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## **ABSTRACT:**

Allergen immunotherapy with inhalant allergens is indicated for the treatment of allergic rhinitis and allergic asthma. The indication for instituting allergen immunotherapy for allergic rhinitis depend on the severity and duration of the symptoms and the response to symptomatic treatment. However, additional considerations are the impact that immunotherapy can have on the underlying immune mechanisms and on the progression of rhinitis to bronchial asthma. Allergen immunotherapy can only be effective in treating asthma to the extent that an allergic reaction is contributory to the symptoms. It is generally believed that the allergic component in asthma is most important and the prospects for a response to immunotherapy are greatest in school-age children. Indeed, compelling evidence exists that allergy is an important contributor to the occurrence and severity of asthma in this age group. The evidence for this important role is 3-fold: in children sensitization to indoor allergens and outdoor fungi increases the risk of asthma, in sensitized children the severity is related to the level of exposure, and in senistized children reduction of exposure improves asthma symptoms and pulmonary function and reduces bronchial hyperresponsiveness. This presentation reviews the evidence to determine the efficacy and safety of immunotherapy in children with allergic rhinitis and allergic asthma.

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