

Central Europe, north of the Alps, the British Isles, southern Scandinavia, down to the Ural mountains. • Worker bees can have a length between 1.1 and 1.5 cm with a light orange and dark brown coloring. • You can often see bees on flowering plants, on sources of sugar (honeydew, etc.) or on pools of water during hot days. Bees build nests in beehives or sometimes in hollow trees or cracks in the walls of buildings. Bees can attack en masse if not too far from their hives. A peculiar characteristic of the *Apis mellifera* is the serrated stinger. The stinger is barbed so that it lodges in the victim's skin, tearing loose from the bee's abdomen and leading to its death in minutes. Distribution: Throughout Italy. Period of exposure to allergens: All year round. Allergy testing: Allergic reactions to bee venom can be severe enough to cause anaphylactic shock, which can be fatal. Allergy Efficacy of VIT (Venom immunotherapy): Venom immunotherapy is extremely efficacious in preventing subsequent systemic reactions in patients with stinging insect allergy. • Efficacy is highest with mixed vespid venom; it is 98% effective in preventing subsequent systemic reactions with a maintenance dose of 300 µg (100 µg per venom). • For therapy with individual venoms (i.e., honeybee, yellow jacket, or wasp) at a dose of 100 µg per venom, immunotherapy is 75% to 95% effective in preventing systemic reactions to future stings. • Those few patients who continue to have systemic reactions usually have milder reactions than before beginning treatment. Increasing the maintenance dose of immunotherapy to 200 µg provides full protection for most patients who have had systemic reactions while receiving treatment with single venoms at a dose of 100 µg. IN KOSOVO as in the other parts of the globe, allergy diseases are very often presented in medical institutions. Also the percentage is almost same as in Europe, or in the other parts of the world. In general, approximately 1/4 or 1/5 of inhabitants is representing different kinds of allergy, starting from mild symptoms to severe life threatening allergy reactions. As a certified specialized allergologist – immunologist, while living and working in the small city of Gjakova in Kosovo, in my everyday experience, I meet different kind of allergies to my patients like: pollen allergies, food allergies, medication allergic reactions, contact allergies, and insect sting allergies such as bites: bee, wasp etc. • In one case, of my observed patient, I verified that the subject 12 years old; gender: female was allergic in: pollens and bee venom with anaphylactic allergic reaction. Specific Ig- E detected with POLYCHECK (Bio-Check) first analysis are shown below. This patient has started initial treatment in "Mother Theresa" University Hospital Center of Tirana in Albania, 2 years ago with rush method. After this process, the treatment was continued by me in "Isa Grezda" Regional Hospital of Gjakova. Until now I'm performing by schematic regimen SCIT and every time the patient is under my observation for 30 minutes. During the period of two years of immunotherapy, the treatment has indicated very well to the patient, with moderate local reaction in the beginning and now without any possible clinical adverse reactions. Every application of vaccine was performed deep subcutaneously in the upper external side of the arm. After one year of venom immunotherapy with Anallergo vaccine, the patient has repeated Specific Ig-E on pollens and hymenoptera venoms, with the parameters of: Bee venom has fallen down from 5-4; Alder pollen from 1-0; Birch pollen from 2-0; Hazelnut pollen from 2-1; Beech pollen from 2-0; Oak pollen from 2-1; Pine from 2-0; *Rhizopus nigrans* from 2-0; Grass mix from 3-1 and house dust from 2-0. And concomitantly parameters of bee venom and parameters on pollens began to fall down without etiological treatment, it means without S.I.T on certain pollens.

**Material and Methods:** The patient was receiving L-Tyrosine-adsorbed subcutaneous immunotherapy (SCIT) for hymenoptera venom ANALLERGO vaccine (*Apis mellifera*) L-tyrosine delayed subcutaneous immunotherapy for hymenoptera venom consists of two initial vials of L-tyrosine delayed extract of purified venom, respectively one 5 ml vial containing 1 mcg/ml and one 5 ml vial containing 10 mcg/ml.

#### STARTING TREATMENT PLAN

- No. 1 - 5.0 ml green label vial containing 1mcg / ml of hymenoptera venom.
- No. 1 - 5.0 ml yellow label vial containing 10 mcg / ml of hymenoptera venom.
- No. 1 - 5.0 ml red label vial containing 100 mcg / ml of hymenoptera venom.

**Maintenance Therapy:** No. 1 - 5.0 ml red label vial containing 100 mcg / ml of hymenoptera venom. Vials are packed in a protective rigid plastic container.

**Conclusion:** The patients which are allergic to bee venom which are most of the time allergic to pollens too, by obtaining VIT can present a decrease of parameters in pollen allergy too. So, I need to follow one year more, the patient analysis, in order to make a definitive conclusion about the efficiency of VIT and its correlation of positive influence to pollen allergy?

#### Biography

Leonora Hana-Lleshi (born on 01.03.1971)-is a certified specialized allergologist-immunologist The Faculty of General Medicine (1990-1996) in Craiova, Romania. (2001-2005) I've received the title of a certified specialized allergologist-immunologist in University Clinical Center Kosovo-Prishtina. 6 months I was in "Mother Theresa" University Hospital Center of Tirana in Albania for training in the field of clinical allergology. In 2012 I've received a master degree on medicine science from Ministry of Education in Albania (MoES), which has equivalented my diploma of medicine and specialization based in Bologna equivalentation. From 2006 I'm working as a certified specialized allergologist-immunologist in "ISA GREZDA" Regional Hospital of Gjakova in Kosovo. Until now I've presented 4 international poster abstract presentations, First in WAC-Munich 2005, I was a Travel Grant winner from DGAKI first author and presenter of poster abstract No.560; Second presentation :first author and poster abstract presenter in XXVI Congress of the European Academy of Allergology and Clinical Immunology, 2007 Goteborg, Sweden abstract No.797, and co-author with Dr.Luljeta Neziri-Ahmetaj poster abstract No.657 in Goteborg 2007, Travel Grant winner to attend Summer School of allergology and immunology organized by EAACI in Cluj-Napoca 2007, Romania; Attender of National Symposium of Croatian Society of Allergology and Clinical Immunology in 2009 in Zagreb Croatia. Poster abstract accepted for presentation in 12th EAACI Immunology Winter School on Basic Research in Allergy and Clinical Immunology, 2014 Poiana Brasov Romania (abstract title: "In vitro testing for discriminating clinical relevance of sensitization to particular allergens.") 4 oral abstract presentation in local conferences, supporter of WAD in our local area organizing local conferences supported by GINA. Abstract presenter in our 3 national and international conferences. A member of Kosovar Society of Allergology and Clinical Immunology, EAACI, WAO, ACAAI etc.

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