

⁴Beijing Traditional Chinese Medicine Hospital Affiliated to Capital Medical University, Beijing, China

1 | INTRODUCTION

Urticaria is a prevalent clinical skin condition. According to the presence or absence of specific predisposing factors, chronic urticaria (CU) is divided into chronic spontaneous urticaria (CSU) and chronic induced urticaria (CIndU).1 CSU accounts for 2/3 of the incidence, and different types of CU can be combined.² This point of view has also been verified through literature retrieval. This study on urticaria is mainly focused on CU, with CSU being the primary focus of the research. According to international urticaria guidelines, the lifetime prevalence of acute urticaria is approximately 20%. The lifetime prevalence of CU stands at 1.8%.3 Women exhibit a higher incidence of CU than men, with 8.7% of patients experiencing the condition for 1-5 years and 11.3% for more than 5 years. The average age at onset is 40 years.⁴ Its clinical manifestations include wheals, severe itching, and erythema that persist for more than 6 weeks, making it a common immunerelated skin condition. Without timely and appropriate treatment, or in cases of treatment resistance, CU can develop, leading to prolonged duration, recurrence, delayed healing, and negative impacts on patients' lives and psychological well-being.⁵ It is necessary to call for re-emphasis on the pathogenesis of CSU as an internal trigger rather than external interference. The pathogenesis of CSU is characterized by immune and allergic reactions. Mast cell degranulation, histamine and cytokine release are the core links in the pathogenesis of urticaria.⁶ T cells, B cells, monocytes, and eosinophils may also be involved in the pathophysiological process of CU.^{7,8} In recent years, with the deepening of research, the research on the pathogenesis and treatment of urticaria has attracted more and more attention from the society. More immune and non-immune mechanisms have been gradually revealed in the pathogenesis of CU. Potential molecular biomarkers such as highaffinity IgE receptor (FcεRI), 9 anti-thyroid peroxidase (anti-TPO), 10,11 complement 5a (C5a), 12-14 and thymic stromal lymphopoietin (TSLP) 15 have been discovered one after another, which provides ideas for us to develop new treatment strategies. Conventional antihistamine drug therapy has been unable to meet people's needs, and by increasing the dose one can obtain certain benefits, but cannot be cured. 16,17 Dupilumab is a monoclonal antibody 18 that inhibits signal transduction through IL-4 and IL-13. Clinical reports in the treatment of CSU have shown that dupilumab can effectively improve patient annoyance and is generally well tolerated, but the cure rate is limited. 19 Biotherapy using anti-IgE antibody Omalizumab can bind IgE against autoantigens, and then inhibit the activity of IgE receptors IgE receptor, 20-25 which can significantly improve most symptoms, ^{26–29} but there are still some people who do not respond to CSU treatment. Therefore, it is necessary to create a more effective anti-IgE drug, which led to the development of ligelizumab. The results showed that ligelizumab was superior to omalizumab in terms of efficacy. 30 As research data grow and new findings emerge, the challenge lies in efficiently navigating the vast literature to grasp the field's overview, frontiers, and hotspots.

The concept of bibliometrics was first introduced by Alan Pritchard in 1969, becoming a standard approach in literature analysis. This methodology employs mathematical and statistical techniques with

scientific rigor to quantify the social dimensions of science. Bibliometric analysis offers a quantitative strategy for reviewing and investigating the existing literature within specific domains.³¹ Bibliometrics has been applied in dermatology, including bibliometric analysis of the impact of dermatology on the characteristics of citations,³² and literature dosimetry that analyzes the global publishing productivity of dermatology.³³ Moreover, in terms of specific skin diseases, it has been well explored through bibliometric analysis, such as psoriasis,³⁴ melanoma,³⁵ psoriatic arthritis,³⁶ rosacea,³⁷ hidradenitis suppurativa, 38 Pityriasis rubra pilaris, 39 psoriasis, 40 and dissecting cellulitis of the scalp. 41 Through literature analysis, we can understand the future development direction of discipline development and research in the field of dermatology. VOSviewer, a software designed for visualizing network data maps, serves as a potent tool for comprehending the comprehensive landscape and trends of research areas. Utilizing a data normalization technique grounded in probability theory, VOSviewer emphasizes the level of aggregation analysis. It supports various visual presentations in publication volume, keywords, co-authors, co-institutions, and co-literature domains, featuring clustering views, temporal views, and density views. Renowned for its ease of use and visually appealing outputs, VOSviewer enables the display of research overviews, focal points, and emerging trends in specific fields.42,43

Yet, the detailed development status, key authors, institutions, and research hotspots pertaining to urticaria have not been thoroughly examined through bibliometric analysis. In this study, VOSviewer software was employed to visualize literature related to urticaria research, reflecting the field's current state and identifying future research priorities, thereby offering insightful directions for subsequent studies (Supporting information).

