given IVIG 500mg/kg/dose. Case 3: 20 month-old boy presented with complaints of having frequent lower respiratory tract infections. He was experiencing recurrent wheezing attacks almost every other week for the last 6 months. Low IgG level for his age (300 mg/dl) was detected twice. He was given IVIG 400 mg/kg/dose.

Conclusion In patients with persistent wheezing symptoms during infancy, especially resistant to therapy, hypogammaglobulinemi should be excluded.

PO-1026 ACQUIRED FOOD ALLERGY IN PATIENTS WITH SOLID ORGAN TRANSPLANTATION

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Background The acquisition of new food allergy after transplantation (TAFA) is usually reported in adults and rarely in children.

Aim Here, a patient although who had normal total IgE and specific IgE test results, he developed reaction to skin prick test for cow's milk after transplantation is presented and his clinical presentation will be discussed.

Case presentation 15 month-old- boy came to our allergy clinic with complaints of vomiting after drinking cow's milk and skin rush on the area where contacted with chocolate. In his past medical histroy, left lateral segment of liver (donor was his mother) was transplanted to him when he was at 5 months. Methylprednisolone and tacrolimus immunosuppression were used after the transplantation, and tacrolimus therapy was continued for prophylaxis of chronic rejection. When he was at 7 months, family fed the patient with cow's milk but 3 h later he began to vomit. He was thought to be having food protein induced enterocolitis. His vomiting complaints repeated after intake of formula and baby food which includes grain. Laboratory findings: Total IgE : <5 and ImmunoCAP specific IgE against milk, grain and other classic foods was <0.35. Skin prick test.

Results saline: 0 × 0 mm, histamine 4 × 4 mm, fresh cow's milk: 2 × 2 mm, other food allergens (peanut, egg, fish, soybean, wheat): 0 × 0 mm.

Conclusion Our patient seemed to have cow's milk allergy related to liver transplantation. Laboratory investigations and clinical presentation of the patient did not look like typical IgE–mediated food allergy, which is expected in TAFA.

PO-1027 THE IMPACT OF NEONATAL ANTIBIOTIC EXPOSURE ON ATOPIC SENSITISATION BY THE AGE OF 12 MONTHS

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Background and aims Empirical antibiotic therapy is common in the neonatal period but often discontinued due to the lack of evidence of bacterial infection. Early antibiotic exposure may disturb microbial colonisation and immune maturation and thus increase the risk of immune-mediated diseases in later life. We investigated the long-term immune effects of early antibiotic exposure in neonates with or without evidence of infection.

Methods Altogether 622 neonates from ongoing allergy prevention studies underwent skin prick testing at the age of 12 months. Exposure to antibiotics commenced during the first 72 h of life was categorised as follows: no exposure, brief empirical exposure (less than 5 days) or therapy for documented infection (≥5 days). Outcomes were analysed by logistic regression.

Results Brief neonatal antibiotic exposure was associated with lower risk of prick test positivity (Table 1). The effect remained statistically significant after adjusting for potential confounding factors (Table 2).

Conclusions Brief antibiotic exposure during the first days of life without concomitant infectious disease appears to impact immune development.

Abstract PO-1027 Table 1 Prevalence of positive skin prick test by antibiotic exposure

No exposure	25% (136/547)
Brief exposure	8% (4/51)
Therapy for infection	29% (7/24)

Abstract PO-1027 Table 2 Logistic regression model for skin prick test positivity

	RR	95% CI	p-value
Brief antibiotic exposure	0.31	(0.093–0.75)	
Antibiotic therapy for infection	1.33	(0.61–2.28)	0.014
Maternal allergy	1.57	(1.02–2.56)	0.038
Breastfeeding ≥6 mo.	1.39	(1.03–1.92)	0.033
Smoking during pregnancy	0.52	(0.19–1.12)	0.10
Prematurity	1.24	(0.63–2.12)	0.50
Probiotic intervention	1.02	(0.88–1.17)	0.80
Elective section	1.03	(0.54–1.68)	
Non-elective section	0.90	(0.49–1.46)	0.92

PO-1028 ALLERGIC RHINITIS AND EXPOSURE TO AEROALLERGENS

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Background and aims Allergic Rhinitis is a fairly common allergic disease among children that significantly affects quality of life as well as school performance. Frequently coexists with asthma.

The aim of our study was to assess the sensitisation to inhalant allergens among children with allergic rhinitis.

Methods We included in our study 205 children, 118 boys and 87 girls, followed at the outpatient clinic of our hospital and aged (MEAN ± SD) 6.03 ± 4.18 years. A questionnaire regarding asthma, allergic rhinitis and atopy was used, along with standard clinical and laboratory assessment. Radioallergosorbent assay test (RAST) was used to identify allergen – specific IgE for common aeroallergens (a concentration of specific IgE > 3.5 KU/L was considered positive). For the statistical analysis we applied SPSS 20.0 (IBM Corp.), chi-square and Fisher's exact test.

Results Children with allergic rhinitis had more often positive RAST for Olive ($p < 0.001$), Altenaria ($p < 0.001$), and Dust Mites ($p < 0.001$). Additionally, children with allergic rhinitis also had more often asthma ($p < 0.003$).

Conclusions Often exposure to allergens such as olive, dust mites, Altenaria, that are common in the environment, is

PO-1027 The Impact Of Neonatal Antibiotic Exposure On Atopic Sensitisation By The Age Of 12 Months

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