

In this issue of *Asia Pacific allergy*

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This edition of *Asia Pacific Allergy* (AP Allergy) offers a diversity of papers covering topics such as drug allergy, milk allergy and atopic dermatitis risk, measures of exercise-induced asthma in children and a rare case of anaphylaxis following hydatid cyst rupture.

Bhanegaonkar et al. [1] have taken a very interesting approach to the assessment of benefit of using partially hydrolysed formulas (PHF) as an allergy risk-reduction strategy for formula-fed high-risk infants who are not exclusively breastfed. They acknowledge that this is the recommended practice from a number of allergy organisations but state that PHF is an expensive option in developing nations. Their study was conducted to estimate the long-term clinical and economic impact of feeding with PHF versus cow's milk formula for the first 17 weeks of life on atopic dermatitis risk reduction among high-risk infants in urban Malaysia. Their results suggest that PHF in this population reduces the clinical and quality of life burden of atopic dermatitis while decreasing overall costs, even after including the higher PHF costs.

In another study from Malaysia [2], Yadav and Naidu attempt to provide insight into how sensitisation to common food and aero-allergens evolves in children from a developing Asian country in comparison to other populations from more developed nations. In

keeping with other similar studies, they found that with increasing age, there was a gradual transition from atopic dermatitis to predominantly respiratory symptoms, with a decreasing trend of sensitisation to common food allergens while aero-allergen sensitisation rose in allergic Malaysian children. Some differences in the food sensitisation rates were very interesting and will lead to further investigations. This is a retrospective study and ideally will be followed up with prospective studies examining this vital question.

Akar et al. [3] have explored correlations between a number of spirometric measures, blood eosinophil counts and exercise-induced bronchospasm in a group of Turkish children with mild asthma. They found forced expiratory flow at 50% of the vital capacity and peak expiratory flow values decreased in response to exercise without changes in forced expiratory volume in one second in mild asthmatic patients.

The links between vitamin D levels and various aspects of allergic disease are complex and confusing and are yet to be fully elucidated. Aldubi et al. [4] have compared vitamin D levels in children from Saudi Arabia with asthma, to those in normal healthy children. One of their most startling findings is that 78% of the study population could be considered to be deficient in

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vitamin D.

This edition's featured review article is a thorough discussion by Dao et al. [5] from Taiwan of pharmacogenomics research in severe cutaneous adverse reactions (SCAR) that include Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS). They review and summarise a number of important pharmacogenomic associations with SCAR that have been found in different populations, particularly in Asian countries. Besides the human leukocyte antigen associations that have been described, they also explore the evidence for other factors such as impaired drug metabolism and the effect of altered renal excretion on how a drug may stimulate immune mechanisms important in driving reactions.

The original research paper by Nguyen et al. [6] nicely complements the Taiwanese review. In Vietnam, it was not known whether the high incidence of SJS/TEN was secondary to the widespread use of carbamazepine or due to a high incidence of adverse effects to the drug. These authors demonstrate the presence of HLA-B*1502 in Vietnamese as a pharmacogenetic risk factor for developing carbamazepine-induced SJS/TEN, a finding similar to those in a number of previous studies in Asians with different ancestries such as Han Chinese, Thais, Malays, Indians and Singaporeans.

Our case report this month comes from Turkey. Ozdemir et al. [7] report a rare complication from a disease that is endemic in their country.

This edition of AP allergy marks the beginning of our fifth year of publication of a regional journal devoted to general allergy and immunology. As is the case with this edition, an examination of the countries of origin of manuscripts reveals a broad representation from the Region and beyond. The journal includes original research papers as well as review articles and, unlike many journals now, editorial policy has been to include case histories with an educational message [8] and these have proven very popular among our readers. I encourage all of you to consider submitting

papers for consideration for publication so that AP allergy may continue to evolve, mature and better serve the educational needs of the region.

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