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## A stepwise approach in the management of chronic spontaneous urticaria in children

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**Background:** There is limited literature in the management of Chronic Urticaria (CU) in children. Treatment algorithms are generally extrapolated from adult studies.

**Methods:** A workgroup comprising of allergists, nurses and pharmacists convened to develop a stepwise treatment algorithm in management of children with CSU. Sequential patients presenting to the Pediatric Allergy Service with CSU were included in this observational, prospective study.

**Results:** 98 patients were recruited from September 2012 to September 2013. Majority were male, Chinese with median age 4 years 7 months. A third of patients with CSU had a family history of AU. 10.2% had previously resolved CSU, 25.5% had associated angioedema and 53.1% had a history of atopy. A total of 96.9% of patients achieved control of symptoms, of which 91.8% achieved control with cetirizine. 50.0% of all the patients were controlled on step 2 or higher. 47.8% of those on step 2 or higher were between 2 to 6 years of age compared to 32.6% and 19.6% who were 6 years and older and lesser than 2 years of age respectively. 80% of those with previously resolved CSU required an increase to step 2 and above to achieve CU control.

**Conclusion:** We propose a weight and age-based titration algorithm for different antihistamines for CSU in children using a stepwise approach to achieve control. This algorithm may improve the management and safety profile for pediatric CSU patients and allow for review in a more systematic manner for physicians dealing with CSU in children.

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## Dealing with bronchial asthma in pregnancy

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Asthma is a chronic inflammatory disorder of the airways in which many cells, in particular, mast cells, eosinophils, and T lymphocytes, play a role. In susceptible individuals, this inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough particularly at night and/or in the early morning. Estimated prevalence of asthma in pregnant women is 5%-9% and the prevalence appears to be increasing with 0.2% of pregnancies complicated by status asthmaticus. Pregnancy has an unpredictable effect on the underlying asthma and the scrutiny of the studies reveals that the effect depends on the severity with mild, moderate or severe forms exhibiting 13%, 26% or 50% exacerbations, respectively. Generally, unless there is a severe disease, asthma has, relatively, minor effects on pregnancy outcome. Most studies show slight increase of incidence of preeclampsia, pre-term labor, low birth weight infants and perinatal mortality. Goals of Pharmacologic Therapy revolve around Relieving bronchospasm, protecting airways from irritant stimuli and minimising pulmonary and inflammatory response to allergen exposure. Chronic Asthma Management requires the use of Beta agonists, Inhaled Corticosteroids, Theophylline and/or Leukotriene modifiers

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