Subject: How do you treat mild persistent asthma?

Question One: In patients with persistent mild asthma, the risk of exacerbations is greater if we put them in therapy with ....?

a. ... inhaled glucocorticoids continuously in any case  
b. ... salbutamol as needed for the treatment of asthma symptoms  
c. … Budesonide – formoterol as needed for the treatment of asthma symptoms  
d. ... inhaled glucocorticoids continuously, but only if they have low peripheral eosinophilia  
e. … None of the above: no treatment cannot significantly influence the risk of re-exacerbations.

The answer to the quiz is b. In 2018-2019, the SYGMA 1, SYGMA 2, SIENA and NovelSTART studies documented that patients with asthma treated only with salbutamol for the symptoms of asthma present a considerable risk of exacerbations (Wong GWK. How Should We Treat Patients with Mild Asthma? N Engl J Med. 2019; 380: 2064-6).

On July 18, Professor Gary Wong, from the Department of Pediatrics, Prince of Wales Hospital, Chinese University of Hong Kong, China, will present the latest data on the treatment of asthma in severe forms of the child at the virtual WAO International Scientific Conference. Catch the opportunity and subscribe at https://www.worldallergy.org/wisc2020!

Subject: How do you treat mild persistent asthma?

Question Two: In mild forms of asthma in the child, all of the following adverse events can be associated with the use of salbutamol as needed without anti-inflammatory therapies, except:

a. - tachycardia, arrhythmia, tremor and headache  
b. - beta-receptor desensitization with loss of bronchoprotective effect or exacerbation of airway inflammation  
c. - paradoxical bronchospasm  
d. convulsions  
e. - increased risk of asthmatic exacerbations.

The answer to the quiz is d. In their reasoned review on the therapeutic options of the child's asthma, Mario Morais Almeida et al. recently pointed out that treatment with salbutamol alone in children may not be free of side effects (Kalayci O. Challenges and choices in the pharmacological treatment of non-severe pediatric asthma: A commentary for the practicing physician. World Allergy Organ J 2019 Oct 3; 12).

On July 18, Professor Mario Morais Almeida, of the Centro de Alergia dos Hospitais CUF, Lisbon, Portugal, will present the latest data on the treatment of asthma in mild forms of the child at the virtual WAO International Scientific Conference. Catch the opportunity and subscribe at https://www.worldallergy.org/wisc2020!
**Subject:** Food allergy without eating

**Questions Three:** Which of the following circumstances have not been associated with food anaphylaxis when food has not been ingested:

a. Bathing in a tub in which the little brother poured milk  
b. Being kissed by a child who ate peanuts  
c. Biting your nails after touching some nuts  
d. Inhaling fish smell in a fish shop  
e. Scratching your back after a partner put cheese in your hands

The answer to this quiz is c. For 25 years Professor Sami Bahna, of Louisiana State University, Shreveport U.S.A., has been collecting cases of reaction in children with severe food allergy (Bahna SL. Exquisite food allergy without eating. Allergy. 1994; 49: 129-30). His experience becomes invaluable in characterizing cases of extreme severity that cause serious problems for food allergy clinics. He will share it with colleagues on July 16th, at the virtual WAO International Scientific Conference. Catch the opportunity and subscribe at [https://www.worldallergy.org/wisc2020](https://www.worldallergy.org/wisc2020)!

**Subject:** How do you diagnose hazelnut allergy?

**Questions Four:**

The best combination of tests to identify a nut allergic child is:

a) Specific IgE for hazelnut by ImmunoCAP  
b) High Cor at 1, high Cor at 8  
c) High Cor at 1, high Cor at 9  
d) Low Cor at 1, high Cor at 14  
e) Low Cor at 1, high Cor at 9

The answer to this quiz is e. In a large Japanese case study, the Motohiro Ebisawa group has characterized the molecular profile of children sensitized to hazelnut who react to the exposure test (Inoue Y. Component-resolved diagnostics can be useful for identifying hazelnut allergy in Japanese children. Allergol Int. 2019, S1323-8930). A low rate of Cor sensitization at 1 and a high rate of Cor sensitization at 9 were the best predictor of reactions to the Oral Food Challenge.

On July 16th, Professor Motohiro Ebisawa, Director of the Clinical Research Center for Allergy and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Japan, will present the latest data on allergy epidemiology across the world. As President of the World Allergy Organization, he will present the Organization's proposals to intercept the factors that increase the disease and to manage its diagnosis and therapy at the virtual WAO International Scientific Conference. Catch the opportunity and subscribe at [https://www.worldallergy.org/wisc2020](https://www.worldallergy.org/wisc2020)!