NEWSLETTER

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ALLSA REPORT FROM THE CHAIRMAN

Dear Colleagues

This is my last Newsletter for 2014. We have had an awesome year in Allergology.

May I wish you all, our Allergy Family, a blessed festive season. I trust you get the rest you deserve. 2015 is set to be another bumper allergy year. We have elections for the new Excom in mid-year and may I encourage you all to vote please. We also are set for another exciting Congress in Port Elizabeth in September. See you all there!

In this issue of the Newsletter I am including an Introduction to Dr Salome Abbott who has been active in the Allergy field for some years now. Our Focus this month is on Sam Risenga's Pulmonology and Allergology Unit in Limpopo. *Professor Sam Risenga is Head of the Combined Adult and Paediatric Pulomonology Unit in Polokwane. Prof Sam is a Paediatrician by training and has completed subspecialist training in Paediatric Pulmonology at the University of Pretoria. He also holds a Diploma in Allergology from the College of Medicine of South Africa. Sam is Associate Professor in that Department (MEDUNSA) and has published a number of peer-reviewed papers on aspects of allergy in southern Africa. He has an interest in latex allergy in health care workers and local indigenous allergens.*

Whilst Sam is set to retire in the next while, he will leave a legacy of academic excellence in the region. He has shown that where there is a will and the passion, everything is possible. Sam created this platform from nothing and in a few short years generated a teaching platform that is the envy of many of us. And finally let me say that Prof Sam is the most humble, gentle man I have ever met. He cares deeply for his patients, his staff and his students. I have been blessed to have had Sam in my life and I know hundreds of patients and doctors share my love for him.

Thank you Sam for taking ALLSA and Allergy into Limpopo. You have been our hero!

INTRODUCING: DR SALOME ABBOTT

Dr Salome Abbott is a Paediatric Pulmonologist also with an interest in Allergy and is now practicing at Vincent Pallotti and Kingsbury Hospitals in Cape Town.

Salome qualified as a Paediatrician at the University of Pretoria and then wrote the Diploma in Allergology. She went on to sub-specialise in Paediatric Pulmonology in Pretoria. As part of her training she spent some time in Vancouver rounding off her skills. She is also involved in a multi-centre trial to investigate the nature of viral infections in children with lower respiratory tract infections. This work is in collaboration with Prof Peter le Soueff at the University of Western Australia.

Salome has been an examiner in the Allergy Diploma and has written articles for our journal, Current Allergy and Clinical Immunology. She has mentored candidates in achieving the Diploma and she is an accomplished speaker.

She has a wealth of experience in helping kids with lung problems get better.

FOCUS ON: DEPARTMENT OF PULMONOLOGY AND ALLERGY, UNIVERSITY OF LIMPOPO, POLOKWANE CAMPUS

The Department was established in September 2010 when Prof Sam Risenga was appointed as Head of the Clinical Department and Associate Professor of Paediatric Pulmonology. His mandate was to build a department that would include adult pulmonology. The Department was accredited to train 2 Paediatric Pulmonologists in February 2012.

Sam then recruited Dr Ntshengedzeni Jeanette Maligavhada who was the first Fellow in Paediatric Pulmonology, in February 2012. Dr Maligavhada successfully completed the Diploma in Allergology with the CMSA in May 2013 and her Certificate in Paediatric Pulmonology in May 2014.

At present the Department has 2 fellows in Paediatric Pulmonology, Drs Aletta Motene and Dietsa Moremi. The 2 fellows will enrol for their Diploma Allergology exams in March 2015. There is now have a staff complement of 2 full-time Paediatric Pulmonologists, one part-time Paediatric Allergologist (Dr Fred Mokgoadi), 2 Paediatric Fellows in training, 3 Medical Officers and one personal assistant. They are still looking for an adult pulmonologist.

The Department runs a 4 bedded Paediatric Intensive Care Unit at Pietersburg Hospital and 2 beds in the adult ICU at the Mankweng hospital. They have 8 beds for Paediatric Pulmonology. They run a busy Paediatric Pulmonology Clinic on Mondays, Paediatric Allergy Clinic on Wednesdays and they also conduct outreach to Limpopo regional hospitals every alternate Tuesday. They have a structured academic meetings that include presentations and journal clubs.

