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 edema and skin. The tumor was spread over lower abdominal wall, vulva, gluteal region, whole right tight and upper part of the left tight. The baby was anemic (Hb 97 g/l), trombocytopenic (8x10^9/L) with consumptive coagulopathy (immeasurable fibrinogen). RDS was treated with exogenous surfactant and mechanical ventilation. As soon as possible she received packed red blood cell transfusion, platelet transfusion, fibrinogen concentrate, INN-epoetac alfa (activated). On the ultrasound of the abdomen paralytic ileus and hemorrhagic effusions were found. Doppler ultrasound of the tumor expressed heterogenous echogencity and hypervascular pattern. Hour by hour the tumor grew larger. In spite of all intensive treatment baby developed multiorgan failure (MOF) and died in the of 18 hours.

**Results** Pathohistologically, the tumor consists of irregular, predominantly small and slit-like vascular spaces lined with spindle endothelial cells which sometimes form nodular structure. On immunohistochemistry the spindle cells had positive reaction for CD31, CD34, D2-40 and negative reaction for GLUT-1. The finding corresponds to KHE.

**Conclusions** We report a premature born neonate with a huge KHE associated with fulminant form of KMS and developed consumptive coagulopathy resulting in multiorgan failure and death within 18 hours.
Drug allergy suspicion is a frequent reason for referral to allergology specialty in pediatric age. However, this suspicion is rarely confirmed, and the drug provocation test (DPT) is fundamental for the diagnosis. Thus, with this work we intend to characterize the pediatric population with suspected drug allergy referred to the Pediatric Allergology consultation.

Retrospective analysis of the clinical processes of children (<18 years) with suspected drug allergy followed in the Pediatric Allergology consultation between 2015 and 2019. Demographic data, history of allergic disease, clinical manifestations, performed therapy and guidance were evaluated.

The sample included 118 children, 54% female, with an average age of 5 years and 2 months (range from 5 months to 18 years). 38 children had a personal history of atopy, including recurrent wheezing and atopic dermatitis, and 29 children had an history of allergy in first-degree relatives. The reactions that increased the suspicion of drug allergy were mostly mucocutaneous (n = 107) and gastrointestinal (n = 11). 49 children were observed in the emergency service for this reason. They were medicated with isolated antihistamine (n = 33), antihistamine + corticosteroid (n = 11) and antihistamine + corticosteroid + adrenaline (n = 5). IgEs were specifically quantified in 106 cases (for Amoxicillin, Ampicilloil and Penicilloic G and V), with a positive result in only 2. DPT were performed for antibiotics (amoxicillin (n = 53), amoxicillin/clavulanic acid (n = 49), penicillin (n = 4), cefuroxime (n = 2), azithromycin (n = 1), cefixime (n = 1)), paracetamol (n = 5) and ibuprofen (n = 1), with a positive result in 4 children. Verified reactions were mucocutaneous and gastrointestinal, without cases of anaphylaxis.

Drug allergy in children is an important topic of debate, as overdiagnosis is quite common, hindering the clinical approach and leading to the eviction of several first-line therapies. Thus, we want to alert to the importance of an early referral in order to obtain a correct and clear diagnosis.