of dupilumab treatment, consistent with results in adults and adolescents. These data suggest that no routine laboratory monitoring for hematology/chemistry parameters is required in adolescents with AD prior to or during dupilumab treatment.

Many patients report allergic reactions to this antibiotic, but amoxicillin allergy range between 1-10%. However, clinicians hesitate to prescribe it when a suspected, but unproven, allergy exists. Our aim is to confirm amoxicillin allergy in children with clinical suspicion.

This study was done between January 2018 and December 2020, in children younger than 18 years, admitted to the emergency room with suspicion of clinical allergic reaction to amoxicillin. According to the protocol of our hospital, they were referred for pediatric allergology appointment to perform prick tests and afterwards oral provocation test.

A total of 57 cases were referred for evaluation. The average age was 8.4

(1-17) years old, and 53% were female. The suspicion was based on late rash reaction presented in 68,4%, urticarial exanthema in 19.3%, edema in 8.8%, vomit in 8.8%, cutaneous rash in 7% and dyspnea in 2,1%. In 18 patients, specific IgE screening for amoxicillin was performed, but all results were negative. All children did a prick test for amoxicillin and oral provocation test. There were no positive results for prick tests, but two positive results in the oral provocation test (3.5%).

Confirmation of amoxicillin allergy, before deciding to use it or not, is an important tool for antimicrobial stewardship and, consequently, to decrease the rate of antibiotic resistance. So far, in our hospital, there were only two positive results.

Periostin is a matricellular protein upregulated in response to IL-4 and IL-13, that have a role in development of allergic diseases. Previous studies reported that periostin can be a non-invasive biomarker of T2-driven inflammatory response in asthma in adults, with inconsistent results in children. None of the studies examined the association of serum periostin levels with asthma symptoms in children who have been infected with respiratory syncytial virus (RSV) in the first two years of life. The aim of this study was to determine the usefulness of serum periostin levels as a potential biomarker for asthma, especially recent asthma symptoms in children.

This prospective study observed 72 children from birth. RSV infection was confirmed with positive serum specific RSV Immunoglobulin G (IgG) at one and/or two years of age. Asthma was diagnosed according to International Study of Asthma and Allergies in Childhood (ISAAC) questionnaire at 10 years of age. Fractional exhaled nitric oxide (FeNO), lung function, skin prick test and blood samples for analysis of specific immunoglobulin E (sIgE) on standard pallet of inhalant allergens, total IgE (tIgE) and periostin were provided.

At 10 years of age, asthma was diagnosed in 23 (31.9%) of the observed children. In 15 (20.8%) of them who reported asthma symptoms during the last

12 months, median serum periostin levels were 40.04 ng/ml. In 57 (79.2%) children who were free of asthma symptoms in the last 12 months, mean serum periostin levels were 30.57 ng/ml. Serum periostin levels correlated significantly