2026

台灣過敏氣喘 暨 臨床免疫醫學會年會

ImmunoDay in Formosa: From Sensitization to Precision Care



2026 年 11 月 29 日（星期日） 08:30 – 17:00 集思北科大會議中心感恩廳

Time	Topic	Speaker	Moderator
08:30–08:50	Register		
08:50–09:00	Opening		理事長、秘書長
09:00–09:40	Beyond Sensitization : Integrating Allergen-Specific Testing into Precision Allergy Care	NUH Dr. Soh Jian Yi	歐良修理事長
09:40 – 10:40	Session I ｜呼吸道過敏的分子診斷：從致敏圖譜到精準照護		
09:40–10:10	House Dust Mite in the United Airway : From Molecular Diagnosis to Immunotherapy and Monitoring	北醫附醫胸腔科 周百謙醫師	萬芳醫院胸腔科 李岡遠教授
10:10–10:40	從分子致敏到免疫治療：過敏性鼻炎的精準管理	台大耳鼻喉科 林怡岑醫師	馬偕耳鼻喉部 王瀛標教授
10:40–11:00	Break		
11:00 - 12:00	Session II ｜解碼皮膚與食物過敏：分子診斷與臨床應用		
11:00–11:30	哪些致敏真正重要？食物過敏的診斷與治療策略	林口長庚兒科 蘇冠文醫師	林口長庚兒科 黃璟隆教授
11:30–12:00	異位性皮膚炎的致敏圖譜與臨床相關性	大林慈濟皮膚科 林騰立醫師	台大醫院皮膚科 朱家瑜教授
12:00–12:20	Panel Discussion 過敏檢測會改變您的治療決策嗎?	Session I, II 演講者	歐良修理事長
12:20–12:40	會員大會		理事長、秘書長
12:40 – 14:00	Lunch Symposium		
12:40–13:20	A new Era for HAE treatment : From treating attacks to preventing attacks	馬偕兒童醫院 徐世達教授	中山附醫兒科 呂克桓教授
13:20–14:00	Treatment of Pediatric Nasal Congestion Symptoms with Intranasal Therapy	北榮耳鼻喉科 洪莉婷醫師	高長耳鼻喉科 羅盛典教授
14:00 – 14:10	Break		
14:10 – 16:50	Session III ｜超越 sIgE ：精準過敏照護新時代		
14:10–15:00	AI 時代的過敏免疫醫學 ： 大數據、真實世界證據與精準照護	中山醫大風濕科 魏正宗教授	台中榮總風濕科 陳信華教授
15:00–15:50	兒童呼吸道過敏的微生物新視野 ： 從生命早期暴露到精準照護	林口長庚兒科 邱志勇教授	林口長庚兒科 邱政洵教授
15:50–16:00	Break		
16:00–16:50	從夜不成眠到安穩好眠：兒童睡眠呼吸障礙 至成人 OSA 的過敏性鼻炎整合照護	台大耳鼻喉科 林哲儀醫師	高長耳鼻喉科 羅盛典教授
16:50–17:00	Closing Remark		理事長、秘書長

- 台灣過敏氣喘暨臨床免疫醫學會 15 分
- 台灣兒童過敏氣喘免疫及風濕病醫學會 7 分
- 台灣耳鼻喉頭頸外科醫學會 4 分
- 中華民國免疫學會 5 分
- 臺灣皮膚科醫學會 申請中
- 臺灣兒科醫學會 4 分
- 社團法人中華民國風濕病醫學會 B 類 6 分

主辦單位 台灣過敏氣喘暨臨床免疫醫學會
Taiwan Academy of Allergy Asthma and Clinical Immunology

協辦單位 ThermoFisher SCIENTIFIC

報名人數統計



Soh Jian Yi

Positions:
Senior Consultant, Division of Allergy and Immunology, Department of Paediatrics, National University Hospital of Singapore

Interests:
Founded oral immunotherapy for food allergies in Singapore in 2015. Currently head of the service at NUH.

Research Publications:

1. Soh JY, Ting FN, Samuel M. Concomitant bacterial meningitis and urinary tract infection in infants: a systematic review and meta-analysis. Singapore Med J. 2025 Aug 13. doi: 10.4103/singaporemedj.SMJ-2021-415. Epub ahead of print. PMID: 40802555.
2. Tan RL, Soh JY, Tham EH, Goh AEN, Koh MJA, Chandran NS, Ho MSL, Tan LS, Herdman M, Luo N. A Head-to-Head Comparison of the Psychometric Properties of the EQ-5D-Y-3L, EQ-5D-Y-5L, and CHU9D in Children Aged 8 to 18 Years With Eczema. Value Health. 2026 Jan;29(1):100-107. doi: 10.1016/j.jval.2025.07.021. Epub 2025 Aug 6. PMID: 40774595.
3. Tan RL, Soh JY, Tham EH, Goh AEN, Cheng ZR, Herdman M, Luo N. A Head-to-Head Comparison of the Psychometric Properties of the EQ-5D-Y-3L, EQ-5D-Y-5L, and CHU9D in Children With Asthma. Value Health. 2026 Feb;29(2):233-241. doi: 10.1016/j.jval.2025.08.017. Epub 2025 Sep 10. PMID: 40939704.
4. Goh SH, Yap GC, Cheng HY, Chiang WC, Soh JY, Chong KW, Goh A, Tham EH, Tyebally A, Ganapathy S, Ibrahim I, Lee BW. Trends in Childhood Anaphylaxis in Singapore: 2015-2022. Clin Exp Allergy. 2024 Aug;54(8):585-595. doi: 10.1111/cea.14528. Epub 2024 Jun 26. PMID: 38923779.
5. Xu H, Ang BWG, Soh JY, Ponnamperuma GG. Methods to Improve Diagnostic Reasoning in Undergraduate Medical Education in the Clinical Setting: a Systematic Review. J Gen Intern Med. 2021 Sep;36(9):2745-2754. doi: 10.1007/s11606-021-06916-0. Epub 2021 Jun 22. PMID: 34159542; PMCID: PMC8390726.
6. Lee LYGN, Leow SY, Wen H, Soh JY, Chiang WC, Zhong Y, Tham EH, Loh W, Delsing DJ, Lee BW, Huang CH. An Evaluation of the Mechanisms of Galacto-Oligosaccharide (GOS)-Induced IgE Cross-Linking on Basophils in GOS Allergy. Front Allergy. 2022 Feb 28;3:840454. doi: 10.3389/falgy.2022.840454. PMID: 35386657; PMCID: PMC8974727.
7. Lee AJ, Tham EH, Goh AEN, Tang WE, Tung YC, Yeo Y, Tsou K, Lee LY, Soh JY, Labastida CB, Wang PP, Tan MM, Cheng HY, Chan YH, Van Bever H, Shek LP, Lee BW. Prevalence of IgE-mediated cow milk, egg, and peanut allergy in young Singapore children. Asia Pac Allergy. 2022 Jul 26;12(3):e31. doi: 10.5415/apallergy.2022.12.e31. PMID: 35966156; PMCID: PMC9353200.



