



Dear Colleagues,

We are happy to publish the first issue for 2024. This issue includes six research articles, four case reports, two reviews, and one erratum.

Anaphylaxis is a serious allergic reaction that has a rapid onset and can cause death. Anaphylaxis can occur in individuals of all ages, and deaths have been reported in children, especially infants under 5 months of age (1). Koksall et al.'s study investigating systemic inflammatory markers that predict severe anaphylaxis in children seems valuable in this respect (2).

Atopic dermatitis is a chronic itchy inflammatory skin disease that often affects children. A correlation has been reported between *Staphylococcus aureus* colonization and skin inflammation, and staphylococcal enterotoxins have been found to stimulate the IgE response by acting as superantigens in 30-60% of the patients (3). Yildirim et al. have shown that staphylococcal enterotoxin A and B levels correlate with 'Eczema Area and Severity Index' in patients with atopic dermatitis (4).

Hypersensitivity reactions have been reported during the pandemic period, especially after mRNA COVID-19 vaccination. Management of patients who develop reactions after the first dose should be based on the severity of the reaction (5). Akdogan et al. have presented their studies including their experiences and recommendations regarding re-administration of the vaccine following an allergic reaction after COVID-19 vaccination (6).

Approximately half of the patients with chronic spontaneous urticaria have been observed to experience exacerbation of symptoms following the intake of red pepper (7). Turk et al. have shown that short-term capsaicin-mediated TRP stimulation of red pepper (*Capsicum* spp.) caused an IgE-mediated but not histamine-mediated erythema and edema response (8).

When an epinephrine autoinjector is prescribed to patients with a history of anaphylaxis, the clinician should provide detailed information to the patient about when and how to administer it, as well as its side effects. Unfortunately, errors in the use of the epinephrine autoinjector can lead to fatal consequences. In the current period with frequent social media use, Solak et al. have evaluated the accuracy, understandability and applicability of the information in the data they obtained by scanning YouTube videos that patients can watch on the Internet (9).

Primary immunodeficiencies are a heterogeneous group of diseases that develop as a result of defects in the development and/or function of the immune system. In addition to recurrent infections, autoimmune cytopenia, enteropathy, endocrinopathy, and arthritis (also called immune dysregulation syndromes) may also be present. Durmaz et. al. have retrospectively presented the clinical, immunological and endocrine characteristics of their patients with PID from single-center data (10).

There are four case reports in this issue. An interesting case of hydatid cyst rupture, which is a rare cause of severe and recurrent anaphylaxis (11), a case of eczema herpeticum developing after subcutaneous immunotherapy (12), a case in which radiotherapy was shown to be a cofactor in a patient who developed Lapatinib-Capécitabine-related skin rash (13), and 2 pediatric patients with vancomycin-induced DRESS syndrome and the HLA-A*32 allele (14).

Two reviews describing the current overview of latex allergy (15) and the role of innate lymphocyte cells in the mechanism of allergic diseases (16) are also included in the latest issue.

A doi correction has been made in this issue for the Letter to Editor titled 'Should There be a Washout Period When Switching to Another Biological in Asthma?' (17).

On behalf of the Asthma Allergy Immunology editorial board, we believe that the publications in this issue will contribute to the readers' daily patient management and offer different perspectives. We would like to thank all authors who have contributed to our journal.



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