the past 12 months, have you had a problem with sneezing, or a runny, or a blocked nose when you did not have a cold or the flu? They respond yes in the 43% (108 persons). To the third question: in the past 12 months, has this nose problem been accompanied by itchy-watery eyes? They respond yes in the 56.5% (83 persons). The months more prevalent were February 11.5% (17 persons); June 18% (27 persons); July 16% (24 persons) and august 20% (29 persons). Interference in their quality of life: neither 11.5% (17 persons), little 66% (97 persons), moderately 6.5% (10 persons) and a lot of much 16% (23 persons).

Conclusions: The Allergic Rhinitis is high prevalent in citizen about 3600 m.s.n.m. 43% have Allergic Rhinitis with symptoms more prevalent in winter season, interfere with life in 22.5% and associated with ocular problems in 66% (97 persons). We must realize allergic test to discriminate allergic of non allergic rhinitis, because many people we had non allergic rhinitis associated to the cold temperature. We need to study more about this pathology in high altitude.

231 Pattern of Positive Sensitization in Patient with Asthma and Rhinitis to 3600 MSNM (La Paz, Bolivia)
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Background: In the high altitude exists very few studies about allergies, we seek to give to know our sensitization in population with breathing problems (asthma and Allergic Rhinitis).

Methods: They were carried out allergy tests to 94 patients between 6 and 13 years with breathing symptoms predominantly allergic rhinitis and asthma. They were carried out allergy tests to foods like peanut, wheat, almond, tomato, milk, fish, soya, nuts, corn egg, chocolate, dog epithelia, cat, rabbit, feathers, horse, dermatophagoides spp, blatella, periplaneta polLens: loliun, poa, cynodon, festuca, ambrosia, artemisia, plantago, cheno podium, rumex, zea mays, populus, cupressus, platanus, fraxinus, schinus, dactylis, and mushrooms like it would alternate, aspergillus and cladosporium. They took positive all hives bigger than 3 mm of diameter.

Results: Of the 94 patients 9 gave negative to the tests, 88 positive%. In the foods, milk prevails (lactoglobuline 39%; casein 21%), tomato 33%, fish, almond and wheat; 23% peanut and nuts less than 10%. In the epithelia: cat 20%. Dermatophagoides 46%, pollens grasses loliun 13% and poa 14%, other pollens important festuca, cheno podium and dactylis with 21 to 23%, trees less than 15% and mushrooms with less than 15%. You begin handling other pollens important festuca, chenopodium and dactylis with 21 to 23%, oaks less than 15% and mushrooms with less than 15%. You begin handling other pollens important festuca, chenopodium and dactylis with 21 to 23%, trees less than 15% and mushrooms with less than 15%. You begin handling other pollens important festuca, chenopodium and dactylis with 21 to 23%, trees less than 15% and mushrooms with less than 15%. You begin handling other pollens important festuca, chenopodium and dactylis with 21 to 23%, trees less than 15% and mushrooms with less than 15%.

Conclusions: Although this is a closed population, it guides us that to 3600 m.s.n.m. the allergen more frequent is dermatophagoides, and many articles refers that to high altitude we are liberated of the mites but it is not this way. Another important discovery is the positive to milk, tomato and very little to other foods that it is part of our population’s diet. They are data that deserve the attention and we will continue advancing in finding other factors of risk, clinic and prevalence.

232 Epidemiology of Allergic Rhinitis Cases in the Allergy Service of a Third Level Medical Center. Six Year Experience
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Background: The purpose of this study is to report the cases of Allergic Rhinitis (AR) in the Allergy service from a Third level medical centre since its creation in July 2005.

Methods: This is a descriptive, retrospective, transversal study from July 2005 to February 2011. Selected medical records of patients apply for diagnostic criteria for an allergy disease were made. ARIA guide 2009 was used to make diagnosis of allergic rhinitis. Patients were classified by age and sex and find out how many skin prick test were made in such patients, and how many patients began immunotherapy.

