Considering previous reactions, laboratory findings and results of the oral challenge test, we suggest that our patient meets the criteria for DIES by amoxicillin. We performed a comprehensive literature search and found three cases of DIES reported in children and one in an adult patient who developed a severe reaction with shock.

In our opinion, the clinical awareness on DIES and its potential severity should be improved and it is important to distinguish it from side effect of the drug.

### 143 DRUG ALLERGY – 5- YEAR CASE SERIES

Ana Rita Curval*, Beatriz Vieira, Juliana da Silva Cardoso, Maria José Dinis. Pediatrics Department, UAG da Mulher e da Criança, Centro Hospitalar Universitário de São João, Porto

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 3 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 4 children. Verified reactions were 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), amoxicilin/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 overdiesign 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.

### 145 NOVEL MARKERS FOR ATOPIC DERMATITIS PHENOTYPES AT CHILDREN

Volodymyr Dytatskovskiy*, Oleksandr Abaturov. SI ‘Dnipropetrovsk Medical Academy of the MH of Ukraine’

To study the associations of onset and progression risks of atopic dermatitis (AD) phenotypes as a mono-nosology or combined with seasonal allergic rhino-conjunctivitis (SARC) and/or perennial allergic rhinitis (PAR) at children with serum concentrations of immunoglobulin (IgE) total, cutaneous T-cell attracting chemokine (CTACK) and thymus and activation regulated chemokine (TARC).

We recruited 39 patients into the main group suffering from different AD phenotypes (as mono-nosology and combined with SARC and/or PAR) and 47 patients – into the