

087 Modified Tree Nut Desensitization Protocol in Real-World Clinical Practice

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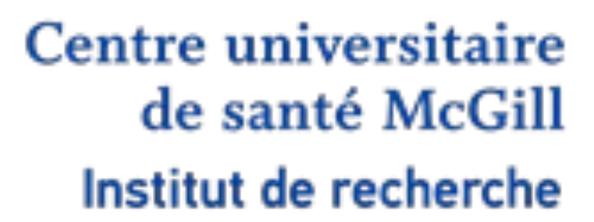
RATIONALE

• We aimed to assess the efficacy and safety of a modified tree nut desensitization protocol in children in real-world clinical practice.

METHODS

- Children with an allergist diagnosis of tree nut allergy were recruited at the Montreal Children's Hospital and the Children's Clinic in Montreal.
- After obtaining consent, an initial dose of tree nut protein (2-12 mg) was introduced. Patients continued the same dose for 2-5 weeks at home, filled out a symptom diary, and returned to the clinic for up dosing until maintenance was reached.
- •Allergen strategies were done with the direction of the allergist using baked goods (almond, pistachio, walnut and hazelnut) or cashew milk and fresh pecan.

ACKNOWLEDGMENTS





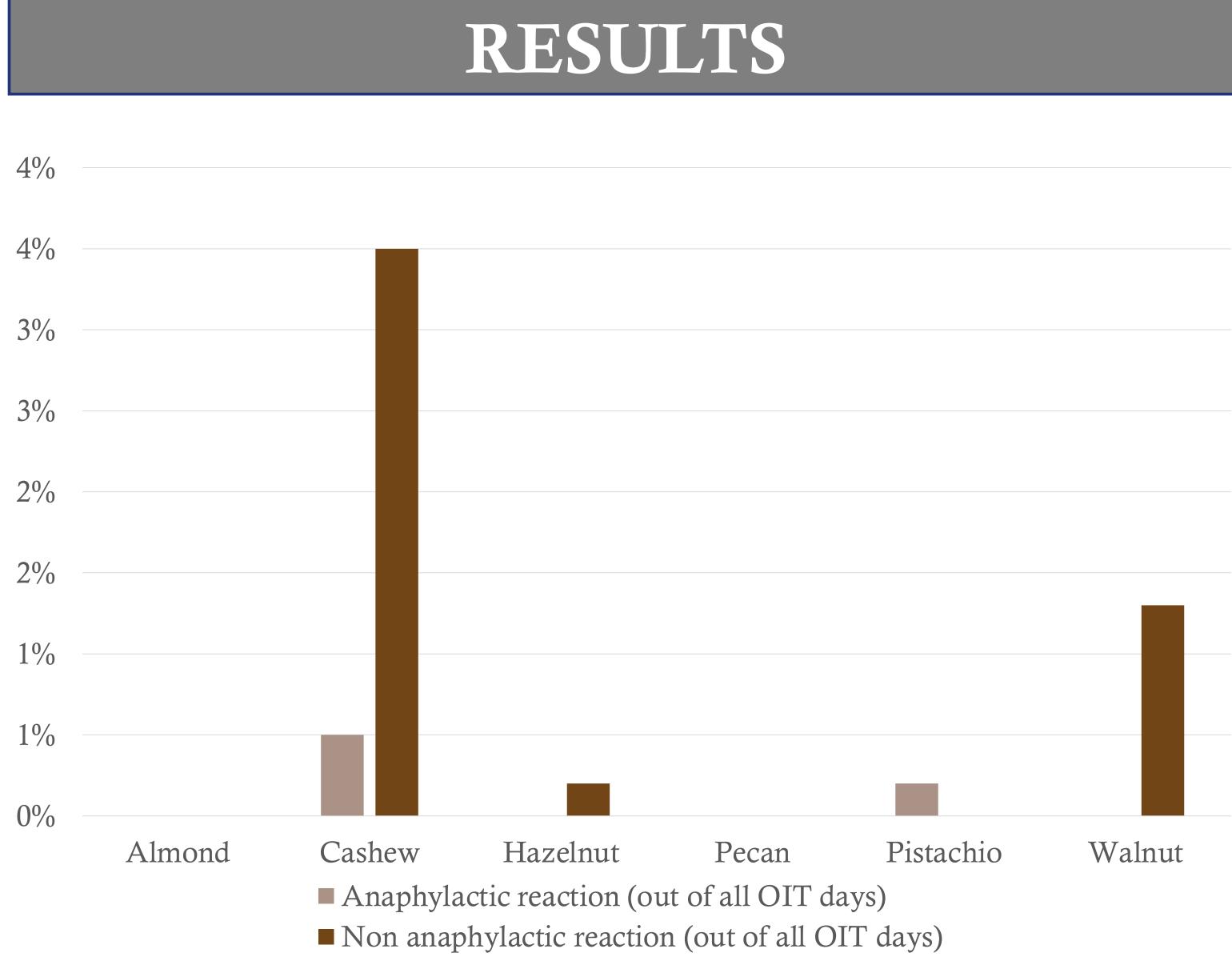


Figure.1 Anaphylactic and non anaphylactic reaction (Out of all OIT days)