Results: 13737 consultations were attended in the Allergy service between the period mentioned above. 2337 medical records of patients were selected, 1608 patients applied for a specific diagnosis for an allergy diseases as follows: Asthma 411, Atopic conjunctivitis 58, Atopic Dermatitis 180, Allergic Rhinitis 869, Urticaria 90. 869 patients completed criteria for Allergic Rhinitis. 433 (49.9%) patients were female, 436 (50.1%) patients were male. 490 (56.3%) patients were found to be in the range of 0 to 14 years. The majority of allergic rhinitis patients were males in the range of 5 to 14 years, with 270 (42.5%) patients. There were an increase of AR cases in females in the range of 20 to 40 years, with 171 (39.4%) of total female cases. In 408 (47%) patients skin prick test were made, in 305 (35%) patients were positive and began treatment with immunotherapy.

Conclusions: In this study, AR represents the most frequent allergy disease among children, a good diagnosis of AR is mandatory because of the confusion of symptoms mainly related with upper respiratory tract infections, that implies a different management, increasing the risk of complications, such as asthma and therefore the cost of treatment, including immunotherapy. The results of this study are helpful to improve specialized medical attention not only in paediatric patients but also in adults.

233 The Evaluation of Allergic Sensitivity in Allergic Rhinoconjunctivitis and Allergic Asthma Patients in Antalya, Turkey
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Background: Allergic rhinitis is a common health problem which has 2 forms; seasonal and perennial. The prevalence and etiology of allergic rhinitis varies from region to region and affect 10 to 20% of the population approximately. The prevalences of asthma, allergic rhinitis and allergic eye disease were detected as 8.2%, 10.8% and 7.5% respectively in Antalya, the south coast of Turkey.

Methods: The study was conducted in Antalya between 10th of November 2009 and 20th of September 2010. 866 of 2862 patients who had allergic rhinoconjunctivitis and asthma were enrolled in the study due to having high total IgE levels in blood conducted at the Allergy-Immunology Division of Antalya Research and Training Hospital. Allergen-specific subcutaneous immunotherapy was given 626 of 866 patients.

Results: Of the 866 patients studied, 66.1% were females. Most of the cases had declared that the rhinitis symptoms were due to pollens and house dust the second most common irritant. Also the cases have said that their symptoms got worse with exposure to dust, smoke, heavy odors, perfumes, and detergents. Most of the patients have said that air pollution was the most important factor that exacerbated the symptoms of rhinitis and asthma. While there is a comparison between the age and SPT positivity, Aspergillus fumigatus and Dpteronysinus sensitivity was statistically different in the mites and fungal mixture dermal test groups. As a result, in the study group of 866 allergic rhinitis patients, only the Plantagolareolata, Corylusavellana, Aspergillus fumigatus, Dpteronysinus and cockroach sensitivity was significantly varies with the age.
Conclusions: In allergic diseases; we all know that allergens may have regional variations. That’s why; the allergen profiles of the regions must be determined and the dermal Prick tests must be prepared accordingly. Mostly grass and cereal mixtures and mites are responsible from the allergic rhinitis cases due to our observations in our clinic. The other important allergens that are linked to the flora and climate of the region are olive and the cockroaches. High asthma prevalence in people living in shanties and in housewives may be due to exposure to house dust mites.

234 Allergic Disease Severity and Relations
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Background: Prevalence of allergic disease has increased in recent years all over the world. Asthma and rhinitis are the most prevalent in Portugal and, having them such a multi-factorial basis, atopy is the most important risk factor for its development. The authors aim to evaluate mono/polysensitization as risk factors for severity of allergic disease, if there is an impact in allergic disease manifestations number, the different treatment response, and if there is a relationship between VEMs, comorbidities and sensitization.

Methods: In a population of patients followed in asthma/allergology appointment were selected those with asthma and allergic rhinitis confirmed by cutaneous test and/or specific IgE. Clinical processes were reviewed and analyzed data related to the age of beginning, manifestations, atopic profile, severity, treatment, comorbidities and functional limitation. A descriptive analysis of the sample was made and used linear regression for variable correlations.

Results: 176 patients 30% men and 70% women, mean age 33.7 and mean age of early symptoms 12.7 Of these, 94% had asthma and 85% rhinitis. They were 53% monosensitized, 47% polysensitized and 43% had comorbidities. 66.5% of patients has done specific immunotherapy (SIT). On linear regression analysis it was found that different sensitization has not been determinant for disease manifestations number neither of treatment response. It was observed that severity of asthma and rhinitis correlate with each other (P < 0.001), but no significant differences were verified in severity level between patients mono vs polysensitized. SIT demonstrate a positive and statistically significant correlation with treatment reduction (P < 0.001) and reduction on asthma and rhinitis severity (P = 0.015 and P < 0.001). SIT patients also demonstrate a decrease in asthma severity associated to the number of allergen sensitizations. It was found a positive correlation between the presence and number of comorbidities and asthma and rhinitis severity (P = 0.001/P < 0.001 and P = 0.007/P = 0.001), instead of individually, only nasal polyposis prove to be associated with statistical significance. Comorbidities were also related with a lower FEV1 (P = 0.02).