2 | MATERIALS AND METHODS

2.1 Literature search

Web of Science (WOS), recognized for its high-quality digital literature resources, is widely used by researchers for obtaining accurate and comprehensive data on highly cited papers and prominent research. It is deemed the most suitable database for bibliometric analysis. 44,45 A keyword search was conducted in the WOS core collection database on October 29, 2023, performed independently by two research institutions with the following strategy: TS = (urticaria OR "spontaneous urticaria" OR "chronic urticaria" OR "acute urticaria"). The search scope encompassed all English literature types in the database, restricting the language to English and the article type to articles, comments, or online publications. Initially, 12 619 documents were screened, sorted by descending citation frequency in WOS. Following independent abstract screenings by senior dermatologists (Yuhong Wu and Ruoxin Wang), the top 100 articles most relevant to urticaria and with the highest citation frequency were selected. The search strategy is illustrated in Figure 1.

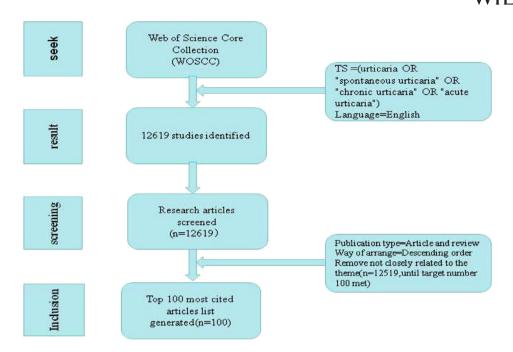


FIGURE 1 Literature retrieval strategy.

2.2 | Analysis method

The literature from the WOS core collection database was downloaded as "full record and cited references" in "plain text" format. VOSviewer (V.1.6.19) software visualized the collaboration networks among countries, institutions, authors, journals, and keywords, creating relevant visual maps. Additionally, Pajek software was employed to further visualize and analyze the focal points of urticaria research.

3 | RESULTS

3.1 Year of publication and number of publications

The Web of Science database yielded a total of 12 619 publications. The schedule highlights the 100 most frequently cited articles, ranging from 1963 to 2023. Figure 2 depicts the distribution of publications in 5-year intervals. Before 1997, the publication frequency every five years was below 10, whereas from 1998 to 2017, it exceeded 10. The period from 1963 to 1967 saw a minimum of two papers published, while the maximum of 19 papers occurred from 1998 to 2002.

3.2 | Citation analysis

The total citation count was 21 310, with a median of 188 and an average of 213.1. These 100 articles were categorized based on their research focus: pathology (6%), etiology and pathogenesis (38%), treatment (26%), quality of life (6%), related diseases (12%), epidemiology (2%), and others (10%). Specifically, 38 articles delved into the

pathogenesis of urticaria, and 26 articles examined the efficacy and mechanisms of antihistamine therapy and biological agents in treating urticaria. Among the top 100, the article "Autoantibodies against the High-Affinity IgE Receptor as a Cause of Histamine Release in Chronic Urticaria" by M Hide et al. received the highest number of citations, totaling 718. The study by CEH Grattan et al., "Blood basophil numbers in chronic ordinary urticaria and healthy controls: diurnal variation, influence of loratadine and prednisolone, and relationship to disease activity," had the lowest citation count of 126. The earliest published article was "The natural course of urticaria pigmentosa: analysis and follow-up of 112 cases," with a citation frequency of 196, while the most recent was "Prevalence of chronic urticaria in children and adults across the globe: Systematic review with meta-analysis," cited 150 times. The articles were divided into seven clusters based on citation analysis and topic relevance (Figure 3). Cluster 1 is clustered by Altrichter, Asero, and so on, which is represented by red groups. The clustering focuses on the physiological pathology and pathogenesis in the mind. Cluster 2 is grouped by Baiardini, Fricke, and so on. The graph is composed by green color groups. Clustering focuses on the management of the quality of life of urticaria. Cluster 3 is clustered by Boyce, Chang, and so on. It is represented by dark green population in the figure. Cluster 3 focuses on the assessment and management of quality of life in urticaria. Cluster 4 consists of Fujisawa, Grattan, and so on which is represented by yellow groups in the figure. The cluster focuses on the etiology of urticaria. Cluster 5 is clustered into one class by Champion and Doeglas, and so on, and is represented by the purple colored group in the figure. The cluster focuses on the clinical characteristics of all kinds of urticaria. Cluster 6 was clustered by Grandel, Hermes, etc., which is represented by blue groups. The focus of clustering is on the study of cold urticaria. Cluster 7 is clustered by Greaves, Kaplan, and so on, which is represented by orange groups. The cluster

