

M027**EARLY AND DELAYED HYPERSENSITIVITY REACTIONS TO PACLITAXEL: DESENSITIZATION AS A CHALLENGE**

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Introduction: Taxanes are among the most frequently implicated antineoplastics in anaphylaxis and occur in around 1% of patients. Immediate hypersensitivity reactions (HSR) to taxanes are generally attributed to the surfactants used in their formulation however IgE mediated reactions have been reported.

Case Description: A 36 year old female patient with breast cancer stage IIB diagnosed on November 2017 was referred to our center by the Oncology Service. Patient started chemotherapy with paclitaxel 120 mg, however 3 minutes after the second dose she presented pruritus, chest pain and throat tightness; dexamethasone and clorpheniramine was administered by oncologist with complete resolution of symptoms. We performed skin tests with paclitaxel (1 mg/1ml): prick tests were negative, intradermal test (0.01 mg/ml) 0.05 ml was positive (wheal was 5 mm greater than negative control). Desensitization was performed with an 8 hour method and total dose of 120 mg; premedication was methylprednisolone 40 mg, clorpheniramine 10 mg and ondansetron 8 mg. No immediate reactions occurred. Two days later patient presented cutaneous vasculitis lesions in lower limbs and abdomen so 50 mg of prednisone for 7 days was started. CBC, urinalysis, LDH and hepatic enzymes were normal. Skin lesions resolved 2 days later. Treatment with docetaxel was considered as treatment despite high costs and limited availability for most patients.

Discussion: Administration of docetaxel with premedication is considered as a treatment option however patients with delayed taxane-induced HSRs, with onset of 48 hours or less after the infusion might be at risk of an immediate reaction on re-exposure as reported with our patient.

M028**HORSEFLY-WASP SYNDROME**

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Introduction: We present a 67 year old male who developed anaphylaxis after being bitten by a horsefly; likely a more common diagnosis than previously documented.

Case Description: 67 year old male farmer presented to ED with symptoms of anaphylaxis. He had eaten crab and ten minutes later was bitten by a horsefly on his left hand. He became lightheaded, developed left arm swelling, and itchy hands. Symptoms progressed to peri-oral numbness, neck erythema, emesis and loss of consciousness. His evaluation revealed positive specific IgE by serology to HB, WA, YH, YJ, WFH, horsefly and crab. Six weeks later, patient successfully passed crab challenge. Probable horsefly-wasp syndrome suspected and patient decided to undergo VIT to mixed vespid, wasp, and honeybee.

Discussion: At least 30 cases of severe allergic reactions to horsefly allergy (family *Tabanidae*) have been recorded; however, this is thought to be underreported secondary to poor diagnostics and lack of awareness. Clinically, a co-existence of anaphylaxis to horsefly and hymenoptera has been reported. Tab y 2 (a hyaluronidase) and Tab y 5 (antigen 5) have been identified as potential allergen proteins from the saliva of the horsefly as well as wasp venom which supports evidence of horsefly-wasp syndrome. Given the patient's occupational risk, lack of specific immunotherapy for horsefly allergy, and suspected cross reactivity between the wasp and horsefly, VIT for wasp should be considered as a scientifically plausible but limited treatment option for horsefly allergy.

M029**SUCCESSFUL DESENSITIZATION TO PACLITAXEL: A CASE REPORT**

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Introduction: Antineoplastics are the third leading cause of death due to drug-induced anaphylaxis. Taxanes are an integral part of the chemotherapeutic regimen used in gynecological malignancies. Drug desensitization is a therapeutic technique that induces a temporary state of tolerance to a drug responsible for a hypersensitivity reaction.

Case Description: A 48 year old female diagnosed with stage IV mixed epithelial ovarian cancer and arterial hypertension. Chemotherapy with carboplatin + paclitaxel is indicated, during the first cycle. She presents within the first 5 minutes of application of paclitaxel: lipotimia and wheals, without hypotension, hypoxemia, or wheezing. Skin tests are performed, resulting positive to paclitaxel at dilution 1:1000, a protocol of desensitization was performed based on 6 bags of sodium chloride, and paclitaxel in different concentrations. The desensitization doses were administered within six hours of preparation, and there was no reaction to the administration of the medication.

Discussion: Hypersensitivity reactions are common with the administration of taxanes. A desensitization protocol was performed, considering it successful since the patient was able to continue her treatment without adverse reactions.

Desensitization protocol

Step	Concentration	Dilution	Total volumen administered (ml)	Dosage administered (mg)	Accumulated dose (mg)
F	1:1	48 ml + 1.000 ml SC0.9%	1	288	297.9999
E	1:10	(1:1) 2 ml + 18 ml SC0.9%	15	9	9.9999
D	1:100	(1:10) 2 ml + 18 ml SC0.9%	15	0.9	0.9999
C	1:1.000	(1:100) 2 ml + 18 ml SC0.9%	15	0.09	0.0999
B	1:10.000	(1:1.000) 2 ml + 18 ml SC0.9%	15	0.009	0.0099
A	1:100.000	(1:10.000) 2 ml + 18 ml SC0.9%	15	0.0009	0.0009

M030**DESENSITIZATION PROTOCOL FOR HYPERSENSITIVITY TO CARBOPLATIN IN-PATIENT WITH METASTATIC CANCER, A SAFE AND EFFECTIVE METHOD**

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Introduction: Use of chemotherapy compounds in clinical practice is increasing leading to a rise in the incidence of hypersensitivity reactions. Reactions to carboplatin usually occur between the fourth and eighth course of chemotherapy. The reaction manifests with rash, dyspnea, tightness in the chest, hypotension/hypertension, edema, back pain.

Case Description: 53-year-old male without history of atopy, with metastatic adenocarcinoma in treatment with carboplatin and paclitaxel. During course number 6, at the end of the carboplatin infusion, the patient showed a cutaneous eruption in the face and neck, extended to the abdomen and chest, five minutes after presenting foreign body sensation and dyspnea, the management was with hydrocortisone and intravenous chlorpheniramine, the duration of eruption was less than 1 hour. During the seventh course of chemotherapy, at the end of carboplatin the eruption returned with the same characteristics, which remitted with hydrocortisone and chlorpheniramine. The patient was referred to our unit; skin test with carboplatin was performed. Prick test was negative and the intradermal test (undiluted drug 10 mg / 1 ml) was positive. The patient underwent carboplatin desensitization according to a 12-step protocol (Table 1), with good drug tolerance and adequate clinical response.

Discussion: Hypersensitivity reactions to chemotherapy agents are defined as unexpected reactions with signs and symptoms inconsistent