Conclusions: This study supports literature data, which says there is only one allergic disease and that severity of disease extends to its various manifestations. We confirmed that in atopic patients, SIT has benefit in the reduction on allergic disease severity and a better disease control with minor therapeutic use.

235 Frequency of Patients With Clinical Manifestations of Allergic Rhinitis without Evidence of Systemic Atopy and Specific IgE Sensitization
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Background: The diagnosis of allergic rhinitis (AR) is based on clinical manifestations and supported by a positive result for skin prick test (SPT) or serum specific immunoglobulin E (sIgE) antibodies to aeroallergens. Our objective was to investigate the frequency of patients with clinical manifestations of AR without evidence of specific IgE sensitization.

Methods: We evaluated patients with clinical manifestations suggestive of AR, other causes of rhinitis excluded, aged >5 years and who had total serum IgE and SPT or sIgE to aeroallergens measured. Skin tests were performed with extracts of Dermatophagoides pteronyssinus, Dermatophagoides farinae, Blomia tropicalis and Aspergillus fumigatus (FDA Allergenic) and total serum IgE and sIgE, for the same allergens, by ImmunoCAP (Phadia). Patients were subdivided into groups according to the results profile, and comparatively analyzed for association with asthma, severity of rhinitis and age.

Results: We evaluated 116 patients (64% female) aged between 5 and 79 years, including 34 children (29%) and 63 (54%) with bronchial asthma. The observed profiles and frequencies were: high IgE levels and positivity in the SPT or sIgE –55%; normal IgE levels and SPT or sIgE positivity –9%; high IgE levels and SPT and sIgE negativity –3%; normal IgE levels and negativity in the SPT and sIgE –23%. Among patients with normal levels of total serum IgE and no evidence of specific IgE sensitization, 14% had asthma, while in the remainder the prevalence of asthma was 34% (P = 0.0009). There was no statistical significance in the influence of the rhinitis severity and age in the absence of markers of atopy and allergen sensitization.

Conclusions: We observed a significant number of patients with clinical manifestations of AR, without evidence of systemic atopy and specific IgE sensitization, indicating the importance of careful research of local allergic rhinitis, as well as other causes of chronic rhinitis. Local allergic rhinitis appears to be less frequent in patients with rhinitis and asthma. The observation of 13% of patients with elevated levels of total IgE without specific sensitization implies the possibility of sensitization to aeroallergens which were not investigated, such as occupational allergens.

236 H1 Antihistamines Influence on Pro-inflammatory Cytokines Level in Patients With Allergic Rhinitis
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Background: The aim of the study is to evaluate the effect of H1 antihistamines on symptoms and pro-inflammatory cytokines plasmatic level in patients with persistent allergic rhinitis (PAR), after 4 weeks treatment, during continuous exposure to allergens.

Methods: 79 patients, mean age 30.44 ± 9.90 years, diagnosed with PAR were included in the study, divided into 2 groups: 39 patients were under treatment with Desloratadine 5 mg/day and 40 patients received Levocetirizine 5 mg/day for 4 weeks. The patients were evaluated before and after the treatment, regarding rhinitis symptoms (sneezing, rhinorrhea, nasal congestion, nasal and ocular itching), total symptoms score, type of sensitisation (indoor or outdoor allergens), plasmatic levels of IL-6 and IL-8. The obtained data were analysed using SPSS 15 and GraphPad Prism 4 programs, using Wilcoxon Signed Rank and Mann Whitney test, with a significant P values < 0.05.

Results: Both Desloratadine and Levocetirizine reduce total symptoms score (8.35 versus 1.97, P = 0.0001, respectively 8.67 versus 1.97, P = 0.0001), especially nasal congestion in patients with allergic rhinitis (1.76 versus 1.02, P = 0.001 and 1.72 versus 0.87, P = 0.0001). IL-6 and IL-8 have no different