

with various neurologic disorders such as epilepsy, cerebral calcifications, ataxia, peripheral neuropathy. The frequency with which neurologic diseases may be manifest in coeliac diseases not yet defined. This association does not prove the correlation between CD and neurological manifestations, but the combination of serologic test, typical histological lesions and response to gluten-free diet make stronger this relationship, just as in our case.

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PA 3 ARE COELIAC PATIENTS AT INCREASED RISK OF ATOPIC SENSITIZATION AND ALLERGY?

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Aims. Recent researches have highlighted the role of innate and Th1 immune responses in coeliac disease (CD). However, the immunopathogenesis of CD still needs to be completely clarified. Based on the paradigm of exclusive Th1/Th2 disorders, a low prevalence of atopy and Th2 mediated allergic manifestations would be expected in coeliac patients. Aim of this study was to screen paediatric coeliac patients for atopic sensitization and clinical manifestations of allergy.

Materials and methods. We enrolled 114 coeliac patients (mean age 7.1 years, range 0.8–17.9 years) on gluten-free diet for an average of 2.5 years and 100 age-matched control children. In all subjects we performed skin prick tests (SPT) or RAST for the most common inhalant and food allergens. A detailed questionnaire, investigating mode of delivery, breastfeeding, allergic manifestations and family history, was also collected.

Results. The results are summarized in Tables 1 and 2. We found a significant higher prevalence of positive allergic tests and clinical manifestations of allergy in coeliac patients ($p < 0.05$). Family history of allergy, caesarean delivery and breastfeeding were similar among coeliac patients, coeliac atopic patients and controls.

Conclusion. In our population a higher prevalence of atopy and allergic symptoms was found in coeliac patients compared to control children, possibly related to a more complex immune dysregulation or to a failure of T regulatory cells in CD.

Table 1

	Coeliac children	Control group
No. of subjects	114	100
Mean age (years)	7.2	6.3
Positive SPT/RAST (%)	52 (45.6%)	13 (13%)
Positive FH of allergy (%)	51 (44.7%)	49 (49%)
Breastfeeding (%)	83 (72.8%)	84 (84%)
Cesarean delivery (%)	26 (22.8%)	25 (25%)

Table 2

	Atopic coeliac children	Atopic control children
No. of subjects	52	13
Allergic symptoms (%)	26 (50%)	0 (0%)
Positive FH of allergy (%)	29 (56.8%)	7 (53.9%)
Breastfeeding (%)	43 (82.7%)	11 (84.6%)
Cesarean delivery (%)	10 (19.2%)	2 (15.4%)

FH, family history.

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PA 4 ADVERSE REACTION TO MESALAZINE DURING THERAPY FOR CROHN'S DISEASE: A CASE REPORT

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Background and aim. Mesalazine and other derivatives of 5-aminosalicylic acid (5-ASA) are the mainstay drugs in the treatment of chronic inflammatory bowel disease (IBD) in paediatric patients. Uncommon but potentially serious adverse reactions to these drugs are reported in literature, such as tubulointerstitial nephritis, pneumonitis, pancreatitis, hepatitis, myocarditis, pericarditis, skin reactions and blood dyscrasia. We describe a case of a 10-year-old male with Crohn's disease (CD) who developed, after a few days of treatment with mesalazine, severe adverse symptoms.

Case report. A 10-year-old male underwent colonoscopy that showed pancolitis. Histological findings were consistent with IBD. He subsequently started mesalazine therapy at 40 mg/kg/day. Ten days after the beginning of treatment, he presented to the Emergency Unit with fever (39 °C), intense constrictive thoracic retrosternal pain, dysphagia, nausea, vomiting, abdominal pain, sore throat and lupus-like rash in the face. Chest and plain abdominal radiographs were negative for pneumothorax and air-fluid levels, respectively. Abdominal ultrasonography was negative for intussusception. Upper gastrointestinal endoscopy revealed no macroscopic findings consistent with oesophagitis and gastritis. The laboratory exams were normal apart from PCR and VES values which were high. Due to the suspicion of adverse reaction to mesalazine, endovenous administration of anti-histaminic and corticosteroid drugs was performed and all symptoms dramatically resolved. Mesalazine was consequently stopped and a polymeric diet and oral corticosteroid were introduced without recurrence of clinical signs. The patient showed positive history for atopy: father with allergic asthma, mother with allergic asthma and referred severe hypersensitivity to FANS and some food; brother with allergic asthma and food allergy. The child had non-IgE-mediated food allergy to cow's milk, wheat and egg in infancy with gastrointestinal symptoms completely resolved with restriction diet at 6 years of age. Afterwards he also developed rhinitis to grass pollens. Currently he is on azathioprine therapy at 1.5 mg/kg/day, which is well tolerated by the patient.

Conclusion. Mesalazine therapy should be started cautiously in patients with a history of atopy because of the high risk of adverse reactions. After starting therapy, patients should be monitored and informed of any possible adverse effects associated in order that immediate medical attention can be sought. Given the need for treatment with mesalazine in IBD, desensitization to mesalazine should be considered for this patients.

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PA 5 ANTI-ACTIN ANTIBODIES AND THE DIAGNOSTIC ROLE IN CHILDREN WITH CELIAC DISEASE: OUR EXPERIENCE

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Background. The diagnosis of coeliac disease (CD) is still based on intestinal biopsy. Previous studies have described that the presence of anti-bodies against actin filaments in CD patients' sera is strongly associated with severe degrees of villous atrophy [1,2,3]. Anti-actin autoantibodies (IgA-AAA) have been proposed to support the serological diagnosis of CD when the histological feature is difficult to interpret and to avoid biopsy in patients with a life-threatening risk.