



Dear Colleagues,

On behalf of the Editorial Board, we are glad to announce the third and last issue of the Asthma Allergy Immunology journal in 2023. In this issue, the readers will find a very detailed review about chronic spontaneous urticaria, an editorial about global warming and respiratory health, seven very interesting research articles, two case reports, and one letter to the editor.

The editorial of this issue, written by Sözüner Çelebi Z. and Hoffmann B., focuses on global warming and its direct and indirect effects on respiratory health (1). The authors concluded that monitoring the effects of global warming through long-term analyses and standardized experimental models is crucial to determine the appropriate policies to reduce the impact of climate change on public health (1).

Chronic spontaneous urticaria can be seen in all age groups, ethnicities, and geographical regions and affects approximately 1% of the population (2). Understanding the underlying mechanisms and endotypes in chronic spontaneous urticaria is important to provide more adequate management strategies and to shape future novel therapies. In this issue, the review authored by Yolcu Kıratlı T. and Kırmaz C. summarizes the current literature on chronic spontaneous urticaria pathogenesis with a focus on autoimmune theory and new urticaria therapeutics (2).

Erbay M. et al. have retrospectively evaluated the clinical data and test results obtained from 289 patients who had an allergological work-up of suspicious local anesthetics allergy. Allergy to local anesthetics was observed in only 13 (18.6%) of the 70 patients with a history of local anesthetic hypersensitivity reaction. This study results have shown that most patients with a suspicious local anesthetic allergy can tolerate local anesthetics (3).

Mastocytosis is a condition characterized by the abnormal proliferation of mast cells (4). Certain drugs and vaccines can act as a trigger in patients with mastocytosis, and this is associated with a high risk of anaphylaxis (4). The role of the Coronavirus Disease 2019 (COVID-19) vaccine on the mast cell activation potential is not well known. Toprak ID et al. have evaluated the impact of COVID vaccination on the frequency of symptoms related to mast cell activation together with the psychological status as assessed by the depression, anxiety, and stress scale (DASS-21) and the modified fear of COVID-19 scale in mastocytosis patients (4). Among the vaccinated patients, the non-allergic adverse reaction rate was 70.2%. Among the non-vaccinated group, the fear of COVID-19 vaccination score was high. None of the vaccinated patients reported any change in the frequency of anaphylaxis episodes after vaccination and the authors concluded that COVID vaccination is safe in mastocytosis patients (4). Can A., assessed the aero-allergen pattern in adult patients with allergic rhinitis in Van province (5). The most frequent inhalant allergen sensitization was the grass mix (65%), followed by cereal mix (52%), *Dermatophagoides farinae* (44%), *Dermatophagoides pteronyssinus* (43%), and English plantain (20%) (5).

Obesity is a global health problem and is associated with many negative health effects including allergic disease (6). Akyuz M. et al. have investigated the relationship between central obesity and the severity of rhinitis in their study including 63 patients with rhinitis, 51 patients with non-allergic rhinitis, and 50 controls, aged between 7-17 years (7). Rhinitis patients had a higher prevalence of central obesity compared to the control group. Central obesity was associated with severity and persistence in children with allergic rhinitis (7).

Asthma Guidelines recommend annual influenza vaccination for patients with moderate-to-severe asthma (8). Yayıtkıl Buyuk S et al. have studied the parental opinions and attitudes of parents about influenza vaccination of their children with asthma before and during the COVID-19 pandemic (9). Two hundred eighty eight children were included in the study and 57.6% of these patients had at least one influenza vaccination before or after the pandemic. After COVID-19, the immunization rate increased from 35.7% to 47.2% compared to the previous year. Patients having multiple asthma attacks in the previous year and those with severe asthma were more prone to be vaccinated. This study showed that COVID-19 positively affected the parental attitudes toward influenza vaccination of their children with asthma (9).



Immunoglobulin E (IgE) elevation is commonly seen in the pediatric outpatient clinic. Allergic diseases, infections, parasitic infections, hematologic malignancies, chronic lung diseases, inflammatory diseases, cystic fibrosis, nephrotic syndrome, and primary immunodeficiencies (PIDs) can be included in the differential diagnosis of elevated serum IgE levels (10). Metbulut AZ. et al. have retrospectively evaluated the differential clinical diagnosis of children with elevated serum IgE levels above 2000 IU/ml (11). Of the 480 patients, a diagnosis of allergic diseases, primary immunodeficiencies, infectious diseases, and hematological diseases were made in 65.2%, 5.8%, 2.4%, and 2.8% of the patients, respectively. One hundred thirteen (23.5%) patients were undefined. The authors found the most common reason of elevated Ig E levels in children to be allergic diseases (11).

In this issue, we published an experimental study investigating the therapeutic efficacy of capsaicin and/or steroids in reducing the symptoms, proinflammatory cytokine levels, and inflammatory cell infiltrations in an animal model of allergic rhinitis (12). In the Öner F. et al study, 25 male Wistar rats that were 12 weeks old were selected. The animals were divided randomly into five groups: Group 1: Control group; Group 2: Ovalbumin (OVA) group; Group 3: Ovalbumin plus steroids (STR) group; Group 4: Ovalbumin plus capsaicin (CAPS) group; and Group 5: Ovalbumin plus STR and CAPS (CAPS-STR) group. Experimental allergic rhinitis was induced in the rats by intraperitoneal OVA sensitization and intranasal OVA challenge. After the development of allergic rhinitis, CAPS at a dose of 50 mg/kg and/or prednisone at a dose of 10 mg/kg was administered intraperitoneally to the rats for seven days. Following nasal symptom scoring, all rats were sacrificed and blood samples and nasal septa were collected for hematologic, biochemical, and histopathologic examinations. Capsaicin and/or steroid administration decreased the allergic inflammation and secretion of cytokines in the rat model of allergic rhinitis. In line with these findings, the authors demonstrated the anti-inflammatory effect of capsaicin and/or steroid administration in allergic rhinitis symptoms using an experimental allergic rhinitis model (12).

There are two case reports in this issue. The first case report is about a rare complication after an asthma attack, manifesting as spontaneous pneumomediastinum in a patient with allergic bronchopulmonary mycosis (13). The other case report is about a chronic spontaneous urticaria patient developing idiopathic anaphylaxis and treated successfully with Omalizumab (14).

Lastly, there is a “Letter to the Editor” written by Ozyigit Pur L. et al., that draws attention to the global overuse of food allergy screening tests (15).

On behalf of the Editorial Board of Asthma Allergy Immunology, it is our hope that the readers will be able to enhance patient management and outcomes with the articles found within this issue. We wish you a happy new year. May this year bring new happiness, new goals, new achievements, and a lot of new inspirations to your life.

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