8. Chan SB, Zhong Y, Lim SCJ, Poh S, Teh KL, Soh JY, Chong CY, Thoon KC, Seng M, Tan ES, Arkachaisri T, Liew WK. Implementation of Universal Newborn Screening for Severe Combined Immunodeficiency in Singapore While Continuing Routine Bacille-Calmette-Guerin Vaccination Given at Birth. Front Immunol. 2022 Jan 3;12:794221. doi: 10.3389/fimmu.2021.794221. PMID: 35046952; PMCID: PMC8761728.
9. Zhong Y, Huang CH, Soe WM, Chan KW, Isa MS, Soh J, Yap M, MacAry PA, Lau YL, Chai LYA, Shek LP, Lee BW. A Novel X-Linked Inhibitor of Apoptosis Deficient Variant Showing Attenuated Epstein-Barr Virus Response. J Pediatric Infect Dis Soc. 2021 Apr 3;10(3):345-348. doi: 10.1093/jpids/piaa048. PMID: 32448891.
10. Lee LYGN, Zhong Y, Leow SY, Lim SC, Wen H, Soh JY, Chiang WC, Delsing DJ, Lee BW, Huang CH. Allergy to prebiotic galacto-oligosaccharides: House dust mites – the putative primary sensitizer. J Allergy Clin Immunol. 2020 Feb; 145(2): 707-710.e5
11. Zhong Y, Chew JL, Tan MM, Soh JY. Efficacy and safety of oral immunotherapy for peanut allergy: a pilot study in Singaporean children. Asia Pac Allergy. 2018 Oct 29;9(1):e1. doi: 10.5415/apallergy.2019.9.e1. PMID: 30740349; PMCID: PMC6365660.
12. Rajakulendran M, Tham EH, Soh JY, Van Bever HP. Novel strategies in immunotherapy for allergic diseases. Asia Pac Allergy. 2018;8(2):e14.
13. Ta LDH, Yap GC, Tay CJX, Lim ASM, Huang CH, Chu CW, De Sessions PF, Shek LP, Goh A, Van Bever HPS, Teoh OH, Soh JY, Thomas B, Ramamurthy MB, Goh DYT, Lay C, Soh SE, Chan YH, Saw SM, Kwek K, Chong YS, Godfrey KM, Hibberd ML, Lee BW. Establishment of the nasal microbiota in the first 18 months of life: Correlation with early-onset rhinitis and wheezing. J Allergy Clin Immunol. 2018 Jul;142(1):86-95.
14. Goh SH, Soh JY, Loh W, Lee KP, Tan SC, Heng WJK, Ibrahim I, Lee BW, Chiang WC. Cause and Clinical Presentation of Anaphylaxis in Singapore: From Infancy to Old Age. Int Arch Allergy Immunol. 2018;175(1-2):91-98.
15. Ong L, Chua KH, Soh JY, Aw MMHY. Healthcare encounters in young children: Impact of Teddy Bear hospital, Singapore. The Asia-Pacific Scholar. 2018 Sep, 3(3), 24-30.
16. Rajakulendran M, Tham EH, Soh JY, Van Bever HP. Novel strategies in immunotherapy for allergic diseases. Asia Pac Allergy. 2018 Apr 9;8(2):e14. doi: 10.5415/apallergy.2018.8.e14. eCollection 2018 Apr. Review. PubMed PMID: 29732290; PubMed Central PMCID: PMC5931921.
17. Rowe JH, Stadinski BD, Henderson LA, Ott de Bruin L, Delmonte O, Lee YN, Teresa de la Morena M, Goyal RK, Hayward A, Huang CH, Kanariou M, King A, Kuijpers TW, Soh JY, Neven B, Walter JE, Huseby ES, Notarangelo LD. Abnormalities of T-cell receptor repertoire in CD4(+) regulatory and conventional T cells in patients with RAG mutations: Implications for autoimmunity. J Allergy Clin Immunol. 2017 Aug 31.
18. Dobbs K, Tabellini G, Calzoni E, Patrizi O, Martinez P, Giliani SC, Moratto D, Al-Herz W, Cancrini C, Cowan M, Bleesing J, Booth C, Buchbinder D, Burns SO, Chatila TA, Chou J, Daza-Cajigal V, Ott de Bruin LM, de la Morena M, Di Matteo G, Finocchi A, Geha R, Goyal RK, Hayward A, Holland S, Huang CH, Kanariou MG, King A, Kaplan B, Kleva A, Kuijpers TW, Lee BW, Lougaris V, Massaad M, Meyts I, Morsheimer M, Neven B, Pai SY, Plebani A, Prockop S, Reisli I, Soh JY, Somech R, Torgerson TR, Kim YJ, Walter JE, Gennery AR, Keles S, Manis JP, Marcenaro E, Moretta A, Parolini S, Notarangelo LD. Natural Killer Cells from Patients with Recombinase-Activating Gene and Non-Homologous End Joining Gene Defects Comprise a Higher Frequency of CD56(bright) NKG2A(+++) Cells, and Yet Display Increased Degranulation and Higher Perforin Content. Front Immunol. 2017 Jul 17;8:798. doi: 10.3389/fimmu.2017.00798. eCollection 2017. Erratum in: Front Immunol. 2017 Oct 10;8:1244.

