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OBJECTIVE

To review a cohort of children evaluated for hypersensitivity (HS) to non-steroidal anti-inflammatory drugs (NSAIDs), including paracetamol.

MATERIAL AND METHODS

The main characteristics of patients under 15 years of age attended between 2009 and 2025 for a suspected episode of HS to NSAIDs are reviewed. A descriptive and bivariate statistical analysis was performed.

RESULTS

209 patients (56.0% male).

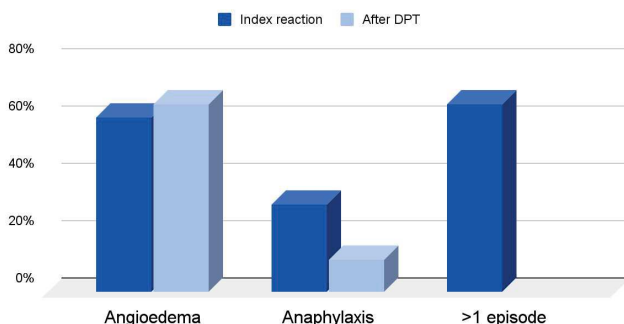
Median age **9.5 years** (interquartile range: 6.0–12.0).

Concomitant **atopic diseases: 36.1%**.

156 with completed evaluations (74.6%):

- HS **excluded** by drug provocation test (DPT): 128 (**82.1%**).
- HS **confirmed** in 28 patients (**17.9%**): 19 male (67.9%), mean age of 10.5 years (range 6.6–14.8).
- HS more frequent: **older children** ($p = 0.01$) and those with **atopic comorbidities** (35.7% vs. 10.6%, $p = 0.01$).

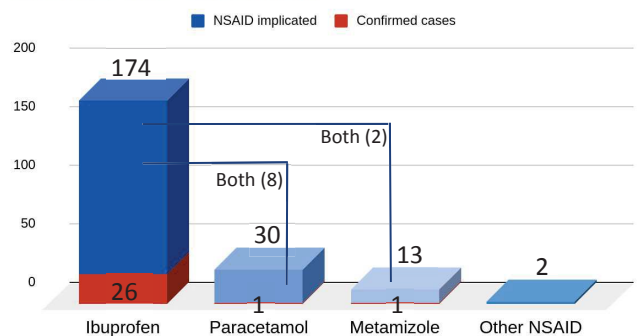
SYMPTOMS



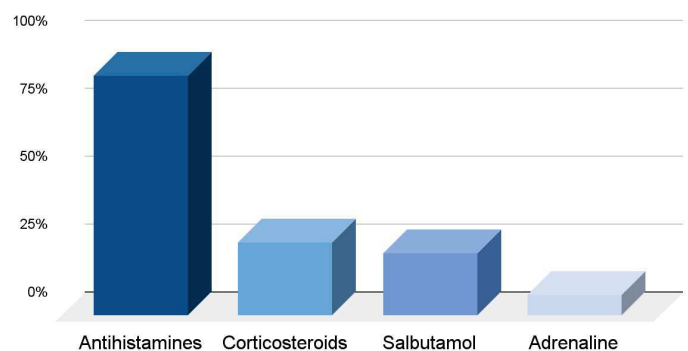
CONCLUSIONS

- NSAID HS is confirmed in 18% of patients with suspected reactions.
- HS to ibuprofen is frequently associated with cross-intolerance to other NSAIDs and occurs during school age and adolescence.
- Angioedema is the most common manifestation, although anaphylaxis is not infrequent.
- Children with NSAID HS generally tolerate paracetamol and meloxicam, but not metamizole.
- Selective allergy to paracetamol or metamizole is rare.

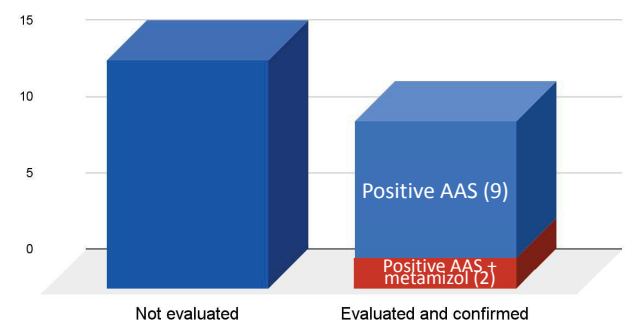
NSAID IMPLICATED



TREATMENT FOR POSITIVE DPT



CROSS INTOLERANCE



All of them tolerated paracetamol.

DPT negative with meloxicam in all 7 patients tested.