Sam and his Team!

PATIENT EDUCATION

Asthma in children – an undiagnosed problem

About 50% of children will go to the doctor for a chest or lung problem such as cough, recurrent infections or asthma. Asthma is one of the most common childhood illnesses, and affects up to 20% of South African children.

The number of people (and especially children) with allergic diseases including asthma is increasing. One reason proposed is the 'Hygiene Hypothesis'. This relates to our modern lifestyles being too clean. Although this is with the best of intentions, our immune systems, traditionally directed to fighting infections, are no longer challenged and end up fighting harmless things like allergens in the air or food.

Asthma and allergic diseases run in families. Children who have parents with an allergic disease, such as hayfever, allergic rhinitis, asthma or eczema, are much more likely to develop an allergic disease themselves.

WHAT IS ASTHMA?

Asthma affects the airways of the lungs. The airways are oversensitive and easily irritated by common triggers such as viruses and allergies. These triggers cause swelling and narrowing of the airways and result in difficulty in breathing.

Many people with asthma start their troubles before six years of age. Unfortunately, children can go undiagnosed for months and even years. During this time, their parents struggle with a sick child who is constantly missing school, not sleeping well and visiting the GP or paediatrician on a regular basis. In despair, parents often resort to over-the-counter-medication like cold remedies and cough syrups. These are invariably unhelpful, expensive and cause unwanted side effects. Parents are also anxious to leave the city to go on holiday, fearful of being far from medical help.

It is important for parents to be on the look-out for the danger signs and symptoms that may mean their child has a lung problem such as asthma. These symptoms can sometimes be confusing when they occur at the same time as a 'cold' or 'flu'. It is a good idea to make a diary of the symptoms to take with you to the doctor.

Symptoms to look out for:

- dry cough at night
- colds that fail to clear up after 10-14 days
- cough with exercise, crying or excessive emotions
- repeated infections
- wheezing ,a high pitched whistling sound, while breathing
- trouble breathing
- tiredness and poor sleep
- concentration problems at school
- shortness of breath

Should you notice these symptoms in your child, it is best to consult your doctor who will take a careful history and examination. If your child is diagnosed with asthma, you should not panic. Although asthma cannot be cured, symptoms can be effectively controlled with the correct treatment. It is important to identify the triggers for your child's asthma. Allergy tests for common triggers will be done so that your child can avoid the triggers.

What is the treatment of asthma?

Treatment of asthma is usually in the form of asthma pumps called inhalers. There are two types of inhalers – controllers and relievers. Controllers control asthma symptoms by preventing the inflammation and swelling in the lungs caused by triggers, so that they don't occur in the first place. Relievers are rescue pumps that should only be used in case of an emergency. They act quickly to open the airways. If your asthma is well controlled, you should not need to use the reliever pumps. In some cases, inhalers are not enough to control symptoms and other medication as pills may be needed in addition to the pumps.

Many parents are worried about giving their children medication every day, especially because of potential side effects. However, uncontrolled asthma can be very dangerous. Also, asthma medication is in fact very safe if prescribed correctly and at the right doses. Children should use a chamber called a spacer device, when using a pump. This ensures that the medication gets to the lungs effectively and not to the rest of the body or back of the throat. Nebulisers are often used to give asthma medication, but this is not necessary as spacers are equally effective.

If well controlled, children with asthma should lead a normal life free of symptoms, attend school regularly and participate fully in all activities, including sports. They should be able to sleep restfully, and grow and develop normally. If your child is not getting better on treatment, you should request to see a specialist experienced with lung problems in children. It is also common for children with other lung conditions to be mis-diagnosed with asthma; a specialist will be able to conduct further tests and recommend appropriate treatment.

In conclusion, lung problems in children are extremely common. If undiagnosed and left untreated, they can be very distressing for the child and family. Parents often feel helpless. However in experienced hands, children should be correctly diagnosed, treated and managed so that they can lead normal lives. If your child has respiratory symptoms, see your doctor, and ask for medical advice from a lung specialist if your child is not improving on treatment.