35 school-age children of 6-18 years old with perennial AR, 18 of whom were sick with concomitant BA, were examined.

Hypersensitivity to 18 mite, epidermal, fungal allergens and insect cockroach allergen which mostly determine the perennial allergic clinical manifestations, and pollen (grass, trees) allergens significant for seasonal allergic manifestations, was studied according to the skin prick tests (SPT).

Results: In 35% of patients the presence of sensitization to only one group of allergens was revealed, particularly in the 5% - to epidermal allergens of cat and dog and in 30% - to house dust mites. In the other children the sensitization to at least one of house dust mites and one other group of studied allergens was found. Polysensitization was found: in 35% of children to at least one more group of allergens, in 15% - up to two and in 5% - to all the studied four groups of allergens.

In the groups of children with concomitant asthma and AR and exclusive AR no any differences in sensitization to fungi allergens according to prick tests were revealed.

Conclusion: In more than half of children with respiratory allergies not only hypersensitivity mite allergens (D.pteronyssinus and D.farinae), but also a significant sensitization to at least one more group of aeroallergens was revealed.

Keywords: Children, allergic test, sensitization.

12. CASE REPORT: COMPUTER TOMOGRAPHY PRESENTATION OF WEGENER'S GRANULOMATOSIS IN A 10-YEAR-OLD BOY WITH RENAL SYNDROME.

Popuşoi Diana

Academic adviser: **Revenco Ninel**, Ph.D., Professor, Pediatric Department, **Cîrstea Olga**, M.D., Assistant Professor, State Medical and Pharmaceutical University "Nicolae Testemiţanu", Chişinău, Republic of Moldova

Background: The term pulmonary-renal syndrome consists of a group of complex and often severe disorders, although rare in incidence, and includes Wegener's Granulomatosis (WG) which is a predominantly small-vessel vasculitis associated with antineutrophil cytoplasmic antibodies (ANCAs). There are few reports describing its clinical features and outcome in children. We report computed tomography (CT) findings in a 10-year-old boy referred to our Pediatric Department.

Materials and Methods: A 10-year-old boy presented in April 2013 with rhinitis, fever and dry cough. He was prescribed antibiotics with moderate improvement of the general condition. His examination results were unremarkable except low hemoglobin level (9.9 g/dL) and markedly increased erythrocyte sedimentation rate (44 mm/h). A month later he had been admitted to Nephrology Unit with complaints of proteinuria, hematuria and anemia. In June he developed also arthritis. In October 2013 the child was admitted to the Pediatric Intensive Care Unit in a severe condition. Antineutrophil cytoplasmic antibodies (ANCA) were positive with antigen specificity for myeloperoxidase (anti-MPO 37 KU/L). The other laboratory results included: mild anemia and leukocytosis; proteinuria (69 mg/kg/day); increased blood urea nitrogen (BUN) and creatinine (10.4 mmol/L and 123 mmol/L, respectively). Thoracic CT revealed a solitary nodule 1.5x1 cm in the posterio-basal segment of the inferior lobe in the left lung. Renal biopsy with fine needle revealed pauci-immune crescentic glomerulonephritis. He was diagnosed as WG from the clinical, radiologic, laboratory and morphologic findings and was given treatment with methylprednisolone and cyclophosphamide.

Results and discussion: The CT findings of pulmonary WG include multiple nodules or masses with or without cavitation, and are particularly helpful to identify cavities within nodules. The ANCA-associated pulmonary-renal syndrome, ANCA positive with antigen specificity for myeloperoxidase (anti-MPO), is almost always caused by microscopic polyangiitis and this association can be manifested as rapidly progressive renal failure, as happened with our patient.

Conclusions: Our aim in presenting this case is to alert clinicians that, even without the definitive histological diagnosis, it is possible, based on clinical history and physical examination, and whenever possible serological tests (ANCA and anti-GBM), to start immunosuppressive therapy, that can avoid the irreversible loss of renal function and interrupt the fatal course of lung complications.

Keywords: Pulmonary-renal syndrome, ANCA, vasculitis