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Title of Presentation	Utility of the REMA Score for the Detection of Indolent Systemic Mastocytosis in Adults with Anaphylaxis: A Real-World Experience from an Argentine Referral Center
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Abstract of Presentation	Background: Systemic mastocytosis (SM) is an uncommon and frequently underdiagnosed cause of anaphylaxis in adults. The REMA (Red Española de Mastocitosis) score is a validated clinical tool used to identify patients at increased risk of clonal mast cell disorders. Objective: To evaluate the utility of the REMA score for identifying indolent systemic mastocytosis (ISM) in adults presenting with anaphylaxis. Methods: We conducted a retrospective observational study using electronic medical records from an Argentine referral center. Twelve consecutive adults with anaphylaxis diagnosed according to WAO 2020 criteria were included. Clinical characteristics, baseline serum tryptase, and REMA score variables were collected. Patients with a REMA score ≥2 underwent bone marrow evaluation. ISM was diagnosed according to WHO 2022 criteria. Results: Twelve adults (2 males, 10 females) were included. Anaphylaxis triggers were idiopathic (33.3%), Hymenoptera venom (25.0%), food-induced (25.0%), and drug-induced (16.7%). Four patients (33.3%) had a positive REMA score and underwent bone marrow studies. ISM was confirmed in three patients according to WHO 2022 criteria. Baseline serum tryptase ranged from 5 to 46 µg/L; four patients had levels >20 µg/L. KIT D816V mutation was detected in one patient by ASO-PCR. Conclusions: The REMA score identified patients with

	anaphylaxis at increased risk of clonal mast cell disease. Three of four patients with a positive REMA score were diagnosed with ISM after bone marrow evaluation. In settings without routine access to ultrasensitive KIT testing, systematic use of the REMA score may facilitate earlier recognition of mast cell disorders and improve referrals.
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