19. Soh JY, Chiang WC, Huang CH, Woo CK, Ibrahim I, Heng K, Pramanick A, Lee BW. An unusual cause of food-induced anaphylaxis in mothers. World Allergy Organ J. 2017 Feb 10;10(1):3
20. Hossny E, Rosario N, Lee BW, Singh M, El-Ghoneimy D, Soh JY, Le Souef P. The use of inhaled corticosteroids in pediatric asthma: update. World Allergy Organ J. 2016 Aug 12;9:26. doi: 10.1186/s40413-016-0117-0
21. Caraballo L, Zakzuk J, Lee BW, Acevedo N, Soh JY, Sánchez-Borges M, Hossny E, García E, Rosario N, Ansotegui I, Puerta L, Sánchez J, Cardona V. Particularities of allergy in the Tropics. World Allergy Organ J. 2016 Jun 27;9:20. doi: 10.1186/s40413-016-0110-7
22. Tham EH, Huang CH, Soh JY, Thayalasingam M, Lee AJ, Lum LH, Poon LM, Lye DC, Chai LY, Tambyah PA, Lee BW, Shek LP. Neutralizing Anti-Interferon-Gamma Autoantibody Levels May Not Correlate With Clinical Course of Disease. Clin Infect Dis. 2016 Aug 15;63(4):572-3.
23. Soh JY, Thalayasingam M, Ong S, Loo EX, Shek LP, Chao SS. Sublingual immunotherapy in patients with house dust mite allergic rhinitis: prospective study of clinical outcomes over a two-year period. J Laryngol Otol. 2016 Jan 19:1-6.
24. Soh JY, Huang CH, Chiang WC, Llanora GV, Lee AJ, Loh W, Chin YL, Tay VY, Chan YH, Dianne D, Lee BW. Anaphylaxis to galacto-oligosaccharides - an evaluation in an atopic population in Singapore. Allergy 2015 Aug;70(8):1020-3
25. Soh JY, Huang CH, Lee BW. Carbohydrates as food allergens. Asia Pac Allergy. 2015;5(1):17-24.
26. Hardjojo A, Goh A, Shek LP, Van Bever HP, Teoh OH, Soh JY, Thomas B, Tan BH,Chan YH, Ramamurthy MB, Goh DY, Soh SE, Saw SM, Kwek K, Chong YS, Godfrey KM,Gluckman PD, Lee BW. Rhinitis in the first 18 months of life: exploring the role of respiratory viruses. Pediatr Allergy Immunol. 2015;26(1):25-33.
27. Thalayasingam M, Allameen NA, Soh JY, Bigliardi P, Van Bever H, Shek LP. Wheat-dependent exercise-induced anaphylaxis: a retrospective case review from a tertiary hospital. Postgrad Med J. 2014;90(1067):488-92.
28. Soh JY, Ng B, Tan Z, Xu S, Hing WC, Wu TS, Chan YH, Lee BW. Ten-year prescription trends of asthma medications in the management of childhood wheeze. Allergy Asthma Proc. 2014;35(1):e1-8.
29. Ang EY, Soh JY, Liew WK, et al. Reliability of acute illness dihydrorhodamine-123 testing for chronic granulomatous disease. Clinical Laboratory. 2013 ;59(1-2):203-206. PMID: 23505928.

Book publications (medical)

Soh JY. Universal Clinical Reasoning: Optimising the Approach and Care for patients. 2023. World Scientific Publishing. eText ISBN: 9789811269301



Beyond Sensitization: Integrating Allergen-Specific Testing into Precision Allergy Care

Soh Jian Yi

Science continues to provide us with new tools to help patients with Allergies, including tests such as component-resolved diagnostics and basophil activation tests. Despite the potential of these tools, ages-old limitations in the understanding, conduct and interpretation of studies using these tests continue to make it difficult to widely apply them to clinical care. I will discuss these tests and the way forward for tests and for studies on these tests.

周百謙 醫師



塵蟎與同一氣道：從分子診斷、減敏治療到長期追蹤

周百謙 醫師
北醫附醫胸腔內科

塵蟎是台灣最重要的吸入性過敏原，並透過第二型（Type 2）發炎，把鼻炎、鼻竇炎與氣喘串連成「同一氣道」的疾病。本簡報主張以分子過敏原檢測找出真正的致敏成分，再結合環境控制與減敏治療（AIT）降低塵蟎負荷，並且只在檢驗結果會改變處置時才重新檢測。

在台灣十大吸入性過敏原中，粉塵蟎、屋塵蟎與熱帶無爪蟎分居第二至第四名，而塵蟎在 20–25° C 的環境最易孳生。各地分布也有明顯差異：台北以屋塵蟎（Der p）為主，占 82.2%；花蓮與台東的熱帶無爪蟎（Blo t）比例則分別達 28.9% 與 25.4%。氣喘兒童能辨識的塵蟎成分比非氣喘兒童更多，例如 Der p 2 的陽性率為 81% 對 60%。上下呼吸道共享相同的第二型發炎機轉，26–48% 的慢性鼻竇炎合併鼻息肉（CRSwNP）病人同時有氣喘，51–86% 對至少一種吸入性過敏原致敏；多重致敏者對金黃色葡萄球菌腸毒素致敏的勝算比更高達 5.8–7.1。

診斷方面，總 IgE 只在具有特異性 IgE 的病人身上與氣喘相關，因此判定異位體質必須檢測過敏原特異性 IgE；臨床上可先以 ECP、總 IgE 與 Phadiatop 確認 Th2 發炎，再進一步做過敏原成分解析診斷（CRD）。塵蟎的主要致敏成分為 Der p 1（>70%）、Der p 2（>80%）與 Der p 23（>74%），而 Der p 10 屬原肌球蛋白（約 10%），會與蝦蟹等海鮮產生交叉反應。若 Der p 1/2/23 陽性且症狀與暴露相關，應考慮環境控制與 AIT；若僅 Der p 10 陽性，則需評估交叉反應與海鮮過敏；若全過敏原 d1/d2 陽性但成分皆為陰性，病人可能對尚未檢測的成分致敏，仍可建議減少暴露。檢測平台上，單項 ImmunoCAP 為全定量，適合追蹤與計算比值；ISAC E112i 則以 30 µl 檢體一次檢測 112 種分子過敏原，屬半定量，適合建立完整圖譜與處理疑難個案。

在降低塵蟎負荷上，一位病人經過一年環境控制後，屋塵蟎特異性 IgE 由 0.68 降至 0.30 kUA/L，總 IgE 由 1801 降至 739 KU/L，但 ECP 反而上升，提醒須配合臨床狀況判讀。對於塵蟎驅動的過敏性氣喘，可在規律控制藥物之外加上塵蟎 AIT。塵蟎舌下錠（SLIT）可降低吸入型類固醇減量期間的中重度急性發作，GINA 2019 亦建議對 FEV1 高於預測值 70% 的塵蟎過敏鼻炎成人考慮加用。REACT 真實世界研究納入 46,024 名接受 AIT 的病人，顯示其鼻炎用藥減少幅度更大，且氣喘降階治療、嚴重急性發作與住院等結果在多數年度都優於對照組。

