compared with 10.49 ± 12.44 (pg/ml) in control group (p < 0.001) is higher. It was demonstrated that the average of INF-gamma/IL-12 (0.0305 in asthmatic group compared with 1.93 in control group) in patients suffering from asthma, is lower. The size of BCG scar in Asthmatic patients was significantly smaller than the control group. Moreover, the average of Thelper1 (INF-gamma) was lower and the average of Thelper2 (IL-12) was higher in asthmatic patients. Therefore, there is a correlation between the size of BCG scar and the levels of Thelper1 (INF-gamma) and Thelper2 (IL-12) with asthma; thus, there could also be a correlation between the scar size of BCG, Thelper1 and 2.

474 HUMORAL IMMUNITY IN CHILDREN WITH CHRONIC TONSILLITIS

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Background Chronic tonsillitis is a common problem for pediatricians and otorhinolaryngologists.

The aim of our study was to evaluate and compare the humoral immunity in children and adults with chronic tonsillitis.

Subjects We examined 24 children and 15 adult patients with chronic tonsillitis.

Methods Immunologic examination included analysis of: total leukocytes; absolute and relative lymphocytes; C reactive protein (CRP), antistreptolysin O (ASO), rheumatoid factor; investigation of humoral immune factors: absolute and relative B lymphocytes, serum IgA, IgM, IgG, circulating immune complexes, interleukin amount - IL-4, IL-5, IL-6, in blood serum.

Results Increasing level of the absolute lymphocytes amount (2.92 ± 0.24, 2.2 ± 0.11) (p = 0.04), interleukin - 8 (229.09 ± 73.63, 35.05 ± 14.64) (p = 0.047) and interleukin - 1β level (191.19 ± 68.44, 10.88 ± 4.28) (p = 0.045) were observed in children. Average indices of interleukin-8 and interleukin - 1β in children is in 6.5 and 17.4 times higher than in adults.

Serum IgA level in adults was significantly higher than in children (1.36 ± 0.16, 1.92 ± 0.19) (p = 0.038). An antistreptolysin-O titre in adults in comparison to children (162.5 ± 45.53, 216.67 ± 45.78) is higher in 1.4 times.

Conclusions Non-specific defense factors play an important role in children with chronic tonsillitis, while in adults the main role is held by specific immune response. Comparative analysis of anti-inflammatory cytokine synthesis by immune competent cells in chronic tonsillitis proved the fact that in children it is much higher than in adults.

475 AUTOIMMUNE LYMPHOPROLIFERATIVE SYNDROME IB: IMPROVEMENT WITH RAPAMYCIN

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Introduction Autoimmune lymphoproliferative syndrome (ALFS) is a disorder on a defect in the apoptosis of lymphocytes with lymphoproliferation and immune dysregulation. Type Ib, defined by mutation in the gene that encodes the protein FAS-ligand, is a rare entity.

Case report A 9-month-old male infant was referred because a failure to thrive and abdominal distention. Physical examination showed pallor, signs of severe malnutrition, axillary and inguinal lymph nodes, hepatomegaly and giant splenomegaly. Family background: parents, cousins of Moroccan origin, brother died at the age of 4 when he was under study for a giant visceromegaly. Complete-mentary tests highlighted severe anemia (HB 7.80 g/dl) and thrombocytopenia (platelets 76000/mm3), paravertebral lymphoid proliferation of 4 cm, elevation of IL10, soluble CD25, 28% T lymphocytes double negative (CD4- and CD8-) in peripheral blood and cell culture with defect of apoptosis in one of the samples. The genetic study identified the mutation of the gene TNFSF6 which encodes FAS-ligand-protein. After the diagnosis of ALFS type Ib, treatment with rapamycin was started at doses of 2 mg/m2/day. An optimal evolution was observed, with a reduction of visceromegaly size after 30 months of treatment, without adverse events by the time.

Conclusion We emphasize the importance of the suspicion of this entity in children with chronic visceromegaly, especially with family history. Despite the few existing data on treatment with rapamycin for this disease and children in general, we have seen an appropriate response and a good tolerance in this patient.