



Dear Colleagues,

On behalf of the Editorial Board, we are pleased to announce the latest issue of the *Asthma Allergy Immunology* journal.

In this issue, readers will find a comprehensive review on **Hereditary Alpha Trypsinemia**, along with **seven highly interesting original research articles** and **four unique case reports**.

Hereditary Alpha Trypsinemia (HAT) is an autosomal dominant genetic condition caused by an increased copy number of the **alpha-trypsin gene** (1). A basal serum trypsin level above 8.0 ng/mL is typically observed in affected individuals (1). HAT has been associated with various clinical manifestations, including **severe allergic reactions**. However, it remains unclear whether routine screening for HAT is necessary in allergy clinics, especially for patients with a history of **idiopathic anaphylaxis** and elevated **basal serum trypsin levels** exceeding 8.0 ng/mL.

A better understanding of the underlying mechanisms and clinical features of HAT is crucial for improving the management of idiopathic anaphylaxis and developing novel treatment approaches in HAT in the future. In this issue, the review article by **Ece Sahinoğlu and Sevim Bavbek** presents a detailed summary of the current literature on the pathogenesis and management of HAT, with a particular focus on future therapeutic directions (1).

The **Asthma Control Test (ACT)** is one of the most frequently used tools for assessing asthma control in outpatient clinics. In this issue, **Elif Aktaş Yapıcı et al.** aimed to determine the correlation between ACT scores obtained through **self-administration** and those completed **under the supervision of a physician** (2). The authors found that there may be notable differences in ACT scores depending on whether the test is administered by the patient or the physician. This finding suggests that the method of ACT administration could potentially influence outcomes in clinical trials. Therefore, it is important to consider factors such as **gender** and **educational status**, which may affect the reliability and interpretation of ACT results.

Hypersensitivity reactions to COVID-19 vaccines have become a widely discussed topic following the COVID-19 pandemic. **Pelin Korkmaz et al.** have conducted a retrospective study to investigate the clinical and demographic characteristics of 45 patients who experienced hypersensitivity reactions to the BioNTech and CoronaVac vaccines. The authors found that a **history of drug allergy and allergic asthma** were significant risk factors for developing hypersensitivity reactions to COVID-19 vaccines (3).

The **eosinophilic phenotype** is the most common phenotype in patients with severe asthma (4). It is defined as an eosinophil count of ≥ 300 cells/mm³ (4). The global prevalence of this phenotype varies, and it remains largely unknown in sub-Saharan Africa. **Olayemi Fehintola Awopeju et al.** investigated the prevalence of eosinophilic asthma in Nigeria by conducting a prospective cross-sectional study involving 77 adult asthma patients (5). Reports of allergic contact dermatitis (ACD) in children have been increasing. **Ahmet Selmanoğlu et al.** conducted a retrospective study to investigate the prevalence of allergic sensitization in children with suspected ACD, identify the most common allergens, and examine the relationship between allergic diseases and patch test positivity (6). The study found that metals, **particularly nickel sulfate**, and preservatives were the most prevalent allergens. Clinically relevant sensitizations were identified in 55.1% of the patients. The most commonly affected site was **the hand**, which was frequently associated with metal exposure.

Sesame is recognized as a significant trigger of severe IgE-mediated food allergic reactions, particularly among children. Although the prevalence and clinical manifestations of sesame allergy vary, data regarding its frequency in the pediatric population in Turkey remain limited. In a study conducted by **Sait Uçar et al.**, a total of 386 pediatric patients with allergic conditions were evaluated, and sesame sensitization was identified in 24 patients, corresponding



to 3.0% of the overall study population (7). This study represents the first investigation into the prevalence of sesame sensitization among allergic children in Turkey. The findings indicate a **noteworthy prevalence of sesame allergy** in this cohort and suggest that sesame allergy tends to develop at an early age. Furthermore, a significant association was observed between sesame sensitization and clinical symptoms such as **itching**.

Allergic rhinitis is a prevalent allergic airway disease. In a study conducted by **Selma Yeşilkaya**, sensitization to *Dermatophagoides pteronyssinus*, *Dermatophagoides farinae*, and **cat dander** was found to be most common among patients with allergic rhinitis and was significantly associated with elevated total IgE levels (8). Moreover, eosinophil counts were higher in patients sensitized to cat and dog dander. **Biphasic anaphylaxis** is a form of anaphylaxis characterized by the recurrence of symptoms following the initial resolution, without re-exposure to the triggering agent (9). In a retrospective observational study, **Handan Özen Olcay et al.** aimed to investigate the association between systemic inflammatory markers including neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), systemic inflammation index (SII), systemic inflammatory response index (SIRI), and pan-immune-inflammation value (PIV) and the occurrence of biphasic reactions in adult patients presenting to the emergency department with anaphylaxis (9). The study reported a biphasic reaction rate of 9.9%. No statistically significant differences were found in NLR, PLR, SII, SIRI, or PIV between patients who experienced biphasic reactions and those who did not. However, hypotension was significantly more frequent in the biphasic group.

This issue presents four noteworthy case reports: a tenoxicam-induced fixed drug eruption, a metronidazole-induced generalized fixed drug eruption, successful desensitization following iohexol-induced anaphylaxis in a patient with a peripheral arteriovenous malformation, and a newly diagnosed case of primary immunodeficiency presenting with necrotizing fasciitis (10–13).

On behalf of the Editorial Board of *Asthma Allergy Immunology*, we hope that the content of this issue will contribute to the advancement of clinical practice and support healthcare professionals in optimizing patient management and outcomes.

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FROM THE EDITOR

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Sincerely,

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