Allergy and Immunology
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Allergy and immunology is the specialty closest to primary care. In most cases, once the disorder/disease is diagnosed by allergists and immunologists, the patients are sent back to the primary care physician for closer and continued management. In choosing the topics for this issue of Pediatric Annals, I thought of the disorders that are the most common and persistent, and which often are dismissed as non-significant childhood symptoms. These symptoms present a wide and extensive differential diagnosis and often defy management by the primary care physician, which eventually leads the parents to request a consultation with an allergist and immunologist. These prohibitively easy symptoms include a cough, runny nose, wheezing, and chronic congestion.

I have reassembled the group of expert clinicians and gifted educators who contributed articles to the June 2011 issue Pediatric Annals issue, and have added a young clinician educator to the panel of authors as well.

Michelle Lierl, MD, presents a very practical approach to the runny nose and itchy eye symptom that affects 40% of the pediatric population. She gives advice on the use of over-the-counter medications as well as the most recent developments in the treatment of allergic rhinoconjunctivitis with sublingual immunotherapy, avoiding the allergy shot for children with summer grasses and fall ragweed allergies.

Sami Bahna, MD, DrPH, and Rigoberito Acosta, MD, go through the most comprehensive differential diagnosis of cough in pediatrics, a symptom that keeps many children, their parents, and their physician awake all night.

Fanny Silviu-Dan, MD, takes us through the pathophysiology and the environmental factors that predispose to rhino-sinusitis, including an understanding of the role of inflammation and the biofilm, to the diagnosis and the medical and surgical treatments of the this chronic condition.

Sandy Durrani, MD, provides a practical look at pediatric asthma through the eyes of the national and international guidelines, as well as providing guidance in decision-making for assessment of asthma control and co-morbid conditions, the appropriate management to achieve control, and when to consult with allergists and immunologists.

I hope that this issue becomes a valuable reference for physicians, and their office staff and trainees. I also hope it can be used as reading material for patients and their families who are seeking to educate themselves on the symptoms and conditions of their children. Lastly, I hope that this issue will create stronger bonds between the primary care physician and allergists and immunologists and make it easier to decide when primary care is sufficient and when specialty care is needed.

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