



Preface

Otolaryngologic allergy



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Guest Editors

Allergic rhinitis affects 17% to 25% of the population of the United States and accounts for almost \$5 billion annually in formal medical and related costs, such as lost productivity, and more than another billion in across-the-counter remedies. Because the head and neck is the most common portal of entry and “shock” target for inhalant sensitivities and inciting diseases, such as rhinosinusitis, otitis media, laryngitis, headache, and vertigo, the otolaryngologist—head and neck surgeon is uniquely qualified by way of his or her medical (including allergy) and surgical training to diagnose and select the appropriate therapy. Indeed, over the latter half of this century, it has been otolaryngic allergists who have developed skin titration techniques to quantitate individual patient sensitivities and achieve faster yet safe dose escalations, identified cost-effective *in vitro* techniques, and promulgated efficient skin and ingestion tests for food sensitivities. Approximately 20% of the specialty’s practitioners and trainees belong to the American Academy of Otolaryngic Allergy, a subspecialty organization that affords, along with the American Academy of Otolaryngology—Head and Neck Surgery, post-graduate instruction in regional allergy management and related disorders, with particular emphasis on *in vivo* and *in vitro* testing and immunotherapy techniques.

This issue of *The Otolaryngologic Clinics of North America* begins with an overview on new and developing treatments for the treatment of allergy. Specific “shock organ” diseases common in the atopic patient are presented,

with emphasis on how to ameliorate the underlying sensitivities. The classic triad of therapy for atopy, that is avoidance, pharmacotherapy, and immunotherapy, are included, and methods used by otolaryngic and general allergists are discussed. The treatment of otolaryngic allergy emergencies are also reviewed. The current-day necessity of dealing with managed care organizations and capitated programs mandates a concise primer on how to compute otolaryngic allergy (and general otolaryngology-head and neck surgery) patient care costs and to modify office practices accordingly to provide effective but profitable evaluation and treatment of inhalant and food sensitivities. The final article deals with the ever increasing potential for contact and chemical sensitization of both health care providers and patients in the hospital setting.

The guest editors wish to thank the contributing authors for their thorough and prompt submissions. In additions, we wish to dedicate this Clinics issue to the many otolaryngology-head and neck surgery residents and young practitioners that we have instructed in residency programs and continuing education courses because they are the future of our specialty.

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