pISSN 2233-8276 · eISSN 2233-8268

Editorial

http://dx.doi.org/10.5415/apallergy.2015.5.1.1 Asia Pac Allergy 2015;5:1-2

Asia Pacific allergy: four years of experience

Yoon-Seok Chang^{*}

Asia Pacific

Division of Allergy and Clinical Immunology, Department of Internal Medicine, Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam 463-802, Korea

Wish you and your family a Happy New Year!

This issue of Asia Pacific allergy (AP Allergy) is very meaningful because it has been successfully published for full four years (16 issues so far) since the launching ceremony on November 6, 2010 and its inaugural issue release on April 30, 2011. Thank you very much for your support.

AP Allergy has been recognized as an important journal in the field of allergy and clinical immunology. AP Allergy has published fifty-seven review articles from Australia (8), Finland (1), India (3), Indonesia (2), Italia (1), Japan (5), Korea (17), Malaysia (1), Singapore (9), Slovak (1), Sri Lanka (1), Sweden (1), Taiwan (4), Thailand (2), and the United Kingdom (1).

A total of sixty-one original articles from Australia (6), China (1), Finland (1), India (2), Indonesia (1), Iran (2), Japan (8), Korea (15), Kuwait (1), Malaysia (1), Mexico (2), Mongolia (1), New Zealand (1), Pakistan (1), the Philippines (5), Singapore (6), Sri Lanka (1), Thailand (5), and Turkey (1) have been published.

Eighteen case reports from Australia (1), Indonesia (1), Japan (1), Korea (9), Singapore (1), Sweden (1), Taiwan (1), Turkey (1), UK (1), and USA (1) have been published. Four letters have been published so far.

According to Google citation index, the most frequently cited

article is 'Overview on the pathomechanisms of allergic rhinitis' by Pawankar et al. [1], followed by 'Irritable bowel syndrome-An inflammatory disease involving mast cells' by Philpott et al. [2] and 'Food allergy in Asia: how does it compare?' by Lee et al. [3].

This issue of AP Allergy features important issues on carbohydrates as food allergens. Allergists occasionally see patients who complain that they cannot eat meat from 'four legged animals' because of food allergy. Red meat anaphylaxis is caused by galactose-alpha-1,3-galactose that induces cross reactivity among 'four legged animals'. In this issue, van Nunen [4] explains mammalian meat allergy, tick anaphylaxis and their significance. Readers would enjoy the whole features of tick allergies, cetuximab allergy, and mammalian meat allergy as well as the behind stories. Soh et al. [5] explain another group of carbohydrate named galacto-oligosaccharides in commercial milk formula. Galacto-oligosaccharides are unique in that the allergen is a pure carbohydrate. Galacto-oligosaccharides induced anaphylaxis has been described in the several Asian populations including Singapore, which have briefly been covered in AP allergy at its initial phase [3]. Readers will be impressed by the importance of carbohydrates as food allergens.

For childhood asthma survey, we have ISAAC (International

Correspondence: Yoon-Seok Chang

Division of Allergy and Clinical Immunology, Department of Internal Medicine, Seoul National University Bundang Hospital, Seoul National University College of Medicine, 82 Gumi-ro 173beon-gil, Bundang-gu, Seongnam 463-707, Korea Tel: +82-31-787-7023 Fax: +82-31-787-4052 E-mail: addchang@snu.ac.kr

Received: January 20, 2015 **Accepted**: January 22, 2015 This is an Open Access article distributed under the terms of the Creative Commons Attribution. Non-Commercial License (http://creativecommons. org/licenses/by-nc/3.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Asia Pacific allergy

Study of Asthma and Allergies in Childhood) questionnaire [6]. However, what do we have for adult or elderly asthma survey? In this issue, Song et al. [7] validated the Korean version of the European Community Respiratory Health Survey screening questionnaires for use in epidemiologic studies for adult asthma.

Finland is famous for the Finnish Allergy Program [8]. The Finnish Allergy Program 2008–2018 and the scientific rationale and practical implementation have been covered in AP allergy [9]. The 10-year implementation program aims to reduce the burden of allergies at the individual and societal levels [8]. As an outcome, not only the awareness of healthcare professionals and allergic patients improved, but also emergency visits and hospital days caused by asthma are in steady decline (54% during the last 10 years). Networking of allergy experts with primary care doctors and nurses as well as pharmacists was the key for effective implementation [9]. In this issue, Kauppi et al. [10] reports that the self-reported asthma severity has reduced and disease control has been improved in Finland during 10 years, 2001–2010. In Asia Pacific region, some countries such as Australia and Korea also run government-supported Allergy Programs [8].

In aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) hypersensitivity, selective cyclooxygenase 2 inhibitors could be helpful as alternative drugs in adults. How about in children? Loh et al. [11] showed that etoricoxib could be used as a safe alternative in older children with hypersensitivity to NSAIDs.

This issue contains educational case reports. Sprung et al. [12] reported a case of refractory hypotension with serum tryptase, which could be due to uninterrupted Lisinopril therapy and chronic renal insufficiency. Chin et al. [13] described the cross-reactive hypersensitivity of clopidogrel towards both its fellow thienopyridine, prasugrel, as well as the structurally dissimilar ticagrelor, and its subsequent successful desensitization. Sugiyama et al. [14] described an interesting case of caffeine induced anaphylaxis. Skin prick test showed a positive response to caffeine which suggested that an IgE-mediated mechanism could be involved in this anaphylactic reaction.

REFERENCES

1. Pawankar R, Mori S, Ozu C, Kimura S. Overview on the pathomechanisms

of allergic rhinitis. Asia Pac Allergy 2011;1:157-67.

- 2. Philpott H, Gibson P, Thien F. Irritable bowel syndrome: an inflammatory disease involving mast cells. Asia Pac Allergy 2011;1:36-42.
- Lee AJ, Thalayasingam M, Lee BW. Food allergy in Asia: how does it compare? Asia Pac Allergy 2013;3:3-14.
- 4. van Nunen S. Tick-induced allergies: mammalian meat allergy, tick anaphylaxis and their significance. Asia Pac Allergy 2015;5:3-16.
- 5. Soh JY, Huang CH, Lee BW. Carbohydrates as food allergens. Asia Pac Allergy 2015;5:17-24.
- Clayton T, Asher MI, Crane J, Ellwood P, Mackay R, Mitchell EA, Moyes CD, Pattemore P, Pearce N, Stewart AW. Time trends, ethnicity and risk factors for eczema in New Zealand children: ISAAC phase three. Asia Pac Allergy 2013;3:161-78.
- Song WJ, Lee SH, Kang MG, Kim JY, Kim MY, Jo EJ, Lee SY, Lee SE, Kim MH, Yang MS, Kim SH, Kang HR, Park HK, Park HW, Chang YS, Kim SS, Lee JM, Min KU, Cho SH. Validation of the Korean version of the European Community Respiratory Health Survey screening questionnaires for use in epidemiologic studies for adult asthma. Asia Pac Allergy 2015;5:25-31.
- 8. Chang YS. Implementation of guidelines, allergy programs, and the October issue. Asia Pac Allergy 2012;2:231-2.
- Haahtela T, Valovirta E, Kauppi P, Tommila E, Saarinen K, von Hertzen L, Makela MJ; Finnish Allergy Programme Group. The Finnish Allergy Programme 2008-2018 - scientific rationale and practical implementation. Asia Pac Allergy 2012;2:275-9.
- Kauppi P, Peura S, Salimaki J, Jarvenpaa S, Linna M, Haahtela T. Reduced severity and improved control of self-reported asthma in Finland during 2001–2010. Asia Pac Allergy 2015;5:32-9.
- Loh W, Lim HH, Rao R, Goh A, Ong LX, Chiang WC. Tolerance to etoricoxib in children with nonsteroidal anti-inflammatory drug hypersensitivity. Asia Pac Allergy 2015;5:40-6.
- Sprung J, Larson KJ, Divekar RD, Butterfield JH, Schwartz LB, Weingarten TN. Refractory intraoperative hypotension with elevated serum tryptase. Asia Pac Allergy 2015;5:47-50.
- Chin N, Rangamuwa K, Mariasoosai R, Carnes J, Thien F. Oral antiplatelet agent hypersensitivity and cross-reactivity managed by successful desensitization. Asia Pac Allergy 2015;5:51-54.
- Sugiyama K, Cho T, Tatewaki M, Onishi S, Yokoyama T, Yoshida N, Fujimatsu T, Hirata H, Fukuda T, Fukushima Y. Anaphylaxis due to caffeine. Asia Pac Allergy 2015;5:55-6.