

Editor's Choice

The Editor takes a closer look at some of this month's articles

Allergic rhinitis: if only I could get a good night's sleep!

It is assumed that one of the major problems with having allergic rhinitis (AR), is the effect it has on sleep quality [1]. Interestingly, it has been shown that sleep duration can also influence the risk of developing allergic disease [2]. However, few large epidemiological studies have rigorously assessed the impact of AR on sleep quality. In this issue Colás *et al.* (pp. 1080–1087) in a prospective, cross-sectional study of 2275 patients, have undertaken a detailed study of the impact of AR on sleep quality.



Dr Carlos Colás

They have shown that over half had impaired sleep quality, mainly due to nasal obstruction, although concomitant asthma was also a problem. As you would expect, the more severe the rhinitis, the greater the impact on sleep.



Man sleeping on striped sheets.
Photo credit – Polylerus, Wikimedia Commons.

Vaccine allergy: no cause for concern

Concern about the possibility of allergic reactions to vaccines, often because of the growth media such as egg used to make the reagent, can lead to some confusion about whether vaccination is safe and what precautions should be taken [3, 4]. This can result in failure to offer vaccination. Most allergists see only a few such cases a year so it is impressive that Micheletti *et al.* (pp. 1088–1096) have been able to report their experience of over 500 patients in a specialist vaccine allergy clinic. In 85% of cases after a structured assessment they were able to recommend that the vaccine be given, often in the context of individualised protocols. Only one patient of those that were subsequently vaccinated had a significant reaction (urticaria and bronchospasm). This study demonstrates that with the correct advice most people with potential allergy to vaccines can be safely vaccinated.



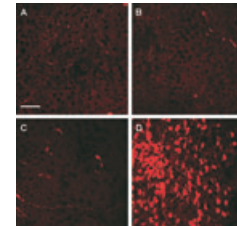
Giovanna Zanoni

Lung growth in asthma: changes not countered by steroids

The childhood lung continues to develop well into teenage years and the effects of asthma on lung growth are still poorly understood. However there is a suspicion that impaired lung function apparent later in life in some people with asthma, had its origins in childhood. At the same time although corticosteroids in moderate doses appear entirely safe in childhood, potential effects on lung development have not been well studied. This gap in the literature is addressed by Plopper *et al.* (pp. 1104–1118) who found that several markers of lung development in a non-human primate model of allergic airways disease, were impaired compared to control animals. While not having any detrimental effect on lung development, corticosteroids didn't ameliorate the structural changes, despite modulating the inflammatory response. The mechanisms and clinical significance of these effects of asthma on lung development require further exploration.



Charles Plopper



Intraepithelial nerve fibers associated with postnatal innervation of the mucosal epithelium in infant rhesus monkeys.

References

- 1 Sardana N, Craig TJ. Congestion and sleep impairment in allergic rhinitis. *Asian Pac J Allergy Immunol* 2011; 29:297–306.
- 2 Zhang S, Liu X, Kim JS *et al.* Association between short sleep duration and the risk of sensitization to food and aero allergens in rural Chinese adolescents. *Clin Exp Allergy* 2011; 41:547–55.
- 3 Clark AT, Skypala I, Leech SC *et al.* British Society for Allergy and Clinical Immunology guidelines for the management of egg allergy. *Clin Exp Allergy* 2010; 40:1116–29.
- 4 Erlewyn-Lajeunesse M, Lucas JS, Warner JO. Influenza immunization in egg allergy: an update for the 2011–2012 season. *Clin Exp Allergy* 2011; 41:1367–70.

Caption to cover illustration: Proposed model of molecular and cellular mechanisms during acute inflammation [see figure 5 in D. Krishnamurthy *et al.* (pp. 1119–1128)].

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