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Title of Presentation	Repeated basal serum tryptase elevation is associated with anaphylaxis in paediatric mast cell disorders: a cohort of 160 children
abstract-hint	
Abstract of Presentation	Background: Reliable markers of anaphylaxis risk in children evaluated for mast cell disorders are lacking, and the clinical value of serial basal serum tryptase (BST) measurements remains uncertain. Methods: Retrospective cohort study of 160 children (87 boys, 54.4%; median age 6.4 years, IQR 3.6–9.2) evaluated at a single tertiary centre (April 2025–June 2026). Groups: cutaneous mastocytosis (CM) with persistently low BST (CM-only, n=101), repeatedly elevated BST without CM (BST-elevated, n=26), and CM with repeatedly elevated BST (CM+BST, n=33). Repeated BST elevation: ≥2 measurements >8 ng/mL. Anaphylaxis per WAO 2020 criteria, graded by Ring and Messmer scale. ROC analysis assessed discrimination of anaphylaxis history by median BST. Results: Anaphylaxis occurred in 21/160 children (13.1%): CM-only 2/101 (2.0%), BST-elevated 16/26 (61.5%), CM+BST 3/33 (9.1%; p<0.001). Grade III–IV reactions accounted for 50–67% of events across groups. Food was the most frequently reported trigger (61.9%), followed by insect venom and unknown triggers (19.0% each); trigger distribution did not differ statistically between groups (p=0.831). Repeated BST elevation was associated with higher anaphylaxis risk (RR

	16.26, 95% CI 3.93–67.36; p<0.001). Median BST ≥10.43 ng/mL showed good discrimination (AUC 0.853; sensitivity 90%, specificity 81%). Among children with CM, SCORMA score was not associated with anaphylaxis risk (p=0.360). Conclusions: Repeatedly elevated BST, rather than CM itself, identifies children at markedly increased risk of anaphylaxis. Food was the most frequent anaphylaxis trigger across all groups. Serial BST monitoring enables clinically meaningful risk stratification in paediatric mast cell disorders.
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