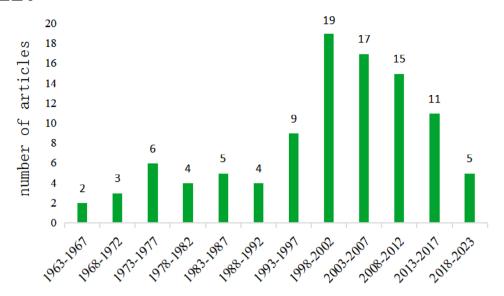


FIGURE 2 Statistics on the number of publications every 5 years.

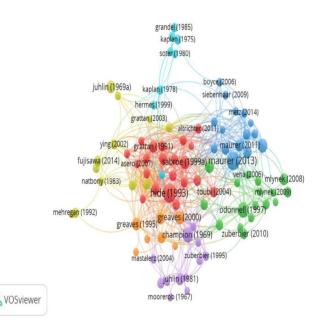


FIGURE 3 The bibliometric map of the selected articles based on citation patterns. (Cluster colors are as follows: Cluster 1 - Red, Cluster 2 - Green, Cluster 3 - Dark blue, Cluster 4 - Yellow, Cluster 5 - Purple, Cluster 6 - Blue, Cluster 7 - Orange).

focuses on diseases related to urticaria, such as angioneurotic edema. Each cluster is represented by a color, with each node denoting an author. Nodes are interconnected on a map, and the size of each node correlates with the citation count. In the time view of citation analysis, the node color gradually changes from blue-black to yellow, reflecting the chronological order of citations. Nodes representing earlier citations tend to be blue-black, while those representing later citations are yellow (Figure 4). From Figure 4, it can be seen that articles published after 2020 have become new research hotspots.

3.3 | Statistics of countries and institutions

The United States exhibited the greatest interest in urticaria research, leading with 39 articles, followed by Germany with 26 articles, and England with 25 articles. In terms of citation frequency, publications from the United States were cited 8787 times, ranking first. England's publications followed with a total of 6660 citations, and Germany's with 5666 citations (Table 1). The top nine institutions in terms of publication volume were analyzed (Table 2), with Charité leading with 13 articles and a citation frequency of 3357.

3.4 | Author statistics

Among the top 100 most-cited articles, Marcus Maurer was the most prolific, authoring 15 articles with a citation frequency of 3643. M.W. Greaves was second, publishing 12 articles with a citation frequency of 3643, and A.P. Kaplan ranked third with 10 articles and a citation frequency of 1912 (Table 3).

3.5 | Statistics of published journals

Analyzing the journals where urticaria studies were published, 84 articles appeared in the top 10 journals. Table 4 lists the leading journals in urticaria research. The Journal of Allergy and Clinical Immunology was the most frequent publication venue, with 31 articles and a total citation frequency of 6407. The British Journal of Dermatology ranked second with 13 articles and a total citation frequency of 3336. Allergy was third, hosting 10 publications and 1868 co-citations.

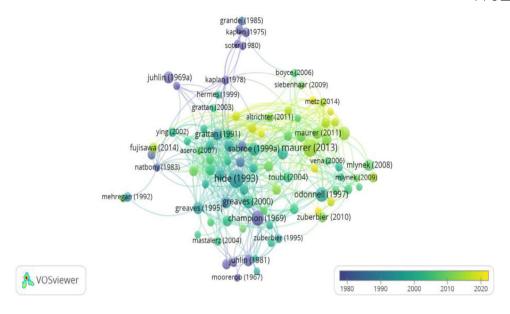


FIGURE 4 Time research trends in urticaria are analyzed based on 100 related articles. (The earlier the year, the more the node color tends toward blue-black, and vice versa).

TABLE 1 Top nine countries' publication and citation frequency statistics.

Rank	Countries	Documents	Citations
1	Usa	39	8787
2	Germany	26	5666
3	England	25	6660
4	Italy	9	1526
5	Spain	5	1422
6	Canada	5	1035
7	France	5	899
8	Poland	4	991
9	Switzerland	4	819

TABLE 2 Statistics of the top nine institutions' publication and citation frequency.

Rank	Organization	Documents	Citations
1	Charite	13	3357
2	The Medical University of South Carolina	11	3019
3	Charite Universitäts medizin Berlin	9	1658
4	St Thomas' Hospital	7	1532
5	Harvard University	6	989
6	Johns Hopkins Asthma and Allergy Center	4	1387
7	Genentech Inc.	4	1620
8	Univ Calif Los Angeles	4	924
9	Univ Milan	4	635

TABLE 3 Top 10 authors and citation frequency statistics.

