Conclusions: Anaphylaxis is not uncommon in our environment. Drugs are the most common cause as reported in the literature. The most frequent clinical manifestations are respiratory and gastrointestinal.

ANTI-IGE

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Refractory Chronic Urticaria Treated with Omalizumab
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Background: Chronic urticaria (CU) is a common disorder characterized by recurrent episodes of urticaria pruritic erythematous lesions, associated with angioedema. It affects 0.1% of the population, it is estimated that approximately 15 to 25% of the population will have hives at some point in their lives. About 80% of UC patients are diagnosed as idiopathic chronic urticaria and that no cause is identified, 3 experiencing deterioration in their quality of life affecting your work, social relationships, schemes requiring multiple medications and doses higher than usual. This study proposes Omalizumab (anti-IgE humanized antibody) as a treatment for Refractory Chronic Urticaria (RCU)

Object: Demonstrate Omalizumab’s effectiveness in the treatment of Refractory Chronic Urticaria.

Methods: A clinical study, was carried out to evaluate the effectiveness of the Omalizumab’s treatment on RCU diagnosed patient, including male and female patients ages 12 to 50 diagnosed with RCU, with Scord higher than 30 points. We made a questionnaire to know about the patient’s family background, skin symptoms beginning, administration of drugs such systemic steroids, immunosuppressors, calcineurine inhibitors, presence of immunotherapy and age of start. Omalizumab was administered on doses according patient’s weight and IgE levels, bimonthly or monthly according to treatment guides. Severeness level was calculated with scord every 1 month, with IgE serie level measurement and life quality questionnaire.

Results: 5 patients diagnosed with RCU were included in the group of Omalizumab and 5 patients in the control group (placebo). All patients were female. A gradual decrease on the life quality score and in Score, with a significant P under 0.05 was observed on all patients treated with omalizumab compared with patient in the group with placebo.

Conclusions: Treatment with Omalizumab progressively decreases the severeness level on RCU, with a significant improvement on the patient’s life quality.

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Clinical Experience in Allergic Asthma Patients: Omalizumab with Immunotherapy
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Background: To evaluate the therapeutic efficacy of omalizumab and specific subcutaneous immunotherapy (SCIT) as a treatment modality in patients with more than one allergic-type condition.

Methods: In the first group (Group A), 2 males and 7 females with severe persistent asthma and a mean age of 34.2 years received omalizumab and SCIT. In the second group (Group B), 4 males and 2 females with severe persistent asthma and a mean age of 52.7 years received omalizumab only. In the third group (Group C), 1 male and 3 females with severe persistent asthma and a mean age of 28.8 years received omalizumab followed by SCIT. All patients were followed for 2 years and comparisons were made using pulmonary function tests and asthma control tests.

Results: The patients studied had severe persistent asthma for periods ranging from 2 to 10 years, and in addition had been diagnosed as allergic asthmatics for 5 to 40 years. The mean IgE levels were as follows: Group A: 553.9 IU/mL; Group B: 422.3 IU/mL; and Group C: 383.5 IU/mL. In all 3 groups results in the asthma control test increased by 2.5 fold over the period of study.

Conclusions: After the addition of SCIT to omalizumab therapy at 48 week of our study, no change was detected in urticarial attack rates. In another 17 year old male patient with moderate allergic rhinoconjunctivitis, asthma and atopic dermatitis, omalizumab administration with SCIT at the same time, increased the severity of atopic dermatitis. We stopped the immunotherapy than the skin lesions lost. Omalizumab therapy is continued.

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Evaluation of Adverse Events Associated to Administration of Omalizumab
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Background: Anti IgE therapy is the ultimate therapeutic option for severe atopic conditions, not controlled by conventional treatment. Its efficacy and safety was described in several peer reviewed publications. Here we report on the events temporally related to the administration of almost 4 hundred doses of the only monoclonal Anti IgE antibody approved in our country for the treatment of severe asthma.

Methods: Descriptive retrospective analysis of clinical charts of patients receiving omalizumab because of Severe Uncontrolled Asthma, considering those events presented in the 72 hours after administration of it, which was not present before the procedure or as a concomitant condition of the patient. Vital signs, respiratory and cardiovascular evaluation, and dermatological inspection were performed in the hour after administration of corresponding doses. Patients having any kind of complaint were evaluated in unscheduled visits.

Results: 384 doses of 150 mg omalizumab were given to from April 2007 to June 2011, to nine severe asthmatic patients. One of them received treatment for over 4 years, and two for over 3 years.

Conclusions: Our records from patients receiving omalizumab have not registered severe adverse events in almost four hundred doses given. The moderate adverse events of nausea and tachycardia resulted in discontinuation.

Events related to omalizumab administration

| YES | NO |
|---------------------------------|------------------|
| Local erythema and edema: 0.78%-mild | Muscle pain: 1%-moderate |
| Nausea: 0.26%-moderate | Bruises: 0.52%-mild |
| Sinusal Tachycardia: 0.26%-moderate | Headache: 0.26%-mild |
| Ear pain: 0.26%-mild |

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of treatment in this unique patient. Overall, omalizumab demonstrated a very acceptable safety profile in our patients.

Funded by Fundación Ayre (Salta), Fundación LIBRA (Córdoba), CIMeR (U.C. Córdoba), Argentina.

272 Gender and Different Prevalence in Asthma Treatment With Anti-IGE (Omalizumab)

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Background: General opinion on pathogenesis and prevalence of bronchial asthma indicates that age and sex are the major risk factors. Detailed physiological mechanisms of the changing sex ratio are not fully known.

Aims and objectives: Investigate the influence the asthmatic patients treated with anti-IGE with different gender.

