

Editorial



Coronavirus disease 2019 (COVID-19) and Long COVID



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*Correspondence to

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 173 Beon-gil, Bundang-gu, Seongnam
13620, Korea.

Tel: +82-31-787-7023

Fax: +82-31-787-4052

Email: kasalamd@yahoo.com

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ORCID iDs

Yoon-Seok Chang

<https://orcid.org/0000-0003-3157-0447>

Yoon-Seok Chang *

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

The coronavirus disease 2019 (COVID-19) pandemic has impacted every aspect of our lives. We lost our patients, colleagues, friends, and family members. Most countries experienced lockdowns. Wearing a face mask, physical distance, washing hands, and vaccination are the essential components of the preventive measure. We got used to have online or virtual meetings. It is still an ongoing global pandemic. However, after the Omicron, a variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), became dominant, some countries are starting to lift the regulations with the policy of “living with COVID.” For example, at the moment, it is no longer mandatory to wear a face mask in United Kingdom (UK) where the WAO-BASCI 2022 UK Conference was held (Edinburgh, Scotland, April 25–27, 2022). It was a very successful face to face international congress with a lot of learning and networking.

It is fortunate that most of patients with allergic diseases are not more susceptible to SARS-CoV-2 infection itself or severity. The underlying mechanisms could be T2 inflammation and lower expression of angiotensin-converting enzyme-2 receptor, which needs further investigations. COVID-19 vaccines could be injected safely for most of patients with allergic diseases except those who had allergy to the vaccine components such as polysorbate 80, polyethylene glycol, or trometamol [1].

However, some data suggest that severe asthma might be related with the poor outcome with COVID-19. In this issue, Shin et al. [2] report on the impact of asthma, chronic obstruction pulmonary disease (COPD), and asthma COPD overlap from 5,625 hospitalized patients with COVID-19, which was evaluated at the early stage of the COVID-19 pandemic in Korea.

Long COVID (post-COVID syndrome) refers to an array of variable and fluctuating symptoms experienced after acute COVID-19 infection such as fatigue, shortness of breath, chest pain or tightness, cough, problems with memory and concentration, insomnia, depression, palpitations, dizziness, joint pain, tinnitus, a high temperature, diarrhea, loss of appetite, changes to sense of smell or taste, and skin rash [3]. The prevalence of long COVID is about 10%–47% according to studies [4, 5]. The symptoms may persist for 8–12 weeks but some patients have more persistent symptoms. Cough is one of the common symptoms of long COVID and could be more prevalent among patients with underlying allergic diseases such as asthma and allergic rhinitis. In this issue, Kang et al. [6] presents a case of long COVID with severe refractory cough. Readers will also find an interesting case report of erythrodermic psoriasis in a post-COVID-19 patient [7].

Biologics such as anti-IgE, anti-IL5, anti-IL5Ra, anti-IL4Ra, and anti-TSLP can be a very effective treatment for severe asthma patients: not just reducing symptoms, asthma exacerbations or asthma-related hospitalizations, but also helping the patients actively participate in their life. However, the factors that may affect the severity of asthma such as adherence, and the benefits/risks of biologics should be always evaluated [8]. Readers will find an article on the characteristics of the European Thoracic Society/American Thoracic Society severe asthma definition as a determinant of future use of biologics/bronchial thermoplasty in this issue [9].

Anaphylaxis and severe cutaneous adverse drug reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis could be life-threatening diseases. In this issue, readers will find an article on the changes in the clinical features of food-related anaphylaxis in children during 5 years from Japan, and an article on the clinical characteristics of drug-induced Stevens-Johnson syndrome and toxic epidermal necrolysis from Korea [10, 11]. Readers also find an article on the association between self-reported drug hypersensitivity reactions and psychological disorders [12].

Two important national member societies in the Asia Pacific region, the Korean Academy of Asthma, Allergy, and Clinical Immunology (KAAACI) and the Philippine Society of Allergy Asthma and Immunology (PSAAI), celebrate the 50th anniversary this year. The 50th anniversary international congress of KAAACI will be held on May 6–7 in Seoul, Korea, and PSAAI will hold Asia Pacific Association of Allergy, Asthma, and Clinical Immunology Congress 2022 on Dec 5–8, in Manila, the Philippines. Please also note that World Allergy Congress 2022 will be held in Istanbul, Turkey (Oct 13–16).

We have important campaigns on asthma and allergic diseases such as World Asthma Day, APAAACI Allergy Week, and World Allergy Week. It is always important to increase the awareness on allergic diseases for better management and outcome. World Asthma Day (May 3) addresses “Closing gaps in asthma care” this year. APAAACI Allergy Week 2022 (May 16–22) is addressing “Climate change a global challenge: impact on allergic disease beyond the pandemic.” World Allergy Week 2022 (June 5–11) by World Allergy Organization also focus on asthma this year, “Breathe Better: The Asthma and Allergy Connection – Promoting better breathing begins with understanding how airway allergies are connected.”

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