Rank	Authors	Documents	Citations
1	Maurer, Marcus	15	3643
2	Greaves, MW	12	3643
3	Kaplan, AP	10	1912
4	Francis, DM	9	2663
5	Grattan, CEH	8	2393
6	Church, Martin K.	6	1149
7	Maurer, M.	6	1181
8	Metz, Martin	6	1124
9	Barr, RM	5	1220
10	Black, AK	5	1294

3.6 | Keywords analysis

VOSviewer software is used to analyze the co-occurrence of keywords to form a visual time view, and Pajek is used to further visualize the results to obtain keyword clustering view and density view, where circles and labels combine to form units, and units of different colors delineate separate clusters. These colors signify diverse research directions, with the size of the nodes representing the frequency of keyword occurrences. Keywords recurring more than five times were clustered, revealing four distinct groups (Figure 5). Cluster 1 focused on the quality of life and Omalizumab treatment in urticaria, featuring main keywords such as "management," "Omalizumab," and "quality of life." Cluster 2 dealt with the pathogenesis of urticaria, with key terms including "chronic idiopathic urticaria," "IgE receptor," "basophils," "Fc ϵ RI α ," and so on. Cluster 3 centered on urticaria autoimmunity, highlighting "antibodies," "mast cells," "thyroid autoim-

TABLE 4 Top 10 published journals and citation frequency statistics.

Rank	Source	Documents	Citations
1	Journal of Allergy and Clinical Immunology	31	6407
2	British Journal of Dermatology	13	3336
3	Allergy	10	1868
4	New England Journal of Medicine	9	2885
5	Journal of the American Academy of Dermatology	6	1066
6	Archives of Dermatology	3	731
7	Journal of Investigative Dermatology	3	673
8	Clinical and Experimental Allergy	3	637
9	Journal of Clinical Investigation	3	568
10	Acta Dermato- Venereologica	3	440

munity," among others. Lastly, Cluster 4 explored urticaria treatment through antihistamines, with keywords like "antihistamines," "release." In the keyword time view (Figure 6), the earlier the keyword appears, the more the node color favors blue, the later the keyword appears,

and the more the node color favors yellow. It can be seen that most of the literatures related to "IgE," "Omalizumab," and "CSU " were recently published. The keyword density view can be used to quickly observe the knowledge and research density of important fields and a certain field. The regional brightness is positively correlated with the frequency of keywords. In the keyword density view (Figure 7), "chronic idiopathic urticaria," "CU," "autoantibodies," and "FcɛRla" are the keywords with the highest salience intensity, reflecting that they are important areas of research.

4 | DISCUSSION

Urticaria represents a challenging condition within dermatology. As research progresses, the understanding of its etiology, pathogenesis, and treatment has improved. This study analyzed the top 100 English literature pieces related to urticaria with the highest citation frequency in the WOS core collection database from 1963 to 2023, utilizing the bibliometric software VOSviewer for visual analysis. Publication statistics revealed a unimodal upward trend in urticaria-related publications, suggesting sustained interest from researchers. The period between 1998 and 2002 saw the highest publication volume, totaling 19 articles, highlighting urticaria research as a focal area with significant potential for high-quality literature. Among the 100 most cited articles, pathogenesis and treatment emerged as dominant themes, discussed in 61 articles. In contrast, only 10 articles concentrated on the epidemiological and pathological aspects, with a primary focus on CU.

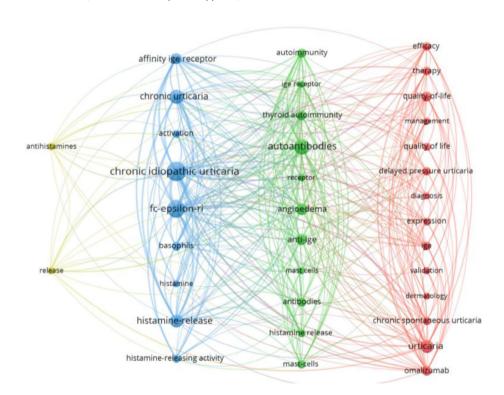


FIGURE 5 Analyze the scientometric diagram of keywords in the articles. (Cluster colors are as follows: Cluster 1 - Red, Cluster 2 - Green, Cluster 3 - Blue, Cluster 4 - Yellow.).

