

Asia Pacific allergy: 6 years old

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Wish you and your family a Happy New Year!

Thank you very much for your support on *Asia Pacific Allergy*, the official journal of Asia Pacific Association of Allergy, Asthma, and Clinical Immunology (APAAACI). *Asia Pacific Allergy* has been published for 6 years (24 issues so far) since its inaugural issue release on April 30, 2011.

This issue of *Asia Pacific Allergy* features important issues on eosinophilic esophagitis: the current understanding and evolving concepts such as food allergy, diet elimination, epithelial barrier integrity, and more [1]. Eosinophilic esophagitis is a chronic inflammatory disease which usually presents with dysphagia, swallowing discomfort, and heartburn [2]. It is diagnosed only by biopsy of the esophagus via endoscopy (more than 15 eosinophils per high power field), which has recently been refined to specify an 8-week trial of proton pump inhibitors prior to the biopsy to rule out the related conditions of esophageal reflux and proton pump inhibitor responsive esophageal eosinophilia (PPI-REE) [1]. Recently it has been suggested that eosinophilic esophagitis and PPI-REE could be a single syndrome by transcriptome analysis [3].

Cysteinyl leukotrienes are key mediators in allergic

inflammation. Leukotriene receptor antagonists could be used as the alternative to inhaled corticosteroid at step 2 and as the add-on therapy to inhaled corticosteroid or combination therapy in the management of asthma [4]. They could be beneficial with some asthma phenotypes such as aspirin exacerbated respiratory diseases, exercise-induced bronchospasm, asthma associated with allergic rhinitis, virus-induced asthma exacerbations, asthma associated with obesity or smoking, and elderly asthma [5]. In this issue, Morita et al. [6] report that pranlukast reduced asthma exacerbations during autumn especially in 1- to 5-year-old boys. According to the sputum inflammatory cell profile, asthma could be classified into 'eosinophilic,' 'neutrophilic,' 'mixed granulocytic,' and 'paucigranulocytic' types. Shin et al. [7] report how the cellular profile changes over time in asthma patients.

Anaphylaxis is a severe, life-threatening, generalized or systemic hypersensitivity reaction to various causative agents, which can be allergic or nonallergic [8]. This issue contains a very interesting case of anaphylaxis caused by honey and an important report on the administration of the adrenaline auto-injector at the nursery/kindergarten/school in western Japan

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[9, 10]. It is very important to educate the caregivers (parents, guardians, school nurses, teachers at the nursery/kindergarten/school) of children with anaphylaxis how to use the adrenaline auto-injector or self-injectable epinephrine. Nursery, kindergarten, and school are important places where children spend a lot of time studying, playing and eating. As mentioned in the article, if the adrenaline auto-injector should be administered by the guardian or parent after their arrival at the nursery, kindergarten, or school, it may lead to poor outcome due to delayed injection of epinephrine while anaphylaxis could be developed within minutes. As the authors mentioned, education and cooperation among the physicians and the caregivers are essential. This is to save lives!

Carbohydrates can play a role as important food allergens, e.g., galactose-alpha-1,3-galactose induced red meat anaphylaxis and galacto-oligosaccharides in commercial milk formula induced anaphylaxis [11, 12]. However, cross-reactive carbohydrate determinants cause nonspecific IgE binding which is often responsible for false positive allergen-specific IgE response in asymptomatic patients [12]. In this issue, Yokoi et al [13] report on the involvement of cross-reactive carbohydrate determinants-specific IgE antibodies in pollen allergy testing in Japan. Lipid transfer proteins (LTPs) are a group of highly conserved proteins and shared by several foods (a pan-allergen). LTP may cause food allergy including pollen-food syndrome and anaphylaxis. In this issue, Ciprandi et al. [14] report the impact of age on IgE production against Pru p 3, the peach LTP. Did you know that peach could be the primary sensitizer to LTP in the Mediterranean area?

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