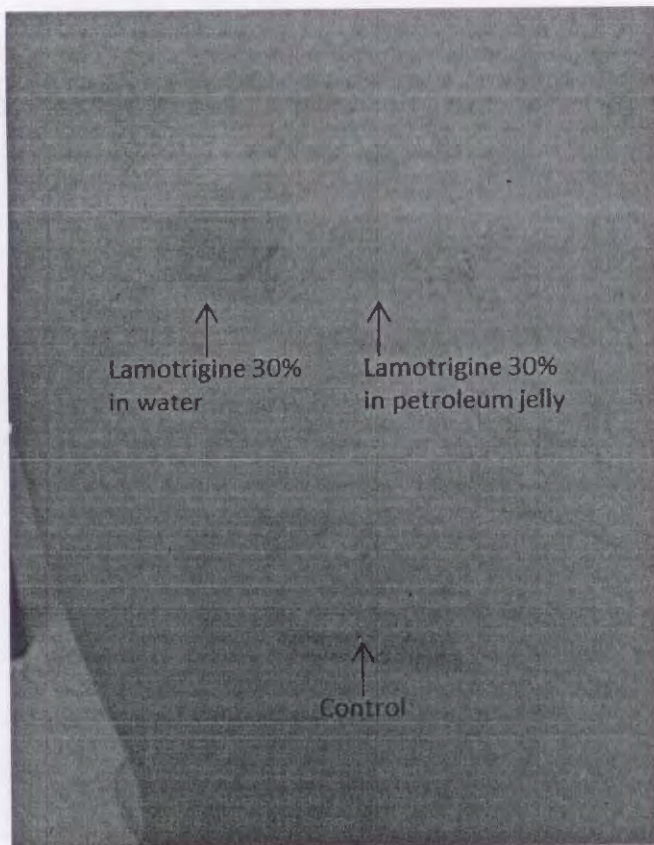


P14**POSITIVE PATCH TEST TO LAMOTRIGINE IN A PEDIATRIC PATIENT WITH DRESS SYNDROME.**J.A. Mendez*, C. Acantilado, S. Nazario, *San Juan, Puerto Rico.*

Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a rare and life threatening delayed hypersensitivity reaction caused by exposure to certain medications. However, identification of the culprit drug may be challenging, particularly in patients receiving multiple medications. Patch testing is a well-known method used to identify the culprit drug in delayed Type IV hypersensitivity reactions. Here, we report the case of a pediatric patient in whom lamotrigine-induced DRESS syndrome was successfully confirmed through patch testing. **Case description:** A 5 year-old boy with epilepsy had been receiving valproic acid for over 1 year to control seizures. He had persisted with symptoms despite medical therapy and a follow-up electroencephalogram (EEG) still revealed abnormal electrical activity. A decision was made to change his antiepileptic therapy to lamotrigine 125mg daily. Two weeks after starting therapy with lamotrigine, the patient experienced the sudden onset of fever of 103° F and a diffuse maculopapular skin rash. Laboratory workup was remarkable for an elevated eosinophil count of $0.86 \times 10^9/L$. A hypersensitivity reaction to lamotrigine was suspected and the medication was stopped immediately. A complete resolution of symptoms was observed after 2 weeks. He was referred to our clinics due to suspected drug allergy. Patch testing was performed to lamotrigine 30% in water and in petroleum jelly. Patch test reading at 72 hours revealed a positive result to lamotrigine in water. **Conclusion:** Patch testing of medical products is a useful tool in the evaluation of patients with delayed Type IV hypersensitivity drug reactions. In this case, patch testing was successfully used to confirm lamotrigine-induced DRESS syndrome in a pediatric patient with epilepsy.



Positive patch test to lamotrigine 30% in water at 72 hours.