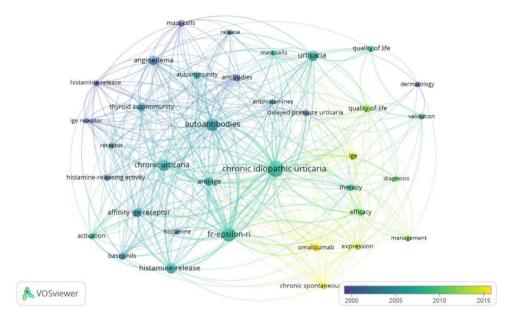


FIGURE 6 Keyword time view of urticaria research: Color ranging from blue to yellow indicates the timeline of keyword appearance from earlier to more recent.

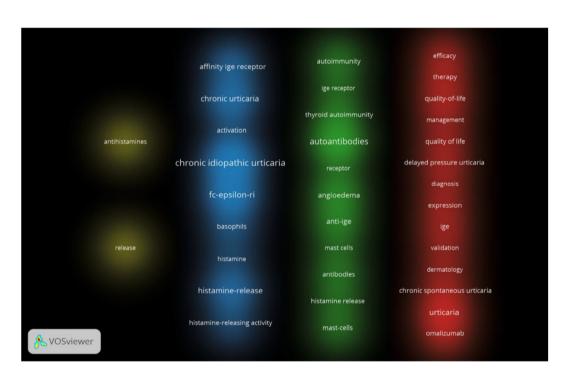


FIGURE 7 Brighter regions indicate higher intensities of keyword highlighting.

In the course of urticaria, susceptibility to allergens can lead to its chronicity, hence the emphasis on a deeper understanding and effective management of the condition. It is evident that a substantial portion of influential literature has concentrated on exploring the causes of CU and identifying treatment strategies. Research has indicated that IgE-mediated mast cell activation and degranulation, along with the release of histamine-based inflammatory mediators, play a crucial role in CU's pathogenesis. 46-48 This hypothesis has been supported

by experiments showing elevated histamine levels in individuals with CU. $^{49-50}$ Recent findings also reveal that, besides anti-high-affinity IgE receptor α subunit (Fc&Rl α) and anti-IgE antibodies, the presence of anti-thyroid autoantibodies, anti-HP antibodies, and anti-Fc&Rl α antibodies in CU patients' circulation indirectly relates to the immune pathogenesis of CU. 25,51,52 Furthermore, urticaria is linked with vascular edema, 53,54 thyroid autoimmunity, 55,56 and its treatment drugs include cyclosporine. 57 For treatment-resistant urticaria, high doses

of levocetirizine and desloratadine may be considered. 17 Omalizumab has been shown to significantly alleviate pruritus in CU patients, $^{20.58}$ particularly in those who continue to experience symptoms after using H1 antihistamines. 26

Through VOSviewer analysis, "management," "omalizumab," and "quality of life" emerged as keywords with significant density, highlighting the research focus on urticaria related to quality of life and omalizumab treatment. The Nottingham Health Profile (NHP) illustrates that CU impacts various aspects of patients' lives, including home management, personal care, entertainment and social interactions, mobility, emotional factors, sleep, rest, and work.⁵⁹ The disease activity of urticaria is evaluated by the Urticaria Activity Score (UAS) and Quality of Life (QoL), revealing a positive correlation between the UAS and QoL scores of CU patients.⁶⁰ Tools such as the Urticaria Control Test⁶¹ and the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL)⁶² are instrumental in enhancing the life quality of individuals with CU.

As a recombinant humanized anti-IgE monoclonal antibody, omalizumab can bind to free IgE and inhibit its binding to IgE receptors on mast cells, eosinophils, basophils, and other effector cells, thus preventing effector cell activation and blocking the IgE-mediated inflammatory response. Omalizumab stands as the sole anti-IgE monoclonal antibody biological agent authorized for CSU with insufficient antihistamine response, demonstrating efficacy and safety. 27,28,63-65 Currently, research on biomarkers associated with omalizumab's efficacy in CU treatment is limited. New biological agents, including anti-IgE antibodies, IL-5 inhibitors, TNF- α inhibitors, IL-1 inhibitors, IL-17 inhibitors, BTK inhibitors, and dupilumab, are attracting interest, with Ligelizumab potentially succeeding omalizumab in CU treatment.

Bibliometrics is extensively utilized in the medical domain. However, due to variations in literature coverage, there's inherent bias in literature selection, influenced by publication timing, authorship, and journal source. Thus, citation analysis may not fully capture an article's impact on its field, necessitating a nuanced interpretation of citation frequency.

