

ABSTRACTS

Patients with all negative challenges were reintegrated at the previous work and followed up for 1 year for the occurrence of modification of respiratory parameters.

Results: The treatment was *tolerated* by all patients and in 12 out of 13 bronchial challenge turned negative. They did not experience symptoms or modification of respiratory parameters during the workplace challenge and 10 were reintegrated at the previous work, being followed up for 1 year.

Conclusion: Sublingual immunotherapy with NRL has proven to be safe and efficacious for the management of patients affected by NRL-related occupational asthma. Our results are really encouraging even though they should be confirmed by further large case-controlled

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TOTAL IGE SENSITIVITY COMPARED WITH SPECIFIC IGE RESULTS AGAINST MITES AND MOLDS FOR THE SCREENING OF TYPE 1 ALLERGY IN WORKERS OF A POLICE INSTITUTE IN CARACAS, VENEZUELA

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IgE mediated Allergies (Type I) are chronic diseases that affect more than 20% of the population in some countries. We analyzed 55 blood samples from workers of University Institute of Scientific Police, IUPOLC Caracas, Venezuela, that presented Allergies related symptoms at the moment of the study. We used a specially designed survey to register that information. We tested serum Total IgE by ELISA method and a specific IgE using an immunoblot nitrocellulose panel composed with mites and molds allergens of well known local prevalence, in order to calculate the diagnostic sensitivity of serum Total IgE as a marker for screening Type I Allergies compared with allergen sensitivities detected on the individuals. We selected the most common reference values for serum Total IgE used in Venezuela. The sensitivity obtained for serum Total IgE was 66,67%, specificity 100%, Positive Predictive Value 100%, and Negative Predictive Value 61,29%. We discussed the possibility that the sensitivity obtained for Total IgE could be even lower if more number of allergens and skin tests were included on the study. We conclude that the use of Total IgE as screening diagnostic tool for Allergies must be used together with clinical history of the patient and other assays like i.e. Specific IgE. Local Clinical Laboratories should promote of better interpretation schemes (reference values) for Total IgE that actually helps to a better diagnosis of this disease. (1, 2).

1. Bousquet J., Khaltaev N., Cruz A. A., Denburg J., Fokkens W. J., Togias A., Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 Update, in collaboration with the World Health Organization, GA2LEN and AllerGen, *Allergy* 2008; 63 (Suppl. 86): 8–160.

2. Comité Nacional de Alergia, Comité Nacional de Neumonología y Comité de Otorrinolaringología de SAP Filial Córdoba, Consenso Nacional de Rinitis Alérgica en Pediatría, *Arch Argent Pediatr* 2009;107,1,67-81.

POSTER SESSION 1-2: Asthma education and management

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OMALIZUMAB PROVING TO BE EFFECTIVE IN PATIENTS WITH NORMAL IGE LEVELS & REFRACTORY ASTHMA,

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Background To assess the response of Omalizumab in patients with normal IgE levels regards asthma control & quality of life

Methods A 38yr old female physician with childhood asthma from 5yrs, later developing into adulthood as severe uncontrolled asthma on high dose salmeterol/fluticasone 500mcg BD, anti-cholinergics, aminophylline, on nasal steroids & antihistamines for rhinitis control, antireflux measures with frequent need for nebulizations & subcutaneous sympathomimetics during severe attacks with high doses of 80mg to 60 mg of oral steroids. There is H/o atopy, eczema, allergic rhinitis & asthma in family. Work up for ABPA, carcinoid & endocrinopathies was negative. H/o intubation thrice since 2002 & steroid reduction not possible. In 2006 Methotrexate 20-25mg weekly achieved a steroid reduction of up to 10mg/day after 6mths. In 2008 she developed methotrexate alveolitis by HRCT which was treated with iv methylprednisolone & high oral steroids with resolution in subsequent follow up CT after stopping Methotrexate. **Results** In spite of normal IgE levels & negative specific IgE to common aeroallergens Omalizumab started at a moderate dose of 225mg sc every 2weeks for 6months, showed a significant improvement in asthma control & rhinitis, no nocturnal symptoms, only once needed prn salbutamol, modest improvement in lung function, asthma control test scores up from 5 to 22 with half dose of oral steroids, eczema disappeared. After 6 months, omalizumab stopped due to economic reasons during which her symptoms recurred, to resolve again after a month when it was restarted. **Conclusion** This beneficial effect of omalizumab may be attributed to either long-term steroid use suppressing IgE or to the production of local IgE complexes in the pulmonary system and local pulmonary steroid resistance. This expands the role of Omalizumab & modifies

