Greetings from Asia Pacific Allergy, the official journal of Asia Pacific Association of Allergy, Asthma, and Clinical Immunology (APAAACI)! As the Editor-in-Chief, I had a very nice opportunity to introduce Asia Pacific Allergy at 2018 Annual Scientific Meeting of Chinese Society of Allergy in Suzhou, China. Hope Asia Pacific Allergy can get more submissions and citations from our region and all over the world. Thank you very much for your support and nice feedback on the online only publication. This is the second issue of Asia Pacific Allergy with the ‘online-only’ strategy.

It is Spring here in Korea with the blossoms of flowers all around. It is a beautiful season! However, some people are suffering from rhinorrhea, sneezing, itching of nose and eyes, nasal obstruction, dyspnea, wheezing, and even skin lesions mainly due to tree pollens. Japan is famous for ‘pollinosis’ due to Japanese cedar pollen in Spring, which has been increased dramatically (13.1% in 2001 to 26.5% in 2008) [1]. Patterns of sensitization to inhalant allergens may vary according to geographical area. A recent multicenter study from Korea described that sensitization to house dust mites (32.4%) was most prevalent followed by tree pollen (13.3%), weed pollen (12.5%), animal allergen (10.0%), and grass pollens (6.4%) [2]. The 10 common inhalant allergens were Dermatophagoides farinae (29.0%) Dermatophagoides pteronyssinus (28.2%), cat epithelium (8.1%), birch (7.7%), mugwort (6.9%), alder (6.7%), hazel (6.7%), beech (6.7%), oak (6.6%), and Tyrophagus putres (6.2%), which explained 90% cases of inhalant allergen sensitization. In this issue, Oncham et al. [3] reported that house dust mites were the most common allergen (D. pteronyssinus, 50.1%; D. farinae, 32%) followed by house dust 31.5%, cockroach 32.3%, grass pollen (Bermuda, 21.1%; timothy, 13.6%) and animal dander (cat, 12.9%; dog, 10%) from a tertiary hospital of Thailand. They also reported that there was a significant increase in the prevalence of pollens (Bermuda 10.8% to 26.7%, timothy 5.4% to 18.9%) and cat epithelium (2.8% to 17.1%) over 12 years. Increasing allergenicity of pollen could be related with air pollution that could be aggravated in Spring season in China and Korea [4].

Birch pollen is well known for its cross-reactivity with fruits (such as apple, plum, peach), nuts (such as almond, hazelnut), and vegetables (such as apricot, carrot) to induce oral allergy syndrome. Oral allergy syndrome could be induced with others [5]. In this issue, readers will find an interesting report from Singapore on shellfish/crustacean oral allergy syndrome [6]. This issue also contains a study on self-reported prevalence of food allergy to nuts, seeds, and seafood from Mexico [7]. Readers would be interested in an article that described 16-year experience of oral food provocation test at a teaching hospital in Thailand [8], and an unusual case of infant seizures with anaphylaxis to wheat [9].

In Spring, bee keepers start the management with new bees. Readers will find an article on the risk factors of bee venom induced systemic reactions and the knowledge level of bee keepers from Turkey [10].

https://apallergy.org
Immunotherapy could be a potent treatment modality especially for house dust mites or pollen-induced allergic rhinitis/asthma, and bee venom anaphylaxis. Readers will find a nice review article on the novel strategies in immunotherapy for allergic diseases in this issue [11].

It is Autumn in Australia now. Readers will find an interesting article from Australia which showed that histologic improvement at 6 weeks of dietary elimination might be insufficient to determine efficacy [12].

Please remember that the 11th APAAACI Congress, as the Joint Congress with Asia Pacific Association of Pediatric Allergy, Respirology and Immunology, will be held in Bangkok, Thailand on October 11–14, 2018 (http://www.apaaaci2018.com). Please save the dates!

REFERENCES


10. Ediger D, Terzioglu K, Ozturk RT. Venom allergy, risk factors for systemic reactions and the knowledge levels among Turkish beekeepers. Asia Pac Allergy 2018;8:e15.


12. Philpott H, Dellen E. Histologic improvement after 6 weeks of dietary elimination for eosinophilic esophagitis may be insufficient to determine efficacy. Asia Pac Allergy 2018;8:e20.