在長期追蹤上，研究顯示總 IgE 無論上升或下降，病人的氣喘控制測試（ACT）分數都顯著較差（P = 0.006 與 0.007）。IgE 比值可協助找出真正的致病過敏原：Ratio 1 為全過敏原 sIgE 除以總 IgE，Ratio 2 為分子成分 sIgE 除以全過敏原 sIgE，比較時須使用同一廠牌試劑。以簡報中的案例為例，d1 的 Ratio 1 達 86%，但 Der p 1 與 Der p 2 的 Ratio 2 僅 1.4% 與 2.5%；加驗 Der p 23 後 Ratio 2 達 52%，確認其為主要致敏原，並據以評估是否適合減敏治療。最後，依健保給付規定 (115 年 4 月 1 日修訂)，申報特異過敏原免疫檢驗（30022C）須符合下列條件 (1) 限免疫球蛋白 IgE (12031C) 大於其標準值或過敏原定性檢驗 (30021C) 異常，且為確認診斷氣喘、過敏性鼻炎、異位性皮膚炎、其他 IgE-mediated 疾病 (含急性蕁麻疹、食物或藥物過敏或全身性過敏) 者申報 ; (2) 一年內相同過敏原不可重複申報本項。 (3) 一年申報一次，最多不超過二次，若有特殊情況需增加檢驗次數者，應於病歷記載檢查之適應症並檢附相關資料佐證，以四次為限。申報超過二次以上者，應加強審查。 (4) 屬西醫基層總額部門院所，限確認診斷為氣喘、過敏性鼻炎者或未滿三歲有異位性皮膚炎者申報。原則上二年內不得重複申報本項，並應於病歷記載檢查之適應症及檢附相關資料佐證。



House Dust Mite in the United Airway: From Molecular Diagnosis to Immunotherapy and Monitoring

House Dust Mite in the United Airway: From Molecular Diagnosis to Immunotherapy and Monitoring | Dr. Pai-Chien Chou, MD, PhD, Department of Thoracic Medicine, Taipei Medical University Hospital

House dust mite (HDM) is the leading inhaled allergen in Taiwan, and through type 2 inflammation it links rhinitis, sinusitis and asthma into a single "united airway" disease. The talk argues for identifying the true sensitizing components with molecular testing, reducing the mite burden through exposure control and allergen immunotherapy (AIT), and retesting only when the result will change management.

Among Taiwan's top 10 inhaled allergens, D. farinae, D. pteronyssinus and Blomia tropicalis rank second to fourth, and mites thrive at 20–25 ° C. Their distribution varies by region: Der p dominates in Taipei at 82.2%, while Blo t reaches 28.9% in Hualien and 25.4% in Taitung. Asthmatic children recognize more mite components than non-asthmatic children; for example, 81% versus 60% react to Der p 2. The upper and lower airways share the same type 2 mechanisms: 26–48% of patients with chronic rhinosinusitis with nasal polyps (CRSwNP) also have asthma, 51–86% are sensitized to at least one aeroallergen, and poly-sensitized patients have an odds ratio of 5.8–7.1 for sensitization to S. aureus enterotoxins.

For diagnosis, total IgE relates to asthma only in patients who also have specific IgE, so identifying atopy requires allergen-specific IgE testing. ECP, total IgE and Phadiatop can first confirm Th2 inflammation, followed by component-resolved diagnostics (CRD). The major mite components are Der p 1 (>70%), Der p 2 (>80%) and Der p 23 (>74%), whereas Der p 10 is tropomyosin (~10%) and cross-reacts with shellfish. When Der p 1/2/23 are positive and symptoms follow exposure, exposure reduction and AIT should be considered; when only Der p 10 is positive, cross-reactivity and shellfish allergy should be investigated; and when whole-extract d1/d2 is positive but all components are negative, the patient may be sensitized to an untested component, so exposure reduction may still be advised. Among testing platforms, singleplex ImmunoCAP is fully quantitative and suits follow-up and ratio calculation, while ISAC E112i measures 112 components from 30 µl of serum semi-quantitatively, which makes it useful for full profiling and difficult cases.

To reduce the mite burden, one patient's year of avoidance lowered Der p sIgE from 0.68 to 0.30 kUA/L and total IgE from 1801 to 739 KU/L, although ECP rose, a reminder that results must be read alongside clinical status. In HDM-driven allergic asthma, HDM AIT can be added to regular controller therapy. The HDM SLIT tablet reduced moderate-to-severe exacerbations during inhaled corticosteroid reduction, and GINA 2019 suggests adding SLIT for HDM-allergic adults with rhinitis whose FEV1 is above 70% predicted. The real-world REACT study of 46,024 AIT-treated patients found larger reductions in rhinitis prescriptions, and better asthma step-down, severe exacerbation and hospitalization outcomes than in controls in most years of follow-up.

For monitoring, both rising and falling total IgE were associated with significantly lower Asthma Control Test (ACT) scores (P = 0.006 and 0.007). IgE ratios help pinpoint the culprit allergen: Ratio 1 divides whole-extract sIgE by total IgE, and Ratio 2 divides component sIgE by whole-extract sIgE, with all values measured on the same manufacturer's reagents. In the case presented, the d1 Ratio 1 was 86%, but the Ratio 2 values for Der p 1 and Der p 2 were only 1.4% and 2.5%; adding Der p 23 gave a Ratio 2 of 52%, identifying it as the main sensitizer and guiding the decision on AIT.



林怡岑 醫師

學會職務：
顏面整形與重建外科委員會 委員
台灣耳鼻喉頭頸外科醫學會
（Taiwan Society of Otorhinolaryngology–Head and Neck Surgery）
副秘書長
台灣鼻科醫學會
（Taiwan Rhinology Society）
會員
台灣顏面整形重建外科醫學會
（Taiwan Academy of Facial Plastic and Reconstructive Surgery）
國際會員
美國鼻科醫學會
（American Rhinologic Society）
國際會員
北美顱底醫學會
（North American Skull Base Society）

現職與經歷：
主治醫師
國立臺灣大學醫學院附設醫院耳鼻喉部 (2015 年 7 月 1 日至今)
主治醫師
國立臺灣大學醫學院附設醫院新竹分院耳鼻喉部 (2013 年 11 月 1 日至 2015 年 6 月 30 日)
主治醫師
國立臺灣大學醫學院附設醫院雲林分院耳鼻喉部 (2011 年 7 月 1 日至 2013 年 10 月 31 日)

學歷：
醫學士
國立臺灣大學醫學院 醫學系 (1999–2006 年)
碩士
國立臺灣大學醫學院 臨床醫學研究所 (2009–2011 年)
博士
國立臺灣大學醫學院 臨床醫學研究所 (2014–2021 年)



