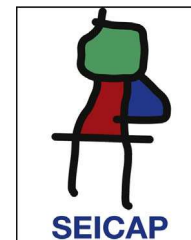




## Allergologia et immunopathologia

Sociedad Española de Inmunología Clínica,  
Alergología y Asma Pediátrica

[www.elsevier.es/ai](http://www.elsevier.es/ai)



### In this issue of A&I



The second issue of A&I in 2015 contains, very sadly, a new obituary of a good friend who was part of the core group of the International Study of Asthma and Allergies in Childhood, in the Auckland coordinating centre, since the beginning of the collaboration. Many paediatricians, allergists, pulmonologists and epidemiologists all around the globe will miss Tadd Clayton dearly.

From the strictly scientific point of view, in this issue of A&I, we have two very interesting papers showing the efficacy of omalizumab in difficult-to-treat asthma (from a real-life study carried out in Mexico) and, what is even more interesting, its usefulness in a series of Portuguese patients suffering from resistant chronic-spontaneous urticaria. About spontaneous chronic urticaria, a group from Egypt demonstrates that there is an activation of the coagulation cascade in that condition and that, after its treatment, factor VII levels are significantly reduced. The authors speculate with the idea of trying anticoagulant drugs to manage refractory cases of the disease.

Apart from the omalizumab paper, we have five additional papers on asthma covering different areas. From the epidemiological perspective, a study from Macedonia shows that rural areas of the country have lower asthma prevalence, which, according to the authors, might be due in part to the diet of those areas. In the context of the rising prevalence of asthma and other autoimmune diseases, a study from Brazil found that the prevalence of asthma (and other allergic diseases, together with sensitization) is higher than expected in children with type 1 diabetes. Another paper, of those focused on asthma, performed in Spain, deals with the problem of identifying indicators of how well the condition is managed. Following the Delphi method, the authors agree and describe the six most informative indicators (out of 46) which might be used in the primary care setting to follow up asthmatic children.

In the asthma diagnostic field, a paper from Turkey shows that the levels of neutrophil gelatinase-associated lipocalin (NGAL), an 'a priori' possible marker of airway remodelling, do not correlate with those of transforming growth factor beta 1 (TGF- $\beta$ 1), thus discarding NGAL as a good marker for

asthma activity in children. Also in the field of asthma diagnosis, a study from Chile further stresses the usefulness of wheezing auscultation and decreased pulse arterial oxygen saturation (SpO<sub>2</sub>) to diagnose bronchial hyperresponsiveness in preschool children.

Allergic children, no matter if they suffer from asthma, rhinoconjunctivitis or atopic dermatitis sleep considerably worse than their healthy peers and, as shown by an Italian study published in this issue of A&I, affect their parents' sleep in a substantial way: a bad sleep quality (as defined by a Pittsburgh Sleep Quality Index  $\geq$ 5) was found in about 75% of parents in all allergic diseases.

The drug allergy 'quota' of this issue is covered by a study from Italy in which the authors show that the challenge with biophosphonates is safe and reliable.

Apart from the original articles, two reviews have been included in the present issue of A&I. The first one, coming from Colombia, deals with the epidemiology of this condition in Latin America, from the data obtained from the literature. Following the food allergy theme, a second review, from Italy, focuses on legume allergy, specifically in cases where an allergic reaction was provoked after inhalation of the vapours of cooked legumes, a quite uncommon situation.

This issue of A&I also contains several research letters which include an ample variety of topics, from allergy to povidone to skin prick testing, or from Stevens-Johnson to DRESS syndromes. Interestingly, and in connection with one of the originals, one of the research letters shows that a group of patients with type 1 diabetes followed for 6 years did not show any new case of asthma, although some of the spirometric parameters actually lowered significantly. Thus, the relationship between type 1 diabetes and asthma – if any – needs to be further explained.

Luis Garcia-Marcos<sup>a,b</sup>

*Editor-in-Chief*

<sup>a</sup> *Respiratory and Allergy Units, Arrixaca Children's University Hospital, University of Murcia, Spain*

<sup>b</sup> *IMIB-Arrixaca Research Institute, Spain*