Background HIV infection is associated with increased risk of cancer:

Purpose To analyse patients with antiretroviral therapy and chemotherapy, type of cancer and associated risk factors.

Materials and Methods Descriptive study of patients with antiretroviral and chemotherapy in 2004–2011, extracting data from medical records and the Farmatools programme, analysing using SPSS 11.0.

Results 33 patients were obtained (3.7% of all HIV patients on antiretroviral treatment); 82% men: 16 with ADC (11 NHL, 3 KS, and 2 with NHL and KS) and 17 with NADC (5 HL, 3 lung cancer, 3 head-neck, 3 anal, 1 ovari, 1 gastric and 1 chronic lymphocytic leukaemia). When cancer was diagnosed patients presented: CD4<200 cells/microliter (27.3%), detectable viral load (VL) (33.3%), C3 category (63.6%), smokers (63.6%), human papilloma-virus (HPV) (61.1%), Epstein Barr virus (21.2%), human herpes virus 8 (HHV8) (21.2%), hepatitis B-C (48.5%), intravenous drug addict (24.2%). 8 patients died.

80% KS patients and 66.7% head-neck cancer had CD4<200 (P = 0.036). 62.5% of those who died presented CD4<200 (P = 0.009). 66.6% of anal cancer patients presented HPV (P = 0.006). 100% of KS presented HHV8 (P = 0.002).

Conclusions 3.7% of HIV patients on treatment developed neoplasms, more than 50% were NADC, of which 88% started in patients with an undetectable VL, confirming a nice immunological status when cancer was diagnosed.

No conflict of interest.

CPC-152 USE OF OMALIZUMAB IN CHRONIC COLD URTICARIA: A CASE REPORT

doi:10.1136/ehjpharm-2013-000276.609

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Background Omalizumab is a recombinant humanised monoclonal antibody which prevents the binding of IgE to the high-affinity receptor type I (FcεRI). A complicated series of reactions results in a reduction of free IgE responsible for the allergic inflammatory cascade. Omalizumab is indicated as add-on therapy to improve asthma control in adults and adolescents (from 12 years). In addition, several studies show that omalizumab is effective in the treatment of chronic urticaria.

Purpose We report the case of a patient with chronic cold urticaria resistant to conventional treatments.

Materials and Methods The patient was a 67-year-old man, who had suffered from chronic urticaria for over 50 years. The disease was disclosed by pressure urticaria, which had been neglected for a long time. It then turned into a cold urticaria in the 90s. The latter showed itself in 2002 as the patient experienced an anaphylactic shock in a bath at 24°C.

Results Several lines of treatment, all unsuccessful, were tested on the patient: high-dose H1 antihistamine, montelukast, methotrexate, anakinra. In view of this therapeutic impasse, omalizumab appeared as an alternative: doses of 375 mg were administered to him every 15 days as a start. In total, 12 treatments were performed in dermatology outpatients. No side effects were encountered except for an episode of nausea. The results were: a decrease in consumption of H1 antihistamine, ice test negative and significant clinical improvement of his urticaria.

Conclusions In view of the results obtained for this patient, omalizumab appears to be an alternative for treating chronic urticaria in treatment failure. Indeed, it is well tolerated, the risk-benefit ratio is positive, the only problem is the cost incurred for such care.

No conflict of interest.