專業訓練及進修：
住院醫師訓練
國立臺灣大學醫學院附設醫院 耳鼻喉部 (2006–2011 年)
臨床觀察員（Clinical Observer）
麻薩諸塞眼耳醫院（Massachusetts Eye and Ear）美國 (2012 年 12 月至 2013 年 2 月)
臨床進修（Clinical Fellowship）
首爾大學醫院（Seoul National University Hospital）韓國 (2016 年 7 月)
臨床進修（Clinical Fellowship）
峨山醫學中心（Asan Medical Center）韓國 (2017 年 1 月)
課程研習暨臨床觀察員（Course Participant and Clinical Observer）
匹茲堡大學醫學中心（University of Pittsburgh Medical Center）美國 (2017 年 11 月)
訪問學者（Visiting Scholar）
史丹佛大學（Stanford University）美國 (2022 年 2 月至 2023 年 2 月)

學術著作

1. Lin KT, Tsai YC, Yeh TH, Lin CF, Lin YT. Development and Validation of a Simplified Three-Item Score for Predicting Eosinophilic Chronic Rhinosinusitis. Laryngoscope Investigative Otolaryngology. 2026;11(4).
2. Liao SC, Weng CM, Lin CF, Lin YT, Kuo HP, Yeh TH. Fibrocytes as Key Mediators of Type 2 Inflammation in Asian Chronic Rhinosinusitis With Nasal Polyps. Otolaryngol Head Neck Surg. 2026;174(5):1372-1375.
3. Wu AW, Thapa M, Alghezi M, Oh E, Perez HA, Tang DM, Lin YT, Jafari A, Abuzeid WM. The Role of Race and Ethnicity in Chronic Rhinosinusitis With Nasal Polyps: A Scoping Review. Am J Rhinol Allergy. 2026;40(1):81-90.
4. Lee YH, Lin CF, Yeh TH, Huang HH, *Lin YT. Modified screening and management strategies for chronic rhinosinusitis in hematologic patients receiving hematopoietic stem cell transplantation. J Formos Med Assoc. 2025;124(2):139-144.
5. Liu CN, *Lin YT, Liao SC, Lin KT, Lin CF, *Yeh TH. Endotypes of Chronic Rhinosinusitis: A Clinical Perspective. Curr Treat Options Allergy. 2025;12:13.
6. Liu CN, Yeh TH, Lin CF, *Lin YT. The efficacy of dupilumab as an adjuvant treatment after endoscopic sinus surgery for chronic rhinosinusitis with nasal polyps: a retrospective cohort analysis. Clin Exp Otorhinolaryngol. 2025;18(3):271-279.
7. Hsu YC, Lin KT, Lee MS, Shen LS, Yeh TH, *Lin YT. Multiple instance learning for eosinophil quantification of sinonasal histopathology images: A hierarchical determination on whole slide images. Int Forum Allergy Rhinol. 2024;14(9):1513-1516.
8. Grimm D, Hwang PH, *Lin YT. The link between allergic rhinitis and chronic rhinosinusitis. Curr Opin Otolaryngol Head Neck Surg. 2023;31(1):3-10.
9. Chang MT, Roozdar P, Lin YT, Lee JY, Nayak JV, Patel ZM, Hwang PH. Effect of dupilumab on Eustachian tube dysfunction in patients with chronic rhinosinusitis with nasal polyposis. Int Forum Allergy Rhinol. 2023;13(8):1561-1563.
10. Lin CF, Lin YT, Liao CK, *Yeh TH. Recent Updates of Immunotherapy for Allergic Rhinitis in Children. Curr Otorhinolaryngol Rep. 2023;11(1):37-43.
11. Lin YT, Lin CF, Liao CK, *Yeh TH. Comprehensive Evaluation of Type 2 Endotype and Clinical Features in Patients with Chronic Rhinosinusitis with Nasal Polyps in Taiwan: A Cross-Sectional Study. Eur Arch Otorhinolaryngol. 2023;280(12):5379-5389.
12. Lin YT, *Yeh TH. Studies on Clinical Features, Mechanisms, and Management of Olfactory

Dysfunction Secondary to Chronic Rhinosinusitis. Front Allergy. 2022;3:835151.
13. Lee TC, Yeh TH, *Lin YT. Endonasal and endoscopic repair of nasal septal perforation with an autologous fascia lata graft. Facial Plast Surg Aesthet Med. 2022;24(4):316-317.
14. Lee YH, Wang HC, Yeh TH, Yang SH, Lin CF, Huang PH, Wang KC, Lai DM, Tseng HM, *Lin YT. Improved nasal recovery and intact olfactory function after a transseptal approach for endoscopic endonasal transsphenoidal adenomectomy: A retrospective analysis. Laryngoscope Investig Otolaryngol. 2022;7(6):1695-1703.
15. Lin YT, Lin CF, *Yeh TH. Suggestions for Endoscopic Sinus Surgery and Related Procedures During the COVID-19 Pandemic. The Journal of Taiwan Otolaryngology-Head and Neck Surgery. 2021;56(2):65-69.
16. Lin YT, Lin CF, Liao CK, Chiang BL, *Yeh TH. Clinical characteristics and cytokine profiles of central-compartment-type chronic rhinosinusitis. Int Forum Allergy Rhinol. 2021;11(7):1064-1073.
17. Lin YT, Lin CF, *Yeh TH. Influenza A virus infection induces indoleamine 2,3-dioxygenase (IDO) expression and modulates subsequent inflammatory mediators in nasal epithelial cells. Acta Otolaryngol. 2020;140(2):149-156.
18. Lin YT, Lin MH, Wu KY, *Lee YL. Secondhand smoke effects on rhinoconjunctivitis and sleep quality in an adolescent asthma study. Ann Allergy Asthma Immunol. 2020.
19. Lee YH, Young YH, *Lin YT. Visualizing Affected Nerve Bundles of Cranial Nerves VII and VIII in Herpes Zoster Oticus. Otol Neurotol. 2020;41(9).
20. Lee IT, Nakayama T, Wu CT, Goltsev Y, Jiang S, Gall PA, Liao CK, Shih LC, Schürch CM, McIlwain DR, Chu P, Borchard NA, Zarabanda D, Dholakia SS, Yang A, Kim D, Chen H, Kanie T, Lin CD, Tsai MH, Phillips KM, Kim R, Overdevest JB, Tyler MA, Yan CH, Lin CF, Lin YT, Bau DT, Tsay GJ, Patel ZM, Tsou YA, Tzankov A, Matter MS, Tai CJ, Yeh TH, Hwang PH, Nolan GP, Nayak JV, Jackson PK. ACE2 localizes to the respiratory cilia and is not increased by ACE inhibitors or ARBs. Nat Commun. 2020;11(1):5453.
21. **Chao CC, **Lin YT, Lin CF, Chiang CW, Lin HC, *Yeh TH. The clinical features of endoscopic treated isolated sphenoid sinus diseases. J Formos Med Assoc. 2020. (**Equal contribution)
22. **Shen KC, **Lin YT, Lin CF, Chang CH, *Yeh TH. Allergy accelerates the disease progression of chronic rhinosinusitis. Acta Otolaryngol. 2019;139(1):75-79. (**Equal contribution)
23. Lin YT, Lin CF, *Yeh TH. Application of the endoscopic prelacrimal recess approach to the maxillary sinus in unilateral maxillary diseases. Int Forum Allergy Rhinol. 2018;8(4):530-536.
24. Lin CF, Lin YT, Hsu YC, *Yeh TH. Decompression for thyroid eye disease: An evolving trend of multidisciplinary approach. Journal of the Formosan Medical Association. 2016;115(4):292.
25. Lin YT, Chen YC, Gau SS, Yeh TH, Fan HY, Hwang YY, *Lee LY. Associations between Allergic Diseases and Attention Deficit Hyperactivity/Oppositional Defiant Disorders in Children. Pediatric Research. 2016;80:480–485.
26. Lin YT, *Yeh TH. The epimmunome in nasal epithelium. The Journal of Taiwan Otolaryngology-Head and Neck Surgery. 2016;51(4):10-12.
27. Chen PY, Wu CC, Yang TL, Hsu CJ, *Lin YT, *Lin KN. Gradenigo syndrome caused by nontuberculous mycobacteria. Audiology and Neurotology. 2014;19(4):275-282. (*Equal contribution)
28. Lin YT, *Young YH. Retrocochlear mass lesion in mid-frequency sudden deafness. Otolaryngology–Head and Neck Surgery. 2008;138:13-17.



