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P93 Malignant Idiopathic Anaphylaxis Complicated by Significant Comorbidities in a 35 Year Old Man.

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Background: Patients with the malignant classification of idiopathic anaphylaxis (symptoms not controlled on less than 20mg/day of prednisone) represent a therapeutically challenging cohort.
Purpose: To report a case of refractory malignant idiopathic anaphylaxis (IA) and accelerated coronary artery disease (CAD) complicated by serious adverse effects from therapy.
Case Report: In 1996, NP, a 35 year-old man, suffered a myocardial infarction (MI) requiring a 2 vessel CABG. His lipid profile, blood glucose, and homocystine levels were within normal limits. The following year he developed multiple episodes of anaphylaxis characterized by hives and laryngeal edema and syncope. One episode of anaphylaxis led to another MI. In Jan98 he developed anaphylaxis during an exercise treadmill test. He was referred to our clinic and diagnostic and laboratory workup revealed no evidence of vasculitis, mastocytosis or hypersensitivity to allergens. He was treated with antihistamines and prednisone (60 mg qd), which was slowly tapered. However, over the following 13 months he suffered 6 anaphylactic episodes of various degrees of severity mostly triggered by cold temperature exposure or exercise, although some occurred at rest. His IA was eventually controlled on prednisone (25mg qd) in conjunction with doxepin, hydroxyzine, H2 blockers, albuterol tablets and ketotifen. At this steroid dose, however, the patient developed complications including weight gain, depression, proximal myopathy, and aseptic necrosis of the femoral head. Against medical advice, NP stopped his metoprolol and prednisone "cold turkey" but increased ketotifen and has been symptom free for three months.
Conclusion: This case is notable for the severe, refractory nature of the IA complicated by several comorbid conditions, including CAD requiring β- blocker therapy and devastating complications of corticosteroid therapy.

P94 CONCURRENT HYPERSENSITIVITY PNEUMONITIS AND ALLERGIC ASTHMA.

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A 39 year old male with seasonal allergic rhinitis and asthma developed progressive shortness of breath that did not respond to inhaled beta agonists. Physical examination was significant only for intermittent bibasilar crackles. Pulmonary function testing revealed a moderate restrictive pattern and a severely reduced diffusing capacity (DLCO). A chest x-ray revealed bibasilar lung fibrosis. Fiberoptic bronchoscopy was non-diagnostic. There were multiple allergenic problems in the home including a feather quilt and pillows; three cats and a dog that went into the patients bedroom; mildew in the bathroom; and a significant number of water leaks with mold growth detectable by odor. Skin testing revealed allergic reactivity to multiple pollen, feathers, and cats. A home mold analysis revealed increase numbers of several types of molds, especially Penicillium species. His serum contained high levels of mite and cat-specific IgE and very high levels of mite and feather specific IgG. There were no detectable levels of penicillium-specific IgG and a commercial hypersensitivity screen was negative. However, his lymphocytes exhibited a strong in vitro proliferative response to Penicillium extract. Strict environmental control measures were instituted which included moving to a new home, because of the presumptive diagnosis of chronic extrinsic alveolitis due to mold and feather antigens. As a result, he improved rapidly and dramatically, and has remained stable for over a year. This case demonstrates the importance of a detailed environmental history in patients with interstitial lung disease and that strict environmental control is an essential therapeutic approach in these patients. Furthermore, commercial hypersensitivity pneumonitis screens may be negative in the presence of significant disease and special immunological investigations may be required.

P95 PARENTAL KNOWLEDGE ABOUT PREVENTIVE MEASURES OF ALLERGY IN THE PEDIATRIC POPULATION.

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BACKGROUND: Avoidance of the early sensitization to enviromental and food allergens is the preventive measure that physicians can teach to the family.To accomplish this objective the allergyst should promote in pediatricians to start these preventive measures in the early life.
OBJECTIVE: To determine if the level of information received for the parents in the pediatric clinic were effective to acquire knowledge about the prevention of allergic illness and change their attitudes to improve their eviromental and feeding practices.
METHODS: A prospective,descriptive study was made since February 13 to April 30 1999. The instrument of the study was an open questionnaire of 23 easy lenguage questions,applied to every parent atte. Jed to the pediatric clinic in the National Institute of Pediatrics in Mexico City.Each question had a score.The level of knowledge in preventive measures was clasified in: Very low (0-20%),Low(21-50%),good(51-79%) , Very good(80-100%).The stadistic data were analized in Excell 97.
RESULTS. We received 87 complete questionaires.The average of education of the parents was high school.The average in the score was 54%,the main source of information about measures to prevent allergy was the physician.The 56% of the parents received information about the role of breastfeeding in prevention of allergic illness,of these parents 70% practice the breastfeeding until the 4th month. The 76% received education about the best way to feed their childrens but they didn't put in practice. The 50% of the parents smoke in their homes even they know about the contribution of cigarret smoke in the development of allergy.75% of the parents have the knowledge about the importance to avoid house dust and pets in their homes.
CONCLUSIONS. With the information received in the pediatric clinic the parents can identify the risk factors to develope allergy but they didn't put in practice measures to avoid them.To have success in the parental education programs for the prevention of allergic illness,we have to improve our communication skills to change the attitudes in the family for improve their eviromental conditions and feeding practices.

P96 USE OF MONTELUKAST IN THE TREATMENT OF ATOPIC DERMATITIS, A CASE REPORT.

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Atopic dermatitis is a chronic inflammatory disease that frequently is difficult to control. It affects up to 15% of the general population, it is characterized for eczematous plaques, erithematous and intensely pruriginous, it is usually recurrent and refractory to treatment, and associated to another allergic diseases as asthma, allergic rhinitis and conjunctivitis.
We report the case of GSTM, a 15 y/o female with a history of severe atopic dermatitis since 1 m/o, refractory to conventional therapy as moisturizing creams, topical corticoesteroids, oral anthistaminics, and immunotherapy. She has also symptoms in upper and lower airways, perennial allergic rhinitis, conjunctivitis and bronchial asthma, since 6 m/o, with crisis during cold weather. Physical examination revealed generalized dermatitis consisting of erithematous and descamative plaques, marked lichenification and evidence of secondary skin infection. Her serum IgE level was 5,223 IU, nasal cytology showed methachromatic cells 4+ (10 per field), PFT reversible obstruction, skin tests positive to dermatofagoide f. We indicated the conventional therapy, with poor response after 3 weeks of treatment, and decided to add montelukast 10 mg. per day to control her asthma. 2 weeks later she showed significant clinical improvement, with clearing of her cutaneous symptoms. She continued for 6 weeks and then discontinued the montelukast and switched to another antihistaminic, with recurrence of her atopic lesions, then received Zafirlukast, 20 mg. Bid. After 2 weeks of therapy without improvement we switched back to montelukast with remarkable improvement after 1 week of therapy. This case illustrates the clinical benefits of the antileukotriene therapy as a new option to treat patients with refractory atopic dermatitis.