Conclusion: Similar graded chemotaxis of PMN was observed with under agarose cell migration assay in newborn infants as in adults, making this an attractive method for functional clinical studies of leukocytes in newborn infants during different stages of maturity and disease.

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AUTOIMMUNE DISEASE IN CHILDREN WITH DEFICIT IN IMMUNOGLOBULIN A

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Introduction and objectives: The immunodeficiencies (ID), by the subsequent impairing of the immunoregulation, may be at the origin of certain autoimmune diseases (AID). The relationship between the ID and the AID is triggered by opportunistic infections, the latter favorised by the underlying ID. The deficit in immunoglobulin A is one of the most frequent ID associated with AID.

Material: We realized a prospective study on 87 patients diagnosed with AID. We analyzed the initial immune status, for all these patients. For another group of 53 children, diagnosed with selective IgA immunodeficiency, we realized a six year period survey of the level of the T suppressor lymphocytes, the T helper/ T suppressor ratio, and of the presence of auto antibodies: Anti DNA, rheumatoid factor (RF).

Results: 8 patients (8%), from the group diagnosed with AID, were also identified with selective deficit in IgA at the moment of the initial diagnosis. In the group of 53 patients with underlying IgA immunodeficiency, 2 patients developed over the 6 years of the survey, a significative titer of anti DNA antibodies. In one patient the presence of the RF was detected, 4 children presented a decrease of the T suppressor level, with a rise of the immune ratio. None of these patients presented clinical signs suggesting an AID.

Conclusions: The Ig A immunodeficiency may be a risk factor for subsequent AID. There is a higher risk for AID in patients who develop anti DNA antibodies, RF or a persistent decrease of the T suppressor lymphocytes.

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ALLERGEN SPECIFIC IGE AND TOTAL IGE LEVELS IN PRESCHOOL CHILDREN WITH ACUTE URTICARIA

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Background and aim: The common causes of acute urticaria are viral respiratory infection, foods allergens and medications. The aim was to identify the contribution of foods, viral infections and drugs to induce acute urticaria in relation to specific and total IgE levels.

Methods: The authors present a prospective study included preschool aged children admited in pediatric clinic for acute urticaria over a 2-year period. The diagnosis of acute urticaria is based on personal medical history and clinical manifestations. Allergen-specific IgE levels were measured for a panel of 11 foods (cow´s milk. egg white, whole egg, codfish, peanut, hazelnut, soy, cereal mix, wheat, tomato, citrus mix) and drug (penicillinum). The measurement of specific IgE using serologic assays RAST/EAST (EAST class qualitative range 0-4). Total IgE levels of >100 kUI/L were considered positive.

Results: 38 preschool children with acute urticaria were included in the study. 28 children (73.6%) had respiratory infection associated with antibiotics intake. The duration of urticaria was 5.80+/-2.40 days. Foods ingestion were considered responsible for urticaria in 10 cases (26.4%). The levels of specific IgE were correlated with acute urticaria for eggs (1-4), cow's milk (2-3), peanuts (2-4), codfish (2-4), soybeant (2-4), wheat (1-3), cereal mix (2-4), citrus mix (1-4), tomato (2-3). Total IgE level was elevated in 24 cases.

Conclusions: Infections, foods, drugs induced acute urticaria in children. The correlation of total and specific IgE levels and symptoms was determined. The results indicate that children with higher total IgE and specific IgE levels have a major risk of recurrent urticaria.