5 | CONCLUSION

A systematic bibliometric analysis was performed on the 100 most frequently cited articles in the field of urticaria, spanning publications from 1963 to 2023. The majority of these articles focused on the mechanisms underlying urticaria, pharmacological interventions, and health management strategies for the condition. Biological agents represent the forefront of current treatments, particularly for spontaneous and treatment-resistant forms of urticaria, where their effectiveness is notably high. Furthermore, the exploration and therapeutic application of additional biological agent targets will be central to future research endeavors.

CONFLICT OF INTEREST STATEMENT

The authors declare that the research is conducted in the absence of any commercial or financial relationships. The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

REFERENCES

- Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international EAACI/GA2LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. Allergy. 2022;77:734-766.
- Mao M, Yuan Y, Xiao Y, et al. Clinical difference between single subtype and mixed subtype chronic urticaria: a retrospective study. *Indian* J Dermatol Venereol Leprol. 2022;88:171-176.
- Zuberbier T, Balke M, Worm M, et al. Epidemiology of urticaria: a representative cross-sectional population survey. Clin Exp Dermatol. 2010;35:869-873.
- 4. Gaig P, Olona M, Lejarazu DM, et al. Epiodemiology of urticaria in Spain. J Investig Allergol Clin Immunol. 2004;14:214-220.
- Hon KL, Leung AKC, Ng WGG, et al. Chronic urticaria: an overview of treatment and recent patents. Recent Pat Inflamm Allergy Drug Discov. 2019;13:27-37.
- Church MK, Kolkhir P, Metz M, et al. The role and relevance of mast cells in urticaria. *Immunol Rev.* 2018;282:232-247.
- Giménez-Arnau AM, de Montjoye L, Asero R, et al. The pathogenesis of chronic spontaneous urticaria: the role of infiltrating cells. Allergy Clin Immunol Prac. 2021;9:2195-2208.
- Altrichter S, Frischbutter S, Fok JS, et al. The role of eosinophils in chronic spontaneous urticaria. J Allergy Clin Immunol. 2020;145:1510-1516
- Sutton BJ, Davies AM. Structure and dynamics of IgE-receptor interactions: Fc∈RI and CD 23/Fc∈RII. Immunol Rev. 2015;268:222-235.
- Sánchez J, Sánchez A, Cardona R. Clinical characterization of patients with chronic spontaneous urticaria according to anti-TPO IgE levels. J Immunol Res. 2019:1-11.
- Sánchez J, Sánchez A, Munera M, et al. Presence of IgE autoantibodies against eosinophil peroxidase and eosinophil cationic protein in severe chronic spontaneous urticaria and atopic dermatitis. Allergy Asthma Immunol Res. 2021; 13:746.
- Elieh Ali Komi D, Shafaghat F, Kovanen PT, et al. Mast cells and complement system: ancient interactions between components of innate immunity. Allergy. 2020;75:2818-2828.
- Kikuchi Y, Kaplan AP. Mechanisms of autoimmune activation of basophils in chronic urticaria. J Allergy Clin Immunol. 2001;107:1056-1062.
- Kikuchi Y, Kaplan AP. A role for C5a in augmenting IgG-dependent histamine release from basophils in chronic urticaria. J Allergy Clin Immunol. 2002;109:114-118.
- 15. Kay AB, Clark P, Maurer M, et al. Elevations in T-helper-2-initiating cytokines (interleukin-33, interleukin-25 and thymic stromal lymphopoietin) in lesional skin from chronic spontaneous ('idiopathic') urticaria. *Br J Dermatol*. 2015;172:1294-1302.
- Zuberbier T, Aberer W, Asero R, et al. The EAACI/GA²LEN/EDF/WAO guideline for the definition, classification, diagnosis and management of urticaria. *Allergy*. 2018;73:1393-1414.
- Guillen-Aguinaga S, Jáuregui Presa I, Aguinaga-Ontoso E, et al. Updosing nonsedating antihistamines in patients with chronic spontaneous urticaria: a systematic review and meta-analysis. *Br J Dermatol*. 2016:175:1153-1165.
- Hendricks AJ, Yosipovitch G, Shi VY. Dupilumab use in dermatologic conditions beyond atopic dermatitis—a systematic review. J Dermatol Treat. 2021;32:19-28.

