

Primum adiuuare . . . primum non nocere . . . and the practice of allergy

As to diseases, make a habit of two things—to help, or at least to do no harm.

Hippocrates, *Epidemics*, Bk. I, Sect. XI

Despite the passage of time, the instructions of Hippocrates to health care providers remain difficult to improve upon. The so-called Hippocratic injunction to first of all “help” (*primum adiuuare*) or at least “do no harm” (*primum non nocere*) has been an axiom central to medicine and to the education of medical and graduate students and to health care professionals from time immemorial. This issue of the *Proceedings* follows through on these directives by including articles on the topics of diagnosis, future risk of disease, and medication safety. As to diagnosis, a systematic review and meta-analysis of previously published studies in the report by Tian *et al.*¹ evaluated the diagnostic accuracy of Der p 1 and Der p 2 specific immunoglobulin E measurement in the diagnosis of *Dermatophagoides pteronyssinus* allergic asthma, and the results supported their use. Gupta *et al.*² evaluated the effectiveness of an additional immunization with pneumococcal conjugated vaccine in patients who had previously experienced inferior responses to the nonconjugated polysaccharide vaccine to determine whether an improved response could be obtained. No improved response was seen, which suggested that patients with suspected specific antibody deficiency may not benefit from this dual vaccine strategy.

Continuing with the diagnosis theme of this issue, Buckley and Carr³ sought to identify the most common aeroallergens associated with the diagnosis of rhinitis and asthma in an adult population that resided in Tucson, Arizona, a geographic region representative of the Sonoran desert. The authors found that, although regional pollens contributed significantly to allergic disease in the Sonoran climate, sensitization to more ubiquitous (nonregional) aeroallergens were involved with asthma. This issue also features two studies that addressed the diagnosis of drug allergy in pediatric populations. Cavkaytar *et al.*⁴ reported the diagnostic accuracy of drug-related anaphylaxis histories in defining the etiology of drug-induced anaphylaxis, with severity and culprit drug associations. The clinical

characteristics of pediatric patients diagnosed with immediate type β -lactam hypersensitivity were evaluated in a second study, by Misirlioglu *et al.*,⁵ which also included a cohort of patients with hypersensitivity limited to a specific drug side chain.

Two studies in this issue follow through on the directives of Hippocrates’s instruction to “foretell the future.” In the first study, Hou *et al.*⁶ report their analysis of the risk of developing autoimmune disease in patients with atopy. The authors found that the presence of the atopic disease trio (*i.e.*, atopic dermatitis, allergic rhinitis, and asthma) was significantly associated with the risk of developing systemic lupus erythematosus, rheumatoid arthritis, and Sjögren syndrome; and the coexistence of the triad exacerbates this risk. In the second study, Brescia *et al.*⁷ studied potential cellular biomarkers of inflammation in chronic rhinosinusitis with nasal polyps. The authors compared the neutrophil-to-lymphocyte ratio, the eosinophil-to-lymphocyte ratio, and the blood eosinophil count, before and after endoscopic sinus surgery, with treatment with nasal mometasone furoate. Both of these interventions were shown to reduce inflammatory markers.

In following through on Hippocrates’s legendary instruction to “do no harm,” this issue of the *Proceedings* features the reports of two clinical trials that investigated the safety and efficacy of asthma therapies that used novel administration of corticosteroids with and without the coadministration of long-acting β -agonists. In the first trial, Sher *et al.*⁸ evaluated the efficacy and safety of fluticasone propionate and fluticasone propionate/salmeterol multidose dry powder inhalers compared with placebo for persistent asthma. In the second trial, Vanderwalker *et al.*⁹ evaluated the efficacy and safety of beclomethasone dipropionate breath-actuated or metered-dose inhaler in pediatric patients with asthma.

Rounding out this issue is a Patient-Oriented Problem Solving “POPS” case presentation in which Nassiri *et al.*¹⁰ explored the differential diagnosis and evaluation of a 2-week-old male infant with an annular patchy rash on his torso. This recurring feature of the *Proceedings*, as per tradition, is written by an allergy/immunology fellow-in-training from one of the U.S. allergy/immunology training programs. The purpose of the POPS series is to provide an innovative and

practical learning experience for the novice allergist/immunologist in-training by using a didactic format of clinical presentation and deductive reasoning. This case illustrated the complexity of the differential diagnostic process for this clinical presentation and the importance of a detailed history, physical examination, and appropriate laboratory assessment in arriving at a correct diagnosis. Because of the importance of this article and its clinically useful implications, it was chosen for this issue's "For the Patient" section. This segment, found in the final pages of the print version of this issue and also available online, consists of a one-page article synopsis written in a readily comprehensible fashion to help patients better understand the content of the full article.

In summary, the collection of articles found within the pages of this issue provides further insight into important allergic, cutaneous, and respiratory disorders that afflict patients the allergist/immunologist serve. These articles highlighted how both the beneficial and adverse effects of therapy continue to challenge the allergist/immunologist in decision-making and therapy. In keeping with the overall mission of the *Proceedings*, which is to distribute timely information regarding advancements in the knowledge and practice of allergy, asthma, and immunology to clinicians entrusted with the care of patients, it is our hope that the articles found within this issue will help foster enhanced patient management and outcomes. The current issue was inspired by the directives of Hippocrates and reinforce their applicability and limitations to allergy practice and research. Despite their insufficiencies, they remain a potent reminder that every medical and pharmacologic decision carries the potential for harm. *Ergo . . . primum adiuvere et primum non nocere!*

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