

Preface



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Guest Editor

The eye is probably the most common site for the development of allergic inflammatory disorders, since it has no mechanical barrier to prevent the impact of allergens such as pollen on its surface. Allergists/clinical immunologists frequently encounter various forms of allergic diseases of the eye that present as “red eyes” in their referral practice. However, the eye is rarely the only target for an immediate allergic-type response. Typically, many patients have other combinations of allergic disorders, such as rhinoconjunctivitis, rhinosinusitis, asthma, urticaria, or eczema; there also exists a systemic allergic component. Even so, ocular signs and symptoms can frequently be the most prominent features of the entire allergic response for which these patients come to see their physician.

The treatment of ocular inflammation is perhaps unique in medicine because it initially involved the combination of complex surgical procedures with simple medical management commonly provided by a single medical specialist, the ophthalmologist. The advances in understanding the immunopathophysiology of many ocular disorders have generated the need for a multidisciplinary approach involving various specialists who would cooperatively work together to control inflammation with systemically, topically, or intraocularly therapeutic agents. Over the past 20 years, we have witnessed an astonishing growth in therapeutic advances, ranging essentially from derivatives of simple aspirin to various newly developed biologic immunomodulatory agents, utilizing implantable drug delivery devices that exceed the safety and efficacy of those available for other organ systems, and

resorting to advanced surgical techniques for the correction of sight-threatening, disease-related complications.

The small compartment that the eye resides in has been commonly considered a disadvantage, but suddenly becomes a huge advantage. The eye itself is not lacking in immunologic complexity, as there appears to be an external conjunctival associated lymphoid tissue system and a paradoxical internal immune system that acts in a manner as a secluded immune compartment. Overall, with the expanding knowledge base, the intricacy of ocular inflammation appears to be becoming ever more manageable and, with the team approach between the ophthalmologist and the clinical allergist/immunologist, the new “immuno-ophthalmology” approach improves patient outcomes.

In this issue of *Immunology and Allergy Clinics of North America*, which focuses on ocular allergy, I have attempted to bring together various topics in anterior ocular inflammation in order to provide the allergist/clinical immunologist a better understanding and to become an active partner in the diagnosis and management of ocular inflammation of the anterior portion of the eye, primarily known as “conjunctivitis.”

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