Methods: Here, we pooled data from ten published studies from 1999 with more of our unpublished data of patients with severe persistent asthma treated with omalizumab, an anti-immunoglobulin E (IgE) monoclonal antibody. Static analysis was used to find gender risk factors as the ratio of treatment effect (omalizumab: control) on the standardized exacerbation rate per year.

Results: The studies included 3270 patients (treated with omalizumab), whose health had severe persistent asthma according to the Global Initiative for Asthma (GINA) classification. Analysis of 2 groups male versus female showed that the efficacy of omalizumab on asthma exacerbations was unaffected by patient age, gender, baseline serum IgE (split by median) or by 2- or 4-weekly dosing schedule, although a more large number of women were treated (1921/1349; 59 % women vs 41% men; P < 0.001) and benefit in absolute terms appeared to be greatest in women patients which had a more severe asthma, defined by a lower value of percentage predicted forced expired volume in 1 second (FEV1) at baseline, this subgroup showed odds of being a responder (composite definition) 1.25 times higher (95% CI, 1.18-3.01) than men.

Conclusions: These results suggest that in population of asthmatics treated with anti-IGE the number of women is shown higher than men, it confirms that asthma should be considered with different approach by the gender for being adequately controlled on current therapy.

273 Fetal Loss in Severe Asthma and Posterior Healthy Pregnancy and Birth with the Use of Omalizumab—Case Report

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Background: Pregnancy may aggravate asthma and result in life-threatening for both mother and fetus. The humanized monoclonal antibody omalizumab has proven to be effective in controlling severe asthma. The purpose of this case report is to present the effectiveness and safety of this medicine during pregnancy.

Methods: Case report of a severe asthmatic pregnant woman who had a previous foetal loss due to asthmatic exacerbation, and obtained a subsequent successful pregnancy and delivery with omalizumab use.

Results: KRF, 35, female, housewife, presented bronchial asthma associated with allergic rhinosinusitis since childhood with periods of remission and exacerbations. Since 15 years old, she presented progressive worsening of the disease with increased intensity and frequency of the attacks. In 2005 she became pregnant, progressing with severe attacks, emergency visits and hospital admissions, and requiring courses of systemic corticosteroids, despite continued treatment including combined of long-acting beta agonist (LABA) and inhaled corticosteroids (IC), besides Montelucast and Bamiphylline. Nevertheless, the pregnancy was interrupted at 8 months, due to the fetal death. Despite using regularly Formoterol (24 mcg/day) and Ciclesonide (640 mcg/day), the exacerbations became frequent, requiring continuous oral prednisolone, 20 mg daily, to achieve asthma control. Other risk factors for severe asthma were ruled out through extensive investigation. Omalizumab, 300 mg monthly, was introduced in July 2006, resulting in important improvement of the asthma control, allowing the discontinuation of systemic corticosteroids in 2 months, and subsequent reduction of Ciclesonide and formoterol doses. Discontinuation in Omalizumab use resulted in asthma worsening, despite the increment in the other medications doses. When omalizumab administration was restored, 8 months later, the asthma control was achieved again. In November 2010, she became pregnant and the same treatment plan for asthma was maintained. Only one episode of a mild exacerbation of asthma occurred due to a respiratory infection. The pregnancy reached full-term with a cesarean section in May 2011 with mother and newborn presenting satisfactory health conditions.

Conclusions: Omalizumab has shown efficacy and safety in the control of severe asthma during pregnancy, reducing the risk of injury to health for both mother and newborn.

274 Vasculitic Urticaria Treated with Omalizumab. Case Report

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Background: Vasculitic urticaria (UV) is a condition characterized by hives lasting more than 24 hours, itch and burning with residual hyperpigmentation. Histopathology is characterized by leukocytoclastic vasculitis, peri-vascular infiltrate and fibrin deposits. The incidence is approximately 2%, prevalence in women (5:1). The treatment includes steroids, immunosuppressants, and has suggested the use of monoclonal antibodies. We report a patient treated with omalizumab.

Methods: Female 51 years old, his mother died of complications from Lupus Erythematosus (SLE), 10 years ago was diagnosed with SLE by criteria haematological and immunological joints treated with azathioprine, chloroquine and deflazacort, with control of lupus, immunosuppressive suspended and continuing low-dose steroids. Have hives as secondary reaction to netilmicin and penicillin. Two years ago shows like lesions papules and burning and itching rash on chest and limbs, with no peeling hyperpigmented macules, managed with systemic steroids (prednisone) and immunosuppressants, with a decrease of the same but has l month after similar injuries, and macula, adjust the dose of steroid 1 mg/kg with a decrease in events with exacerbations and remissions, until 3 months course again with increasing symptoms with erythematous, violaceous, painful to the touch did not disappear in extremities lower, upper abdomen and chest, with no improvement after systemic steroids, antihistamines, and immunosuppressants, laboratories report 4.600 leukocytes, eosinophils 100/mcl, 90.1 mgU/dl C3, C4 8.6 mg/dL of 169 I U IgE/mL, leukocytoclastic vasculitis biopsy reports, deciding Omalizumab use was calculated based on weight and IgE, showing significant improvement with disappearance of the lesions, without pain or itching with hives.

Results: Gradual decrease was observed of Score of 6 to 1 and score-related quality of life with a 84.37 to 42.36 CUQ20. After 3 applications, with a significant P by comparing the results and statistical analysis.

Conclusions: We conclude that Omalizumab may be useful in the treatment of vasculitic urticaria, although it requires clinical trials that include a greater number of patients and be compared with conventional treatment.

275 Efficacy of Omalizumab in the Treatment of Urticaria-Vasculitis Associated to Churg-Strauss Syndrome: A Case Report

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