Is vitamin D the panacea which will lead to a decrease in the incidence of asthma and virally induced wheezing? In this issue Ives and Green discuss the role of vitamin D in asthma and wheezing. It has become evident that vitamin D is a pleiotrophic mediator that contributes to pulmonary health. Children with asthma appear to be at increased risk of vitamin D insufficiency. Low serum vitamin D in children with asthma is associated with more symptoms, exacerbations, reduced lung function, increased medication use and severe disease. Low levels of vitamin D in mothers are associated with an increase of viral coinfection in wheezing children. Levels of vitamin D in mothers are inversely correlated with persistent wheezing and recurrent wheeze at 3 years. Vitamin D may play an important role in lung health and specifically in asthma by inhibiting inflammation, in part through maintaining regulatory T cells, and direct induction of innate antimicrobial mechanisms. Interestingly high vitamin D levels are associated with an increase in atopy and eczema. Despite its promise for the future vitamin D should not be supplemented until such time as interventional trials are done to ascertain whether vitamin D deficiency leads to an increase in preschool wheezing, asthma and steroid resistance. Currently the vitamin D requirements in pregnancy necessary to achieve a decrease in preschool wheeze and asthma are unknown; however, adding vitamin D as a steroid-sparing agent in a child with severe persistent wheeze is appealing.

Preschool wheeze is an evolving syndrome with more information becoming available to develop new strategies on prevention and treatment, and importantly to inform parents on what to do. In this issue four important facts with regard to the preschool wheezer are highlighted: (i) onset of wheeze at 18 months (not 3 years) is strongly associated with asthma, (ii) multiple allergen sensitisation and not atopy per se is strongly related to asthma in later childhood, (iii) an atopic wheezy preschool child with a positive asthma predictive index (API) is more likely to respond to current therapies; and (iv) oral corticosteroids have a limited role in the management of the preschool wheezer.

Gray highlights the importance of food allergies and eczema. Blanket elimination diets can be harmful to the child and should be avoided. It is important that only foods to which the child is proven to be allergic be removed from the child’s diet. In general food challenges are underutilised in practice; they should however play a pivotal role in food-allergy diagnosis. As outlined by Thawer-Esmail, an understanding of the important properties of the skin as a barrier and its disruption in atopic dermatitis emphasises the pivotal role emollients play in the treatment of atopic dermatitis.

Our good friend, teacher and mentor, Cas Motala, played a central role in ALLSA congresses over the years. His presence will be sorely missed this year; however his legacy lives on.

Enjoy the Congress!!!

Andrew Halkas
Guest Editor

The World Allergy Organization invites you to its
XXII World Allergy Congress
4-8 December 2011  Cancun, Mexico

Interact and exchange ideas with over 5,000 researchers, clinicians, physicians and other allied health professionals with an interest in Asthma, Allergy, Immunology, Pediatrics, Pulmonology, Ophthalmology, Dermatology and ENT from over 80 countries.

Register Today!
The World Allergy Congress
Registration is OPEN!
www.worldallergy.org/wac2011/registration