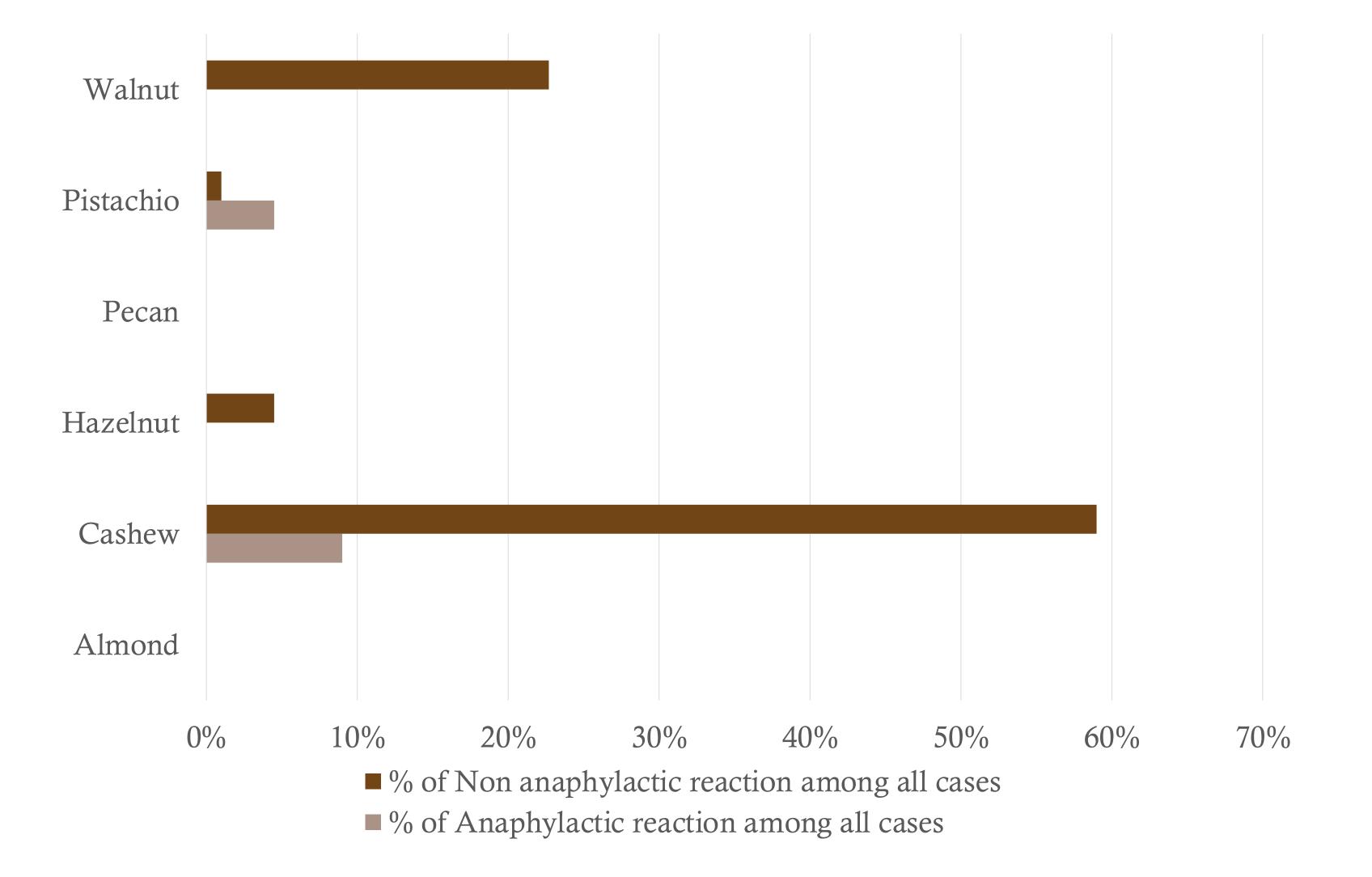


Figure.2 Anaphylactic and non anaphylactic reaction among all cases

Table 1: Demographic and characteristics of patients	
Variable	N = 31
Median Age	5 years
Sex (% males)	29%
Atopic history	Asthma 58% Eczema 16%
Total doses (OIT)	12,253
Oral Initial desensitization	
strategies	
Almond muffin Cashew	6% 6% 270/
Cashew baked good Cashew milk	37% 16%
Hazelnut cake	10%
Pecan	3%
Pistachio baked good	6%
Walnut baked good	13%
Type of reaction	
Non-anaphylactic reaction	19 cases (0.15%)
Anaphylactic reaction	3 cases (0.02%%)

CONCLUSIONS

- Modified tree nut desensitization protocols are safe and efficacious.
- Anaphylactic reaction mainly to cashew OIT.
- A large scale study required to assess tree nut OIT.