Kaposiform haemangioendothelioma (KHE) is a rare vascular tumor and has high mortality rate in newborns when associated with Kasabach-Merritt syndrome (KMS) due to consumptive coagulopathy.

Methods Female newborn, GA 30 w, BM 2220g, due to the threatening asphyxia, born by S.C., with respiratory distress syndrome (RDS) and extremely massive soft tissue purple swelling erythematous, inhomogenous skin. The tumor with swollen erythematous, inhomogenous skin. The tumor grew larger. In spite of all intensive treatment baby had severe abdominal pain, nausea and repetitive vomiting, and death within 18 hours.

Kaposiform haemangioendothelioma (KHE) is a rare vascular tumor and has high mortality rate in newborns when associated with Kasabach-Merritt syndrome (KMS) due to consumptive coagulopathy.

Drug-induced enterocolitis syndrome (DIES) is an uncommon, non-IgE-mediated drug hypersensitivity reaction that can be severe and potentially life-threatening disease. Because of the clinical resemblance with enterocolitis syndrome induced by food proteins (FPIES), DIES is also called ‘FPIES-like’ reaction and similar diagnostic criteria are proposed. We report the case of a 6-year-old girl who was admitted to our Department for an oral challenge test with amoxicillin (AMX).

In the allergy study performed, specific IgE to amoxicillin was negative as well as basophil activation test for food proteins (FPIES). DIES is also called ‘FPIES-like’ reaction and similar diagnostic criteria are proposed. We report the case of a 6-year-old girl who was admitted to our Department for an oral challenge test with amoxicillin (AMX).

She was under the supervision of pulmonologist for recurrent wheezing episodes. During the outpatient follow-up mother reported multiple reactions after the ingestion of amoxicillin +/− clavulanic acid. After the first administration of oral suspension girl developed an erythematous skin rash, abdominal pain followed with an acute episode of repetitive vomiting.

Next two administrations were followed with a short period of drowsiness, abdominal pain, repetitive vomiting and severe diarrhea 1–2 hours after drug ingestion. The symptoms spontaneously resolved within 24 hours. During the last reaction parents called an ambulance because of drowsiness and death within 18 hours.

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Paediatric Allergology and Clinical Immunology

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In the allergy study performed, specific IgE to amoxicillin was negative as well as basophil activation test for Augmentin®.

Consecutively, we performed an open 3-step graded oral provocation test with AMX in a hospital setting according to the published guidelines.

Approximately 3 hours after receiving the first dose (5 mg) and 1 hour after the second dose (50 mg), she developed severe abdominal pain, nausea and repetitive vomiting, and two hours later she became pale and developed severe diarrhea. During the reaction, she had no cutaneous or respiratory symptoms, and she remained hemodynamically stable. A blood test obtained 1 hour after the onset of the reaction showed normal complete blood cell count. She was parenterally hydrated. Approximately 5–6 hours after onset of symptoms she showed progressive improvement to a complete recovery.