- 19. Maurer M, Casale TB, Saini SS. 33004 Dupilumab significantly reduces itch and hives in patients with chronic spontaneous urticaria (CSU) who remain symptomatic despite use of standard-of-care antihistamines: results from a phase 3 trial (LIBERTY-CSU CUPID study A). *J Am Acad Dermatol.* 2022;87:AB46.
- Kaplan AP, Joseph K, Maykut RJ, et al. Treatment of chronic autoimmune urticaria with omalizumab. J Allergy Clin Immunol. 2008;122:569-573.
- 21. Deza Vargas LG, Bertolín Colilla M, Pujol Vallverdú RM, et al. Basophil FcɛRl expression in chronic spontaneous urticaria: a potential immunological predictor of response to omalizumab therapy. *Acta Derm Venereol.* 2017:97:698-704.
- 22. Metz M, Staubach P, Bauer A, et al. Clinical efficacy of omalizumab in chronic spontaneous urticaria is associated with a reduction of FcεRI-positive cells in the skin. *Theranostics*. 2017;7:1266.
- 23. Jörg L, Pecaric-Petkovic T, Reichenbach S, et al. Double-blind placebocontrolled trial of the effect of omalizumab on basophils in chronic urticaria patients. *Clin Exp Allergy*. 2018;48:196-204.
- Altrichter S, Peter HJ, Pisarevskaja D, et al. IgE mediated autoallergy against thyroid peroxidase–a novel pathomechanism of chronic spontaneous urticaria? PLoS One. 2011;6:e14794.
- 25. Maurer M, Altrichter S, Bieber T, et al. Efficacy and safety of omalizumab in patients with chronic urticaria who exhibit IgE against thyroperoxidase. *J Allergy Clin Immunol*. 2011;128:202-209.e5.
- Saini SS, Bindslev-Jensen C, Maurer M, et al. Efficacy and safety of omalizumab in patients with chronic idiopathic/spontaneous urticaria who remain symptomatic on H1 antihistamines: a randomized, placebo-controlled study. *J Invest Dermatol*. 2015;135:67-75.
- Kaplan A, Ledford D, Ashby M, et al. Omalizumab in patients with symptomatic chronic idiopathic/spontaneous urticaria despite standard combination therapy. J Allergy Clin Immunol. 2013;132:101-109.
- Maurer M, Rosén K, Hsieh HJ, et al. Omalizumab for the treatment of chronic idiopathic or spontaneous urticaria. N Engl J Med. 2013;368:924-935.
- Tharp MD, Bernstein JA, Kavati A, et al. Benefits and harms of omalizumab treatment in adolescent and adult patients with chronic idiopathic (spontaneous) urticaria: a meta-analysis of "real-world" evidence. JAMA Dermatol. 2019;155:29-38.
- Maurer M, Giménez-Arnau AM, Sussman G, et al. Ligelizumab for chronic spontaneous urticaria. N Engl J Med. 2019;381:1321-1332.
- Salinas-RíosK. Bibliometrics, ausefultoolwithinthefieldof research. J Basic Appl Psychol Res. 2022;3:9-16.
- Kim HSJ, Wahid M, Choi C, et al. Bibliometric analysis of manuscript characteristics that influence citations: a comparison of ten major dermatology journals. *Burns*. 2020;46:1686-1692.
- Gantenbein L, Arora P, Navarini A, et al. Global publication productivity in dermatology: a bibliometric description of the past and estimation of the future. J Eur Acad Dermatol Venereol. 2021;35:1424-1433
- Wu JJ, Choi YM, Marczynski W. The 100 most cited psoriasis articles in clinical dermatologic journals, 1970 to 2012. J Clin Aesthet Dermatol. 2014;7:10.
- Joyce CW, Sugrue CM, Joyce KM, et al. 100 citation classics in the melanoma literature: a bibliometric analysis. *Dermatol Surg.* 2014;40:1284-1298.
- Berlinberg A, Bilal J, Riaz IB, et al. The 100 top-cited publications in psoriatic arthritis: a bibliometric analysis. *Int J Dermatol*. 2019;58:1023-1034.
- Wang Y, Zhang H, Fang R, et al. The top 100 most cited articles in rosacea: a bibliometric analysis. J Eur Acad Dermatol Venereol. 2020;34:2177-2182.
- 38. Seivright JR, Thompson AM, Villa NM, et al. Bibliometric analysis of the 50 most cited publications in hidradenitis suppurativa. *Skin Appendage Disord*. 2021;7:173-179.
- 39. Villa NM, Seivright JR, Worswick SD, et al. Pityriasis rubra pilaris: a bibliometric analysis. *Int J Dermatol*. 2021;60:e326-e331.

