

European Respiratory Society Annual Congress 2013

Abstract Number: 5445

Publication Number: P1197

Abstract Group: 7.3. Cystic Fibrosis

Keyword 1: Allergy **Keyword 2:** Chronic disease **Keyword 3:** Cystic fibrosis

Title: Steroid sparing effect of anti-IgE antibody in allergic bronchopulmonary aspergillosis (ABPA) complicating cystic fibrosis

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Body: Background: Aspergillus Fumigatus (AP) is frequently found in the airways of cystic fibrosis (CF) patients, however only a small proportion of patients develops a hypersensitivity response leading to a condition called Allergic bronchopulmonary aspergillosis (ABPA). Systemic steroids represent the mainstay therapy for acute exacerbation and for maintenance therapy, however side effects limit their use. Omalizumab, a humanized recombinant monoclonal anti-IgE antibody, has been approved as a steroid sparing agent in severe allergic asthma and its use has been proposed in ABPA We report a case series of four CF patients affected by ABPA and treated with Omalizumab. Material and Methods: We reviewed clinical charts and collected data about CF patients with ABPA who initiated Omalizumab treatment since 2009 at our local CF center. Results: Omalizumab was initiated in four patients (3 female and 1 male). Mean age at initiation of Omalizumab was 24,4 years (min 15,1- max 34,6). Patients 1,2 and 4 withdrawn oral steroid treatment after one month and patients 3 after two months. Only patient 4 required a short course of oral corticosteroid (1 mg/kg) after 16 months from the initiation of Omalizumab because of acute exacerbation without a significant increase in IgE level. Spirometric values and in particular FEV1 (percent of predicted for height, age and sex) did not change during follow-up. IgE levels varied significantly among patients, with only one patient showing a decreased of total values. Conclusion: Our data confirm previous observation of a steroid sparing effect of Omalizumab in the treatment of ABPA in CF patients. No changes were seen in lung function.