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10.33±9.97 weeks, $p = 0.726$) Otherwise, there was a difference in the level of medication until the initial control between the two groups. Children with positive ASST were more likely to have a single dose of non-sedating antihistamines at the time of initial disease control compared with negative ASST. (79.2% vs 47.8%, $p = 0.038$). There was no difference in the level of urticaria control status after the initial control between the two groups.

Conclusion: ASST may help to predict the treatment response in children with CSU. More extensive studies are needed to demonstrate these results.

228 | Past illnesses - a risk factor for food allergies in schoolchildren?

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Background: Food allergy is a pathological reaction caused by ingestion of a food product, which is based on immunological mechanisms. According to the results of epidemiological studies, up to 10% of children suffer from food allergies. It is known that the transferred diseases can be of great importance for the formation of allergic pathology. Reducing the influence of risk factors for the formation of pathology ensures the effectiveness of preventive work.

Aim: To study the association of past diseases with the presence of food allergies in schoolchildren.

Method: A cross-sectional survey of 1064 schoolchildren aged 7-17 years was carried out. During the examination, questionnaires were filled out, in which complaints and anamnestic data about past illnesses and information about food allergies were recorded. The analysis of the statistical significance of differences in qualitative features was carried out using the χ^2 test. The statistical significance of the differences in the results obtained was assessed at $p < 0.05$. All children (parents) signed an informed consent to participate in the study, according to the Helsinki Declaration of WMA.

Results: The prevalence of food allergies among schoolchildren was 8.2%. Children with food allergies had a history of chemical and food poisoning in 11.4% and in 3.0% without allergy, respectively ($p < 0.045$). Among schoolchildren with food allergies, frequently ill children (according to WHO criteria) are represented in 55.2%, among children without allergies in 38.4%; $p < 0.05$). No differences in the data on the frequency of pneumonia, helminthic infestation, hepatitis, intestinal infections in children, depending on the presence of food allergies, were established ($p > 0.05$).

Conclusion: Schoolchildren have established an association of food allergy with a history of chemical and food poisoning and frequent respiratory diseases.

827 | Age-related features of allergic diseases in children of central Ukraine

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Background: The main task of an allergist is to identify allergic symptoms, their onset, location, intensity, duration, remission, recurrence. The timing of symptoms - are they seasonal or year-round, - and their persistence are important too. Despite new datum suggesting that atopic march may not be present in individuals of young age, clinical manifestations of allergies in children varies. Thus, the aim of our study was to investigate the timing and pattern of changes of clinical manifestations of allergic diseases among residents of Vinnytsia region of Ukraine.

Method: A retrospective analysis of 30 medical record histories of children who sought medical attention at the Vinnytsia Regional Children's Clinical Hospital in 2003-2020 years were analysed. After clinical investigation, children were diagnosed with allergic rhinitis, asthma and atopic dermatitis. The age of the children, whose medical records were included into investigation, varied from 2 to 15 years (mean age 8,02 ± 3,48 years). There were 19 boys and 11 girls, 63,3% and 36,6 % respectively.

Results: The study found out that the manifestations of atopic dermatitis prevailed in children of 2-3 years (11-18%), and asthma was diagnosed on average at the age of 5-7 years (70-90%). Signs of acute respiratory viral infection, which preceded the development of allergy, were the cause of the first treatment in 2-3 years (11-18%). The most common complaint was rhinitis (86-94%) and it was observed the most frequently in 5-6 years. Children of 2-6 years old sought medical treatment for cough in 60-70% of cases. In addition, signs of the respiratory failure, namely shortness of breath, were diagnosed in 4-6 years. Pollen sensitization was most the most detected complaint in 12-13 years (up to 80%), sensitization to house dust mite allergens - in 12 years (29%).

Conclusion: The role of atopic march in the development of allergopathology has been proved during our study for the vast majority of patients. It is confirmed that the clinical diagnosis of bronchial asthma can be reliably established only after 5 years. Thus, early diagnosis, monitoring and treatment of bronchial asthma are of particular importance.