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**Background:** Bee venom immunotherapy is a safe and effective treatment, indicated in patients with previous history of severe systemic reactions to bee venom, demonstrating successful desensitization in more than 90% of cases with standardized extract. Currently in Mexico there is no standardized extract commercially available for treatment, despite of having high activity of beekeeping and occupational exposure with at least 17,478 registered stings per year and an annually honey production of nearly 70 tons.

**Methods:** We present the clinical progress of 2 patients with history of severe systemic reactions to bee venom and occupational exposure, both with demonstrated sensitization by specific IgE and who underwent specific immunotherapy with standardized extract (ALK-US) reaching a maintenance weekly dose of 100 mcg (PLA2) for the last 4 years.

**Results:** Both patients suffered of accidental stings after reached the maintenance dose presenting mild local reactions to stings. Both patients had very different clinical course presenting a wide variety of adverse reactions during desensitization protocol; from mild local to generalized reactions all generally well tolerated allowed to reach the maintenance dose with successful desensitization proved by accidental exposure without severe systemic reactions.

**Conclusions:** Bee venom specific immunotherapy with standardized extract is a well tolerated and effective treatment preventing the development of life threatening reactions in sensitized patients. It is important to promote the use and availability of standardized extract in developing countries with poor safety measures and high occupational exposure.

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**465 Skeeter Syndrome, a Case Report and Literature Review**

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**Background:** The worldwide prevalence of allergic reaction to mosquito bites is unknown. Some patients who suffer from local reactions have also systemic symptoms.

**Methods:** A 3 year old female who suffered from mosquitoes bites in her left lower extremity, had a large local reaction with erythema, edema, itching, pain and blisters of 5 × 6 cm. It was accompanied by fever of 38.5°C and emesis. She had a positive skin prick test for Aedes aegypti with diagnosis of Skeeter Syndrome. The patient was treated with antihistamine during 10 days and analgesics for 3 days. She was given antihistamine treatment for 10 days and analgesics for 3 days.

**Results:** Skeeter syndrome is defined as a large local reaction induced by mosquito bites associated with systemic symptoms (fever and vomiting) with specific IgE for mosquito identified by skin testing. The primary management of Skeeter syndrome is prevention of mosquito bites, use of repellents and protective clothing. It is also important the symptomatic management control of pruritus with the use of antihistamines or if necessary topical steroids. Overall children with Skeeter syndrome remain healthy, except for the recurrence of large local reactions to mosquito Stings.

**Conclusions:** The early recognition of Skeeter syndrome is important to give the right management and to prevent unnecessary diagnostic tests and treatments that can increase the risk of adverse reactions and costs.

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**466 Bee venom Immunotherapy with Standardized Extract, Two Case Communication and Clinical Progress**

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**Results:** Intradermal test was positive with a dilution 1:200000.