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PROACTIVE MANAGEMENT OF MULTIPLE FOOD ALLERGIES IN AN INFANT WITH ATOPIC DERMATITIS

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Introduction: Oral food challenge (OFC) is the gold standard for diagnosing food allergy. Early introduction of peanuts has been shown to significantly decrease the development of peanut allergy in high-risk infants compared with avoidance. Dietary modification based on preserved food allergy from skin test prick (SPT) or serum specific IgE testing can negatively impact a child’s growth, nutrition, and quality of life. Accurate and early diagnosis of food allergy is therefore of paramount importance.

Case Description: A 5-month-old female with multiple food allergies and moderate persistent atopic dermatitis (AD) presented for evaluation to the pediatric allergy office after a recent family relocation. Prior evaluation revealed elevated serum IgE levels to peanut, egg, and multiple tree nuts. Her present diet included strict avoidance. Repeat SPT and serologic testing with components were performed, following which she underwent several supervised OFCs. She passed peanut (6 months), and almond (10 months), but reacted mildly to baked egg. She is currently scheduled for additional OFCs with the goal of continuing the safe introduction of new foods into her diet.

Discussion: This case highlights a proactive approach to diet expansion through supervised OFC in an infant with persistent AD and multiple food IgE-sensitivities. Our patient safely introduced new foods into her diet including peanut and almond by 10 months of age. A collaborative approach with motivated caretakers is vital for proactively addressing potential allergies and introducing new foods during infancy.

MANAGING A CASE OF REPORTED LOCAL LIDOCAINE ALLERGY IN A PREGNANT WOMAN DURING COVID-19 PANDEMIC

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Introduction: We report how we diagnosed and managed a case of reported local anesthetic allergy in a high-risk pregnant woman during the COVID-19 pandemic via telemedicine.

Case Description: We were consulted by the obstetrician for lidocaine allergy in advance of a spinal block for an elective cesarean section in a 23-year-old woman at 34 weeks of gestation. The patient had a past medical history of ulcerative colitis and a surgical history of having a colectomy and ostomy. The patient reported a previous episode of localized hives and swelling shortly after undergoing a dental procedure that was thought to be secondary to her receiving a lidocaine injection. She denied cardiorespiratory or gastrointestinal symptoms, anxiety or delayed reactions. Therefore IgE-mediated hypersensitivity was possible. Due to the COVID-19 pandemic, we conducted the initial assessment and the subsequent planning with multiple providers involved in the case through a Telehealth route. At 38 weeks of gestation, in a pre-delivery room with fetal monitoring, the patient passed both skin prick and intradermal testing for lidocaine (10mg/ml), preservative free lidocaine (10 mg/ml) and preservative free bupivacaine (2.5 mg/ml). Subsequently, she passed a subcutaneous skin challenge with 1 ml of preservative free lidocaine (10 mg/ml). A few hours later, she delivered a baby uneventfully by cesarean section under spinal block using local preservative free lidocaine.

Discussion: We report the management of reported lidocaine allergy on a pregnant patient during COVID-19 pandemic via both telemedicine and pre-delivery on-site skin testing. We successfully removed the label of lidocaine allergy immediately before her delivery.

CHALLENGING CASES OF ASTHMATICS WITH COVID19 INFECTION

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Introduction: We report 3 challenging cases of asthmatics, with COVID19, that elucidate the heterogeneity of presentation and disease progression.

Case Description: Our first case is a 66-year-old African American female managed on omalizumab, fluticasone furoate-vilanterol, montelukast, and tiotropium for moderate persistent asthma and allergic rhinitis. She developed a fever of 38.2°C, nonproductive cough, dyspnea, headache, and diarrhea. Azithromycin initially improved her symptoms, but her cough and dyspnea relapsed, requiring hospital admission. While inpatient, she was found to be COVID positive. Management included IV hydration, hypokalemia management, and oxygenation via nasal cannula. She was discharged after 9 days with all symptoms resolved save for mild to moderate dyspnea.

Second, we have a 47-year-old Hispanic female with allergic rhinitis and moderate persistent asthma managed on omalizumab, budesonide-formoterol, tiotropium, fluticasone, and montelukast. She experienced a persistent cough, dyspnea, anosmia, ageusia, and an ongoing temperature > 100.4°F. She tested positive for COVID 19 and was started on prednisone 60 mg along with azithromycin. Her dyspnea persisted so hydroxychloroquine was added to her regimen and her dyspnea resolved within 6 weeks.

Our final case is a 69-year Caucasian COVID19 positive female with mild persistent asthma and allergic rhinitis managed with montelukast. She developed diarrhea, ear pain, anosmia, ageusia, weight loss, productive cough, and an average temperature of 101.9°F. She started azithromycin with symptom resolution by 14 days.