

## Editorial

# A new series in *Allergy*: rare immunological respiratory diseases

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Allergic asthma and rhinitis account for millions of patients worldwide and represent an important burden for patients and health care systems (1–3). However, ‘all is not allergy that wheezes’, and, in daily practice, the allergist will be regularly confronted to either rare variants of asthma or to more uncommon respiratory conditions sometimes initially mislabelled as ‘asthma’. We therefore considered that it might be adequate to publish a series on rare immunological respiratory diseases in *Allergy*.

After taking this decision, the next step was to identify which topics should be discussed in priority. This was a difficult choice and we decided to select six entities, namely allergic broncho-pulmonary aspergillosis (4), eosinophilic pneumonias (5), idiopathic pulmonary fibrosis (6), pulmonary sarcoidosis (7), adult pulmonary Langerhans’ cell histiocytosis (8) and the respiratory system in connective tissue disorders (9). Many other chapters could have been selected and should be considered for the next series.

Allergic broncho-pulmonary aspergillosis was clearly on the top of our list (4). Indeed, this relatively uncommon variant of asthma has been revisited extensively and the availability of novel treatments clearly labels this condition as a ‘hot topic in allergy’. Similarly, discussing the whole spectrum of eosinophilic pneumonias was regarded as another priority, as all allergists will certainly

be confronted to these difficult clinical entities (5). The recent efforts to improve classification and management of idiopathic pulmonary fibrosis with several guidelines and therapeutic trials published in the last few years justified to select this subject in our shortlist (6). Pulmonary sarcoidosis is a Th1-driven granulomatous disease of unknown aetiology, mirroring the Th2 paradigm of allergic reactions. These patients often have a nonspecific and sometimes misleading clinical presentation and it is not rare to have them referred for ‘asthma’. However, a rapid evaluation easily rules out this diagnosis (7). In addition, asthma and pulmonary sarcoidosis may indeed coexist. Adult pulmonary Langerhans’ cell histiocytosis has been the subject of intense clinical research in the last years and we felt that this rare disease should be discussed in this series (8). Last, the respiratory system is often involved in autoimmune diseases and we all agreed that it would be relevant to have a comment on the involvement of the respiratory system in connective tissue disorders (9).

The outstanding quality of the manuscripts submitted has been highlighted by the reviewers involved in the editing process of these chapters and we thank all the authors who spent so much time on these review articles. We hope that this new series on ‘Rare Immunological Respiratory Diseases’ will be a success and that a second series will follow shortly!

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