

Preface

Pediatric Allergy



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Guest Editor

The field of allergy and clinical immunology has seen tremendous advances during recent years. Through hard work and tireless dedication, members within the allergy and immunology field have improved our understanding of basic allergic disease states. Research from the bench has continued to provide insight into mechanisms of allergic disease, while translational work has brought these concepts to the bedside. Clinical research has also enjoyed great advances, with the development of entirely new therapeutic classes in the arsenal of treatment choices and the addition of new medications within existing classes. In addition, large clinical trials have changed the conventional wisdom regarding factors surrounding both the inception and management of allergic disease.

While several new medications continue to be approved for the treatment of allergic disease for adult patients, approval for use in the pediatric population lags behind. Because most allergic diseases have their origins in childhood, novel uses for the treatment of allergic diseases in children, such as allergic rhinitis and asthma, should not take a back seat to use for adults. Despite attempts to increase the understanding of medication actions and indications in children during the late 1990s through US Food and Drug Administration legislation, it is still essential for practitioners to resist falling into the assumption that children are little adults. This is especially true in the field of allergy, because allergic diseases such as atopic dermatitis and food allergy can evolve over a lifetime. Urticaria and anaphylaxis can have different triggers and consequences in chil-

dren compared with adults. Finally, the secondary effects of allergic diseases have different nuances in children. For example, sinusitis as a medical consequence of allergic rhinitis may be underappreciated in a child. Also, understanding of the cognitive and psychosocial consequences of allergic diseases and their treatments has been limited, while concern continues to surround the potential impact of these diseases on the formative school years of children.

This issue of the *Immunology and Allergy Clinics of North America* highlights some of the recent evidence advancing the field of pediatric allergy in a variety of topics ranging from the inception of the allergic responses to advancement through the atopic march to discussion and treatment of existing allergic conditions. Emphasis has been placed on the evidence for safety in the pediatric age group as well as efficacy of treatment.

Finally, pursuit of the prevention of allergic disease in the pediatric population remains paramount. Health providers caring for children recognize the importance of disease prevention in potentially reducing the onset of asthma, rhinitis, food allergy, atopic dermatitis, urticaria, and other chronic diseases of childhood. Reinvestigating our understanding of the hygiene hypothesis may hold the greatest potential in reaching the goal of prevention of allergic disease in childhood and beyond.

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