



# 3<sup>rd</sup> ASIAN PACIFIC CONGRESS OF ALLERGOLOGY AND CLINICAL IMMUNOLOGY

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## ABSTRACT CATEGORIES

### CLINICAL RESEARCH:

#### Allergy and hypersensitivity

1. Adverse reactions to drugs
2. Airway hyperresponsiveness
3. Allergens
4. Anaphylaxis
5. Aspirin intolerance
6. Asthma, clinical
7. Asthma, environmental factors/epidemiology
8. Asthma, pathophysiology
9. Asthma, therapy
10. Atopic dermatitis/eczema
11. Atopy, prediction and prevention
12. Bronchitis
13. Cough
14. Dermatitis
15. Environment, indoor/outdoor
16. Food allergy
17. Food related disease
18. In vitro testing
19. Latex allergy
20. Occupational allergy
21. Ocular disease
22. Otitis
23. Pharmacotherapy, drug trials
24. Rhinitis, clinical
25. Rhinitis, treatment
26. Sinusitis
27. Urticaria/angioedema
28. Other

### CLINICAL RESEARCH:

#### Clinical immunology

29. Autoimmune disorders
30. HIV
31. Immunodeficiency disorders

32. Immunohematology, tumor immunology
33. Immunoregulation
34. Immunotherapy and immunomodulation
35. Infection and immunity
36. Mucosal immunity
37. Other

### EXPERIMENTAL RESEARCH:

#### Basic mechanisms

38. Adhesion molecules
39. Allergen-specific T-cells
40. Animal models of disease
41. Cell to cell interaction
42. Cytokines and chemokines
43. Endothelial and epithelial cells
44. Eosinophils
45. Experimental pharmacology
46. Fc receptors
47. IgE
48. IgG, IgG subclasses, IgM, IgA, IgD
49. Immunological tolerance
50. Interleukins
51. Lymphocytes
52. Mast cells/basophils
53. Mediators and antagonists (including leukotrienes, kinins, PAF, histamine, complement, etc.)
54. Monocytes/macrophages/platelets
55. Nervous mechanisms, including neuropeptides
56. Neutrophils
57. Nitric oxide
58. Other target tissues
59. Other

## THE THIRD ASIAN PACIFIC CONGRESS OF ALLERGOLOGY AND CLINICAL IMMUNOLOGY

### ABSTRACT

#### EPIDEMIOLOGY OF BRONCHIAL ASTHMA IN EIGHT DIFFERENT REGIONS OF SAUDI ARABIA

Al-Frayh, A.R.\*, Hasnain, S.M\*\*, Gad El-Rab, M.O.\*, Al-Mobairek, K.\*, and Al-Sedairy, S.T\*\*.

\* College of Medicine, King Saud University, Riyadh

\*\* King Faisal Specialist Hospital and Research Centre

Studies on prevalence of bronchial asthma and other allergic diseases in children in different regions of Saudi Arabia has continued since 1987. As such various regions of the Kingdom including Eastern, Western and Central Regions and encompassing different climate and geographical zones have been studied. The studies were conducted using an internationally designed questionnaire as well as by diagnostic parameters on cross sectional population of children. The results revealed there were regional variation in the prevalence rate of both diagnosed and highly suspected cases. The definite or diagnosed asthma recorded were as follows: Abha (n=485) 13%, Dammam (n=889) 3.7%, Gizan (n=362) 24.3%, Hofouf (n=923) 14.4%, Hail (n=507) 22.9%, Qassim (n=384) 15.1%, Riyadh (n=988) 10.2% and Jeddah (n=531) 10.4%. Addition of highly suspected case put the figure comparatively much higher. Though the number of children participated also varied from region to region, yet the trend shows that Gizan, a coastal region has the highest prevalence of asthma followed by Hail, an agricultural region. Though the reason(s) of this high prevalence and variation is not the subject of this presentation, nevertheless, these may be attributable to the development and change in life style, etc. in the respective region. We can conclude that the Kingdom is one of the countries with highest prevalence of bronchial asthma in children.