從分子致敏到免疫治療：過敏性鼻炎的精準管理

林怡岑 醫師

過敏性鼻炎 (allergic rhinitis, AR) 為常見的慢性上呼吸道疾病，其病理機轉已由傳統過敏原、免疫球蛋白 E(IgE) 及肥大細胞反應，逐漸擴展至上皮屏障、先天與後天免疫共同參與的複雜發炎網絡。過去研究著重於樹突細胞的抗原呈現及第二型輔助型 T 細胞 (Th2) 反應；近年則發現上皮來源細胞激素可活化第二型先天淋巴細胞 (ILC2)，進一步促進嗜酸性球發炎及第二型發炎 (type 2 inflammation)，拓展了我們對 AR 免疫機轉的理解。

臨床上，過敏性鼻炎與其他呼吸道疾病密切相關。中央腔室過敏性疾病 (central compartment atopic disease, CCAD) 呈現特徵性的中央鼻腔第二型發炎及息肉變化，凸顯吸入性過敏原與局部鼻腔免疫反應之間的關聯。CCAD 亦可能伴隨嗅覺功能障礙，其機轉除了鼻腔黏膜腫脹造成氣流阻塞外，局部發炎對嗅覺黏膜及嗅覺功能的影響亦值得重視。另一方面，從整合性呼吸道疾病 (unified airway disease) 的觀點而言，過敏性鼻炎、慢性鼻竇炎與氣喘之間共享 IgE、嗜酸性球及第二型細胞激素等部分病理機轉。因此，對於中重度或控制不佳的過敏性鼻炎患者，臨床評估不應侷限於鼻部症狀，亦應考量鼻竇疾病、嗅覺功能及下呼吸道共病。

隨著精準醫療的發展，過敏性鼻炎的診療已由單純症狀控制，逐步走向表型與內表型導向的個人化管理。結合臨床表現、過敏原特異性 IgE、分子過敏原診斷、嗜酸性球、相關共病及治療反應，可更精確辨識具有臨床意義的致敏來源及第二型發炎特徵，進而選擇適當的藥物治療與過敏原免疫治療。從分子致敏、免疫內表型到疾病修飾治療，將是過敏性鼻炎由症狀控制邁向精準疾病管理的重要方向。



蘇冠文 醫師 Kuan-Wen Su, M.D., PhD

現職：
林口長庚醫院兒童過敏氣喘風濕科主任
長庚醫院副教授級主治醫師
中華民國免疫學會 秘書長
兒童過敏氣喘免疫及風濕病醫學會 理事

學位：
長庚大學臨床醫學研究所博士
台灣大學醫學系醫學士

經歷：
哈佛大學暨麻州總醫院食物過敏中心研究員 (2017-19)
紐約西奈山醫院 Jaffe 食物過敏中心訪問醫師 (2016)
衛生福利部金門醫院小兒科主任 (2012-13)

著作 (近三年)

1. Tsai JC, Yeh KW, Yan DC, Ou LS, Wu CY, Lin LL, Huang SJ, Yao TC, Hunag JL, Su KW*. Prevalence, risk factors, and management of adult asthma in Taipei, Taiwan: A global asthma network study. J Formos Med Assoc. 2026 May 14:S0929-6646(26)00534-6.
2. Tseng WY, Su KW, Lai MW, Chen CC, Wu RC, Yeh PJ, Chao HC*. Pediatric eosinophilic esophagitis in a tertiary center in Taiwan: A cohort study. Pediatr Neonatol. 2026 May 5:S1875-9572(26)00066-5.
3. Li JH, Chen HM, Su KW, Kuo YK, Wu CH, Chen NN, Huang PW, Sun CC*. Correlation between longitudinal serum vitamin D levels and myopia in children: a prospective birth cohort analysis. BMC Ophthalmol. 2025 Mar 18;25(1):143.
4. Huang BH, Hsu JL, Huang HY, Huang JL, Yeh KW, Chen LC, Lee WI, Yao TC, Ou LS, Lin SJ, Su KW, Wu CY*. Early Anti-Drug Antibodies Predict Adalimumab Response in Juvenile Idiopathic Arthritis. Int J Mol Sci. 2025 Jan 30;26(3):1189.
5. Liao SL, Lai SH, Hsu YT, Chen LC, Tsai MH, Hua MC, Yao TC, Su KW, Yeh KW, Chiu CY, Huang SK, Huang JL*. Early postnatal and concurrent exposure to metals and neurobehavioral outcomes at 5 years: Associations with individual environmental exposures and mixtures. Neurotoxicology. 2024 Dec:105:58-66.
6. Hua MC, Su HM, Yao TC, Liao SL, Tsai MH, Su KW, Chen LC, SH Lai, Chiu CY, Yeh KW, Huang JL*. The association between human milk fatty acid composition in mothers with an elevated body mass index and infant growth changes. Clin Nutr. 2024 Jan;43(1):203-210.
7. Su KW, Yan DC, Ou LS, Lin LL, Wu CY, Huang SJ, Yao TC, Yeh KW*, Huang JL*. Rising prevalence of food allergies in Taiwan: An epidemiological study. Journal of Microbiology, Immunology, and Infection. 2023 Aug;56(4):863-870.
8. Su KW, Yan DC, Ou LS, Lin LL, Wu CY, Huang SJ, Yao TC, Yeh KW*, Huang JL*. Prevalence, associated factors, and impact of adolescent asthma in Taiwan: Global Asthma Network phase I survey. World Allergy Organ Journal. 2023 Jul 14;16(7):100794.
9. Su KW, Cetinab M, Martin VM, Virkud YV, Seay H, Nhadayo R, Rosco R, Sadreyev RI, Huang JL*, Shreffler WG*, Yuan Q*. Early infancy dysbiosis in food protein-induced enterocolitis syndrome: A prospective cohort study. Allergy 2023 Jun;78(6):1595-1604.
10. Ho KT, Su KW, Liao SL, Chiu CY, Hua MC, Huang JL, Huang YC, Chiu CH, Lin TY, Tsai MH* Longitudinal investigation of pathogenic bacterial colonization in early childhood: Emphasis on the determinants of Moraxella catarrhalis colonization. Journal of Microbiology, Immunology, and Infection. 2023 Apr;56(2):373-381.