- 40. Daou L, El Hage S, Wakim E, et al. Psoriasis: A bibliometric analysis in the Arab World (2004–2019). *Australas J Dermatol.* 2021;62:e19-e23.
- 41. Masson R, Ma E, Park S, et al. Top cited articles in dissecting cellulitis of the scalp: a bibliometric analysis. *Skin Res Technol*. 2023;29.
- 42. Van Eck N, Waltman L. Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics*. 2010;84:523-538.
- 43. Arruda H, Silva ER, Lessa M, et al. VOSviewer and bibliometrix. *J Med Libr Assoc*. 2022;110:392.
- Ding X, Yang Z. Knowledge mapping of platform research: a visual analysis using VOSviewer and CiteSpace. *Electron Commer Res.* 2022;22:787-809.
- AlRyalat SAS, Malkawi LW, Momani SM. Comparing bibliometric analysis using PubMed, Scopus, and Web of Science databases. J Vis Exp. 2019:e58494.
- Grattan CEH, Francis DM, Hide M, et al. Detection of circulating histamine releasing autoantibodies with functional properties of anti-IgE in chronic urticaria. Clin Exp Allergy. 1991;21:695-704.
- 47. Ferrer M, Kinét JP, Kaplan AP. Comparative studies of functional and binding assays for IgG anti-Fc∈RIα (α-subunit) in chronic urticaria. *J Allergy Clin Immunol.* 1998;101:672-676.
- 48. Fiebiger E, Hammerschmid F, Stingl G, et al. Anti-FcepsilonRlalpha autoantibodies in autoimmune-mediated disorders. Identification of a structure-function relationship. *J Clin Invest.* 1998;101:243-251.
- Saini SS. Chronic spontaneous urticaria: etiology and pathogenesis. Immunol Allergy Clin. 2014;34:33-52.
- Saini SS, Kaplan AP. Chronic spontaneous urticaria: the devil's itch. Allergy Clin Immunol Prac. 2018;6:1097-1106.
- Hide M, Francis DM, Grattan C, et al. Autoantibodies against the high-affinity IgE receptor as a cause of histamine release in chronic urticaria. N Engl J Med. 1993;328:1599-1604.
- 52. Sun L, Erxun K, Li J, et al. Correlations between anti-mast cell autoantibodies and chronic idiopathic urticaria. *Ann Dermatol.* 2014;26:145.
- 53. Rh C. Urticaria and angio-oedema. A review of 554 patients. *Br J Dermatol*. 1969;81:588-597.
- 54. Kaplan AP. Chronic urticaria and angioedema. *N Engl J Med.* 2002;346:175-179.
- Leznoff A, Sussman GL. Syndrome of idiopathic chronic urticaria and angioedema with thyroid autoimmunity: a study of 90 patients. J Allergy Clin Immunol. 1989;84:66-71.
- Leznoff A, Josse RG, Denburg J, et al. Association of chronic urticaria and angioedema with thyroid autoimmunity. *Arch Dermatol*. 1983:119:636-640.
- 57. Grattan CEH, O'Donnell BF, Francis DM, et al. Randomized doubleblind study of cyclosporin in chronic 'idiopathic'urticaria. *Br J Dermatol*. 2000;143:365-372.
- 58. Spector SL, Tan RA. Effect of omalizumab on patients with chronic urticaria. *Ann Allergy Asthma Immunol.* 2007;99:190-193.
- O'donnell BF, Lawlor F, Simpson J, et al. The impact of chronic urticaria on the quality of life. Br J Dermatol. 1997;136:197-201.
- Młynek A, Zalewska-Janowska A, Martus P, et al. How to assess disease activity in patients with chronic urticaria? *Allergy*. 2008;63:777-790
- Weller K, Groffik A, Church MK, et al. Development and validation of the Urticaria Control Test: a patient-reported outcome instrument for assessing urticaria control. J Allergy Clin Immunol. 2014;133:1365-1372 of
- Baiardini I, Pasquali M, Braido F, et al. A new tool to evaluate the impact of chronic urticaria on quality of life: chronic urticaria quality of life questionnaire (CU-Q2oL). Allergy. 2005;60:1073-1078.
- Yuan W, Hu S, Li M, et al. Efficacy and safety of omalizumab in Chinese patients with anti-histamine refractory chronic spontaneous urticaria. Dermatol Ther. 2022;35:e15303.
- 64. Metz M, Ohanyan T, Church MK, et al. Omalizumab is an effective and rapidly acting therapy in difficult-to-treat chronic urticaria: a retrospective clinical analysis. *J Dermatol Sci.* 2014;73:57-62.

65. Zhao ZT, Ji CM, Yu WJ, et al. Omalizumab for the treatment of chronic spontaneous urticaria: a meta-analysis of randomized clinical trials. *J Allergy Clin Immunol.* 2016;137:1742-1750.e4.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Fu T, Wu Y, Wang R, et al. Research hotspots in urticaria: A bibliometric study of the top 100 most cited articles. $Skin\ Res\ Technol.\ 2024;30:e13731.$

https://doi.org/10.1111/srt.13731