

## Greetings from *Asia Pacific Allergy*

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It is a great honor and responsibility for me to take over the duty of the Editor-in-Chief of *Asia Pacific Allergy* after the founding Editor-in-Chief, professor Sang-Il Lee, and the second Editor-in-Chief, professor Connie H. Katelaris. *Asia Pacific Allergy*, the official journal of Asia Pacific Association of Asthma, Allergy, and Clinical Immunology (APAAACI), has been very successful since its inaugural issue on April 30, 2011. *Asia Pacific Allergy* has published a total of 91 original articles from Australia (8), China (4), France (1), Finland (1), India (4), Indonesia (1), Iran (2), Italy (1), Japan (10), Korea (19), Kuwait (1), Malaysia (3), Malta (1), Mexico (2), Mongolia (1), New Zealand (1), Pakistan (1), the Philippines (7), Portugal (1), Kingdom of Saudi Arabia (2), Singapore (10), Sri Lanka (1), Thailand (6), Turkey (2), and Vietnam (1), 65 review articles, and 31 case reports. According to Google citation index, a total of 187 articles of *Asia Pacific Allergy* have been cited 1,589 times. The unofficial impact factor of *Asia Pacific Allergy* was 1.366 which was manually calculated based on Web of Science database on January 3, 2016. On behalf of the new editorial board, I would like to express sincere gratitude to the previous editorial board members, reviewers, authors, readers, and all the persons who contributed for *Asia Pacific Allergy*. I would like to also welcome and thank the new editorial board

members for joining this wonderful journey.

The Joint Congress of APAAACI and Asia Pacific Association of Pediatric Allergy, Respiratory, and Immunology (APAPARI) 2016 hosted by the Malaysian Society of Allergy and Immunology in Kuala Lumpur, Malaysia (October 17–20, 2016) was a very successful meeting in terms of the science and friendship. APAAACI highly appreciates APAPARI, the local organizing committee, the member societies, and all the participants for the collaboration and contribution. We learned that we were actually living in 'The Era of Allergy' and got the 'Local and Global Insights' on allergic diseases. We shared our experience in clinical practice, research, guidelines, and allergy programs. We discussed a lot on unique allergens and allergic diseases in Asia, and how to make an 'Intervention' on allergy. "The Era of Allergy: Local and Global Insights and Intervention" was truly the main theme of the Congress. During the congress, we had the editorial board meeting with the new editorial board members of *Asia Pacific Allergy* (Fig. 1). We will do our best to make *Asia Pacific Allergy* a better platform of the science and communication.

Cough is a common symptom for which patients seek medical attention. Chronic cough is defined as cough lasting

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**Fig. 1.** The new editorial board members of *Asia Pacific Allergy*: right after the editorial board meeting at the Joint Congress of APAAACI and APAPARI 2016 in Kuala Lumpur, Malaysia.

more than 8 weeks and is a global problem [1, 2]. Interestingly, chronic cough was less prevalent in Asia (2%–7%) than in Europe (10%–15%) and the USA (8%–14%) [1, 3]. The 4 main causes are upper airway cough syndrome (or postnasal drip syndrome), asthma, nonasthmatic eosinophilic bronchitis, and gastroesophageal reflux disease [2]. Physicians should be aware that 3 of 4 main causes of chronic cough are related to allergy. Recently the concept of cough hypersensitivity extends the understanding on the mechanism of chronic refractory cough [4, 5]. In this issue, readers can find a review article on common comorbid conditions in Korean adult patients with chronic cough by Kang et al. [6]. Allergic rhinitis is common cause of upper airway cough syndrome and the most common allergic disease which affects the quality of life. Readers will find two articles on allergic rhinitis in this issue [7, 8]

Early introduction of food in infancy to prevent allergic diseases is a hot topic since the Learning Early About Peanut study which demonstrated that consumption of a peanut-containing snack by infants who were at high-risk for developing peanut allergy prevented the subsequent development of allergy [9]. In this issue, Sakihara et al. [10] report that ingestion of cow's milk formula during the first 3 months of life might prevent the development of cow's milk allergy in high-risk infants. On the contrary, readers will find a very interesting case report of immediate systemic allergic reaction in an infant to fish allergen ingested through breast milk [11].

Atopic dermatitis is a chronic allergic disease that affects

the quality of life—not only of the patients but also of their families. Jang et al. [12] report on the quality of life of the family having children with atopic dermatitis. Chronic urticaria also affects the quality of life. Readers will find a potential usefulness of autologous serum and plasma skin test to predict 2-year outcome in chronic spontaneous urticaria [13]. Antihistamine is the mainstay treatment for chronic urticaria. However, physicians should be aware that antihistamine may induce drug allergy such as urticaria or even anaphylaxis although it is very rare [14]. In that case, it is important to find non-cross-reactive antihistamines.

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