哪些致敏真正重要？食物過敏的診斷與治療策

蘇冠文 醫師 Kuan-Wen Su, M.D., PhD
林口長庚紀念醫院 兒童過敏氣喘風濕科

Identifying clinically relevant sensitization is central to precise diagnosis and management of IgE-mediated food allergy. Skin prick testing and extract-specific IgE demonstrate sensitization but do not establish clinical allergy independently. Misinterpreting multiple positive results can lead to unnecessary food avoidance and nutritional burden. Using clinical cases, this lecture examines how molecular allergen testing and the basophil activation test (BAT) complement conventional assessment and inform treatment decisions.

Component-resolved diagnosis (CRD) characterizes IgE recognition of individual proteins, helping distinguish primary food sensitization from cross-reactivity. Peanut storage protein Ara h 2 and pollen-related Ara h 8 illustrate the importance of interpreting sensitization profiles rather than extract positivity alone. Recognition of heat-stable milk casein (Bos d 8) and egg ovomucoid (Gal d 1) provides clues to reactivity to heated or baked foods, although these results cannot independently establish safe ingestion. Shrimp and crab allergy illustrate additional challenges: tropomyosin cross-reactivity with house dust mite and geographical differences in relevant components require contextual interpretation. Component results should be considered alongside clinical history and pretest probability; they cannot independently predict an individual's reaction severity.

BAT adds a functional assessment by measuring allergen-induced CD63 or CD203c expression on basophils using flow cytometry. It can help distinguish sensitized but tolerant individuals from patients with clinical allergy when history and conventional tests are inconclusive. Current guidelines support BAT in selected equivocal cases of peanut or sesame allergy, whereas broader applications, including shellfish allergy, require further validation. Integrating BAT with history and CRD may reduce the need for some oral food challenges (OFCs). Implementation requires timely processing of fresh samples, recognition of basophil nonresponders, and standardized protocols. OFC remains the reference standard when diagnostic uncertainty persists.

Accurate diagnosis should translate into targeted avoidance of confirmed allergens, continued consumption of tolerated foods, and supervised OFCs when considering dietary expansion. After confirmation, individualized management includes an emergency plan with epinephrine and shared decisions about oral immunotherapy or omalizumab according to clinical risk and patient goals. Molecular and functional tests should support clinical decisions that improve safety, nutrition, and quality of life.





林騰立 醫師 Teng-Li Lin

學歷：

2022-2026　國立陽明交通大學 跨領域醫學博士學位學程
2007-2014　國立陽明大學 醫學系

經歷：

2022- 迄今　大林慈濟皮膚科主治醫師
2020-2021　台中榮總皮膚科主治醫師
2016-2020　台中榮總皮膚科住院醫師

近年代表著作：

1. Lin TL, et al. Real-World Safety of JAK Inhibitors in Skin Immune-Mediated Inflammatory Diseases: Boxed Warning Outcomes from a Multinational Cohort Study. Clin Pharmacol Ther. 2026 Jun;119(6):1628-1637.
2. Fan YH, Fan KS, Lin TL*. Comparative Hazards of Ocular Surface Disorders with IL-4/13 versus IL-13 Inhibitors in Atopic Dermatitis: A TriNetX Database Study. J Am Acad Dermatol. 2026 Jun;94(6):1848-1850.
3. Lin TL, et al. Psoriatic arthritis risk in psoriasis patients receiving anti-IL-23 vs anti-IL-17: comparison of drug classes and individual agents. Rheumatology (Oxford). 2026 Jan 8;65(1):keaf489.
4. Lin TL, et al. Psoriasis risk in atopic dermatitis patients treated with dupilumab. JAMA Dermatol. 2025;161(8):813-821.
5. Lin TL, et al. Cardiovascular disease risk in patients with psoriasis receiving biologics targeting TNF-α, IL-12/23, IL-17, and IL-23: A population-based retrospective cohort study. PLoS Med. 2025 Apr 17;22(4):e1004591.
6. Lin TL, et al. Dupilumab impact on psychiatric and sleep disorder risk reduction in atopic dermatitis: A population-based cohort study. Ann Allergy Asthma Immunol. 2025 Mar;134(3):333-340.e6.
7. Lin TL, et al. Reduced atopic march risk in pediatric atopic dermatitis patients prescribed dupilumab versus conventional immunomodulatory therapy: a population-based cohort study. J Am Acad Dermatol. 2024 Sep;91(3):466-473.

