



Dear Colleagues,

On behalf of the Editorial Board we are glad to announce that seven research articles, one editorial, four case reports, and one review article are published in the second issue of *Asthma Allergy Immunology* in 2023.

Chronic urticaria is a chronic disease that causes frequent hospital visits, cost and labor loss, the frequency of which is increasing over time. In this issue's editorial, Neisinger et al. have written a mini-report about one of the innovative digital health solutions to reduce the cost and time loss due to repetitive doctor visits in chronic urticaria. They reported the CRUSE app (Chronic Urticaria Self Evaluation; <https://cruse-control.com>) technology developed by UCARE, one of the international network of urticariologists and specialized urticaria centers. The CRUSE app is a digital platform that makes it possible for chronic urticaria patients to track their status, determine treatment approaches, and deliver data to healthcare personnel. This application was developed in March 2022 and it is currently used in 14 countries and by 3000 patients worldwide. Thus, it is planned to ensure the participation of the patient in individualized treatment approaches by providing real-time, data-based predictions for the course and follow-up of the disease. The authors state that the widespread use of CRUSE will be useful in planning chronic urticaria treatment approaches (1).

Atopic dermatitis (AD) is accompanied by food allergy in about one-third of the patients. Mistakes made in the nutrition of these children cause micro and macronutrient deficiencies. In a retrospective study conducted by Atay et al., the levels of micronutrients (vitamins A, B12, D and E), and trace elements (Fe and Zn) were measured in 63 patients with atopic dermatitis aged 0-2 years (median age 6 months), and their relationship with the severity of the disease was evaluated. Although more than 80% of the patients were breastfed, more than half of them used vitamin D and iron supplements and had mild AD. Vitamin D and Zn levels were found to be lower in moderate-severe AD than in mild AD. In addition, low vitamin D and Zn levels have been indicated as risk factors for the development of moderate-to-severe AD (2).

Today, the use of over-the-counter medicine is a common problem all over the world. Numerous studies have shown that families are directed to complementary and alternative therapies (CAM) outside the doctor's control, especially in the prevention and treatment of diseases such as asthma and allergic rhinitis. In this regard, Hızlı Demirkale et al. investigated the relationship between CAM use and the asthma control level and quality of life in 210 children with asthma and allergic rhinitis. In the study, it was determined that approximately 80% of the children had used at least one type of CAM in the last 6 months. It has been observed that these treatments are preferred more frequently in young children and are used more commonly in the presence of atopic family members (3).

Drug allergy in children is especially important in hospitalized patients. After the diagnosis of drug allergy with appropriate diagnostic tests, the most important treatment approach is to eliminate the offending drugs. An important real-life study on this subject is presented to the readers in this issue. In present study, Ipek Demir et al. called patients who were diagnosed with a drug allergy with diagnostic tests between 2010 and 2020, and it was seen that three of the 92 patients encountered the offending drug again and two had a repeat reaction. All patients stated that they carry the drug allergy passport with them when presenting a physician and informed their physician accordingly (4).

One of the studies that we hope will be read with interest by many readers is the investigation of the frequency of more severe reactions experienced by new bee stings in the follow-up of pediatric patients who had a previous large local or systemic reaction after a bee sting. The study was conducted in pediatric allergy centers in four different cities. More than half of the patients who experienced extensive local reactions had a history of a novel more severe reaction than the previous one. In these reactions, the independence of the type of bee and the accompanying



reaction was noted, and the frequency of bee stings was also found to be higher in those who had a more severe reaction than the previous one (5).

Allergic bronchopulmonary aspergillosis (ABPA) is a rare but important fungal infection in patients with uncontrolled asthma. Yegin Katran et al. shared the clinical and demographic characteristics, treatment modalities, and prognoses of 8 adult patients with ABPA as a case series. All patients had central bronchiectasis, except one case with *Aspergillus*-specific IgE positivity who used glucocorticoids, anti-fungal drugs, and biologicals in the treatment (6).

Anaphylaxis is one of the most important diseases of allergy practice because it can be potentially fatal and may cause multi-organ involvement. Studies to understand the underlying mechanisms and to identify the biomarkers for the prediction and prevention of anaphylaxis are continuing consistently. In this issue, Cerci et al. report that the basophil lymphocyte ratio and eosinophil lymphocyte ratio may be independent predictors of anaphylaxis (7).

In another study that will meet the readers in this issue, regional differences in aeroallergens that cause respiratory allergic diseases in the Izmir region were investigated. In a retrospective study designed by Bilgir et al., skin test sensitivity was found in 41% of 13,450 patients, with a mean age of 38 years, who had aeroallergen sensitivity on the skin prick test. The most common allergens were weeds, grass-rye pollen, olive pollen, and house mite, respectively. Allergen sensitivity was observed more frequently in younger ages and in men (8).

The review article of this issue written by Esenboga S is about the thymic defects causing thymic aplasia, as well as disorders resulting in immunodeficiency and autoimmunity, and the importance of life-saving thymic transplantation, early diagnosis, prophylactic treatments, and neonatal screening programs for T-cell deficiencies (9).

Lastly, there are four case reports in this issue. Two of these reports are about cases manifesting interesting or new aspects of primary immunodeficiency disorders. In brief; two siblings with ADA-2 deficiency who showed an unreported mutation of DADA2 and different phenotypic features of the same missense type homozygous mutation (10), and a three-year-old girl with isolated severe congenital neutropenia and a rare heterozygous mutation in the signal recognition particle 54 (SRP54) gene (11). Other case reports are about different aspects of the field of allergy; a very rare case of an adult patient who developed acute brainstem ischemia two hours after administration of depot venom immunotherapy during the up-dosing phase (12), and an adolescent girl with cystic fibrosis who developed a mild delayed-type rash after cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy and was given a slow 31-day oral desensitization protocol with Elexacaftor/tezacaftor/ivacaftor tablets (13).

On behalf of the Editorial Board of *Asthma Allergy Immunology*, it is our hope that the readers will be able to make practical use of the novel knowledge on different aspects of allergy and clinical immunology that were offered in this issue with an aim to enhance patient management and outcomes.

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