

Advances in technology are changing the future of medicine

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In this October, we are having the most important allergy festival in Asia-Pacific region - the Joint Congress of Asia Pacific Association of Allergy, Asthma, and Clinical Immunology (APAAACI) and Asia Pacific Association of Pediatric Allergy, Respiratory, and Immunology in Kuala Lumpur, Malaysia (October 17–20, 2016, <http://www.apaaaci-kl2016.org>). The Joint Congress will be hosted by the Malaysian Society of Allergy and Immunology. “The Era of Allergy: Local and Global Insights and Intervention” is the main theme which will make the congress scientifically meaningful. There will be special sessions such as ‘commemorating 50 years since discovery of IgE.

It is remarkable that new International Classification of Diseases (ICD)-11 beta phase structure “Allergic and hypersensitivity conditions” section has been constructed as a result of a detailed and careful action plan based on scientific evidences for the necessity of changes and collaboration with the World Health Organization ICD-11 revision governance [1]. APAAACI is supporting this international collaboration with the World Allergy Organization, the American Academy of Allergy Asthma

and Immunology, the European Academy of Allergy and Clinical Immunology, the Latin American Society of Allergy, Asthma and Immunology, and the American College of Allergy Asthma and Immunology [2, 3]. Readers of this issue will find an original article on the mapping of ICD-10 allergic and hypersensitivity conditions in the ICD-11 beta phase structure [1].

Readers of this issue will also find a review article on allergen-specific immunotherapy in pediatric allergic asthma [4] and an original article on the mixed house dust mite and weed pollen extract immunotherapy [5]. Immunotherapy with a history of more than 100 years still works for allergy patients.

As radiocontrast media (RCM) media induced hypersensitivity is an unpredictable adverse drug reaction, prevention of the recurrence is one of the key components of the management [6]. Avoidance is the best if possible. When you order computed tomography scans using RCM, it is important to find out those who had a history of RCM induced hypersensitivity reactions. A clinical decision supporting system embedded in the electronic medical record system may help [7]. If it is impossible to avoid

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the use of RCM, the preventive measures are used, for example, 50 mg of oral prednisolone at 13 hours, 7 hours and an hour before injection of RCM, and 4 mg of chlorpheniramine at an hour before the injection if a patient has previous history of severe immediate type RCM hypersensitivity [6]. What about mild cases such as simple urticaria? In this issue, Lee et al. [8] report the efficacy of single premedication with antihistamines for RCM hypersensitivity.

Advances in technology are changing the future of medicine. Clinical decision supporting systems have been developed to help clinicians make informed management decisions [7, 9]. The platform of the clinical decision supporting system has been evolved from simple algorithms to artificial intelligence with neural networking systems. Most recently Watson, the IBM supercomputer, has collaborated with several cancer care providers to help clinicians make informed treatment decisions [10]. In this issue, Kim et al. [11] from Korea report the feasibility of a smartphone application based action plan and monitoring in asthma. According to this article, the patients were satisfied with the information from the smartphone application that they've got right on time. It also showed some beneficial effects such as enhanced adherence. This application was developed by a university hospital. As described in the article [11], a study showed most of applications among 103 applications provided inaccurate information but only 32 applications provided strategies for asthma control. Thus the role of physicians is very important in the development of medical applications. Collaborations between medicine and computer or information science are essential.

Readers will find an interesting study of a birth cohort from Singapore on the relationship between all fevers or fever after vaccination and atopy or atopic diseases at 18 and 36 months of age [12] and a study on the elderly asthma from Thailand [13].

This issue of *Asia Pacific Allergy* also contains an educational case report on allergic bronchopulmonary aspergillosis [14] and a unique case of marking nut anaphylaxis [15].

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