P15**TREATMENT OF DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS) WITH MYCOPHENOLATE MOFETIL AS A STEROID-SPARING AGENT.**M. Mortezaei*, J.M. Lomas, R.J. Looney, *Rochester, NY.*

Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a drug-induced hypersensitivity reaction that includes skin eruptions, eosinophilia, lymphocytosis, lymphadenopathy and internal organ involvement. First line therapy includes high dose corticosteroids, however, patients with DRESS often require a slow, prolonged taper to prevent relapse. Here, we describe the case of a patient with DRESS effectively treated with mycophenolate mofetil as a steroid sparing drug. **Case Presentation:** Our patient is a 14-year-old white female, previously in good health. She developed a cough, malaise and sore throat treated at home with ibuprofen and pseudoephedrine. Her father also gave her one dose of amoxicillin left over from an old prescription. A few days later her symptoms subsided. Four weeks after the onset of the initial illness, she developed a flat pink rash, joint pains, fever, and cervical lymphadenopathy. Her symptoms continued to escalate until she became lethargic, had altered mental status and dyspnea. She was brought to the hospital hypotensive and required intubation. A CT scan revealed diffuse cervical, axillary, hilar, intra-abdominal, pelvic mesenteric and inguinal lymphadenopathy. She had leukocytosis of 80 K/ μ L, 20% bands, eosinophilia of 28 K/ μ L, lymphocytosis 29 K/ μ L, acute hemolytic anemia, thrombocytopenia, elevated creatinine, ferritin of 5500 ng/ml, and sIL2R 79,000 pg/ml. A bone marrow and lymph node biopsy showed no evidence of hemophagocytosis or malignancy. Workup for lupus, vasculitis, and infection was negative. She was diagnosed with DRESS. She received 1gm IV steroids for three days with remarkable recovery of pulmonary, renal and hepatic function and normalization of labs. She was transitioned to oral prednisone at 1mg/kg and started on mycophenolate mofetil 500 mg bid before discharge. Her steroid dose is tapered without relapse. **Conclusion:** DRESS is characterized by a profound immunologic response involving overproduction of multiple cell lines including T-cells, B-cells, eosinophils and production of abnormal antibodies. Mycophenolate mofetil is a non-competitive inhibitor of inosine monophosphate dehydrogenase that inhibits T and B Cell proliferation. To our knowledge, this is the first described case of using this agent to successfully treat a patient with DRESS.

P16**PREVALENCE OF ALLERGY TO HYMENOPTERA STING AMONG SCHOOLCHILDREN IN MONTERREY, MEXICO.**H. Hernandez-Sanchez*, A. Arias Cruz, S.N. Gonzalez Díaz, L. Leal Villarreal, M. Hernandez Robles, J.A. Buenfil Lopez, I.V. Yanez Perez, *Monterrey, Nuevo Leon, Mexico.*

Background: Hymenoptera stings can cause allergic reactions in individuals sensitized to their venom. There is few epidemiological data on the prevalence of this type of allergy in children in México. The aim of this study is to know the prevalence of Hymenoptera sting allergy in school children of Monterrey, Mexico. **Method:** We conducted a transversal and observational study where hymenoptera allergy was surveyed among children attending to elementary school. The study was divided into two phases. First phase consisted in design and validation of a questionnaire to survey hymenoptera allergy. In the second phase, questionnaire was applied to parents whose children attended to any of the different elementary schools of the city. Finally, questionnaires were collected and submitted to analysis. The clinical reactions and epidemiological characteristics to ant bites, bee and wasp were investigated. Allergy to hymenoptera sting was correlated with personal history of atopy. **Results:** A total of 323 questionnaires were completed and selected for analysis. The age of the students ranged from 5-13 years (mean 9.6 ± 21) and 162 (50.2%) were female. Ninety-three children (28.8%) had a personal history of atopy and 23% had some clinical suspicion of atopy. Of the total sample, 217 children (67%) had a history of at least one wasp sting. The 10.5% of children had large local reactions and 6.5% systemic reactions. Anaphylaxis occurred in 0.9% of the children. We found no significant difference in the prevalence of allergy to Hymenoptera between atopic and non-atopic subjects ($p = 0.09$). **Conclusions:** The prevalence of large local reactions and systemic reactions found in this study was similar to what has been reported by other authors. However, the prevalence of anaphylactic reactions was lower than what has been reported in other epidemiological studies in the pediatric population.

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