Education：

2007-2014 MD, National Yang-Ming University, Taipei, Taiwan
2022-2026 PhD, PhD Program of Interdisciplinary Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan

Positions and Employment：

2016-2020 Resident, Department of Dermatology, Taichung Veterans General Hospital
2020-2021 Attending physician, Department of Dermatology, Taichung Veterans General Hospital
2022-present Attending physician, Department of Dermatology, Dalin Tzu Chi Hospital

Selected Publications (Recent Years)：

1. Lin TL, et al. Real-World Safety of JAK Inhibitors in Skin Immune-Mediated Inflammatory Diseases: Boxed Warning Outcomes from a Multinational Cohort Study. Clin Pharmacol Ther. 2026 Jun;119(6):1628-1637.
2. Fan YH, Fan KS, Lin TL*. Comparative Hazards of Ocular Surface Disorders with IL-4/13 versus IL-13 Inhibitors in Atopic Dermatitis: A TriNetX Database Study. J Am Acad Dermatol. 2026 Jun;94(6):1848-1850.
3. Lin TL, et al. Psoriatic arthritis risk in psoriasis patients receiving anti-IL-23 vs anti-IL-17: comparison of drug classes and individual agents. Rheumatology (Oxford). 2026 Jan 8;65(1):keaf489.
4. Lin TL, et al. Psoriasis risk in atopic dermatitis patients treated with dupilumab. JAMA Dermatol. 2025;161(8):813-821.
5. Lin TL, et al. Cardiovascular disease risk in patients with psoriasis receiving biologics targeting TNF-α, IL-12/23, IL-17, and IL-23: A population-based retrospective cohort study. PLoS Med. 2025 Apr 17;22(4):e1004591.
6. Lin TL, et al. Dupilumab impact on psychiatric and sleep disorder risk reduction in atopic dermatitis: A population-based cohort study. Ann Allergy Asthma Immunol. 2025 Mar;134(3):333-340.e6.
7. Lin TL, et al. Reduced atopic march risk in pediatric atopic dermatitis patients prescribed dupilumab versus conventional immunomodulatory therapy: a population-based cohort study. J Am Acad Dermatol. 2024 Sep;91(3):466-473



Atopic Dermatitis Sensitization Profiles and Their Clinical Relevance

林騰立 醫師 Teng-Li Lin

Atopic dermatitis (AD) is a complex inflammatory skin disease in which epidermal barrier dysfunction, type 2 immune activation, and environmental and allergen-related factors interact to shape clinical manifestations. Allergen sensitization is frequently detected in patients with AD, particularly in those with early-onset or more severe disease. However, the clinical interpretation of sensitization remains challenging, particularly because a positive serum-specific immunoglobulin E (sIgE) result does not necessarily indicate clinically relevant allergy.

Understanding common patterns of allergen sensitization in patients with AD, as well as the clinical relevance and limitations of sIgE testing and component-resolved diagnostics (CRD), is important in the clinical care of AD. Sensitization to food, inhalant, and other relevant allergens should be interpreted in the context of clinical manifestations to distinguish sensitization from clinical allergy and to further characterize patterns of primary sensitization and cross-reactivity. These sensitization profiles may also be associated with disease severity, endophenotypes, allergic comorbidities, and potentially treatment response.

In the clinical management of AD, allergen sensitization findings may provide useful information but should be interpreted in conjunction with the clinical history and disease phenotype. Appropriate use and interpretation of allergen testing may help identify patients who could benefit from further targeted evaluation or intervention, while avoiding indiscriminate testing and unnecessary dietary elimination.



歐良修 醫師 Liang-Shiou Ou, MD

現職：
台灣過敏氣喘暨臨床免疫醫學會理事長
台灣兒科醫學會副理事長
林口長庚兒童過敏氣喘風濕科學術組副教授
林口長庚醫學教育委員會副主席
長庚大學醫學系系輔導老師
台灣兒童過敏氣喘免疫及風濕病醫學常務理事

學經歷：
台北醫學大學醫學系
林口長庚兒科住院醫師
林口長庚兒童過敏氣喘風濕科研究員
美國丹佛 NJC 兒童過敏免疫研究員
澳洲 Flinders University 醫學教育碩士。
醫聲室內樂團前執行長

專長：
兒童過敏疾病 (氣喘、過敏性鼻炎、異位性皮膚炎、過敏性皮膚炎) 兒童風濕病 (紅斑性狼瘡、幼年類風濕性關節炎、皮肌炎等)
醫學教育



過敏檢測會改變您的治療決策嗎？

歐良修 醫師 Liang-Shiou Ou, MD

今天議程涵蓋塵蟎致敏與氣喘、過敏性鼻炎的免疫治療、食物過敏的診斷，以及異位性皮膚炎的致敏圖譜。綜合討論聚焦於過敏檢測的臨床價值，探討如何結合病史、暴露及症狀，判讀致敏結果，並據以選擇後續檢查或治療。

一　如何判斷致敏與症狀的關聯

皮膚點刺試驗或血清特異性 IgE 陽性表示致敏。其臨床意義須依暴露途徑、症狀時序及反應的可重現性判斷。氣喘或鼻炎病人若有多項吸入性過敏原陽性，哪些暴露最能解釋症狀？異位性皮膚炎病人何時可以攝取檢測陽性的食物而無須限制飲食？

二　何時值得加做分子檢測

當病史與常規檢測結果不一致，或多項陽性可能涉及交叉反應時，可考慮針對性分子檢測。例如，疑似花生或腰果過敏時，特定分子成分可補充診斷資訊。若整合病史與檢測後仍有疑問，且診斷將影響飲食處置，可評估在醫療監督下進行口服食物激發試驗。

三　哪些結果足以改變處置

選擇過敏原免疫治療標的時，應聚焦於與症狀相關且經檢測確認的過敏原。合併氣喘者，應先評估控制程度及治療安全性。疑似食物過敏時，應依反應史選擇檢測項目，並據以評估是否需要迴避或進一步確認診斷。異位性皮膚炎宜先檢視皮膚治療是否充分，再依具體反應史評估可疑食物。

總之開立檢測前，我們可先推演兩種結果：若為陽性，將改變哪一項處置？若為陰性，又會採取什麼下一步？這兩個問題可作為判斷檢測是否值得進行的依據。



徐世達 教授 Shyh-Dar Shyur, M.D.

President, Taiwan Hereditary Angioedema Rare Disease Care Association
Clinical professor, Mackay Medical University, School of Medicine
Honorary President, Taiwan association of asthma education
Senior attending physician, MacKay Children’ s Hospital

Education:

1976-1981: Graduate from Taipei Medical College with first grade.
1981-1982: Internship at National Taiwan University Hospital (Best intern and first grade).
1990-1991: Postdoctoral research fellow at University of Utah, School of Medicine, Salt Lake City, U.S.A.

Academic Experience:

2000-now:	Help completion of national asthma chronic care program
2004-2010:	President of Taiwan association of asthma education
2005-2011:	President of Taiwan Association of Asthmatics
2008-2011:	President of Taiwan Academy of Pediatric Allergy, Asthma, and Immunology
2017:	Help hereditary angioedema (HAE) became one of our official rare diseases
2022- :	President, Taiwan Hereditary Angioedema Rare Disease Care Association
2026:	Awarded 2025 NHQA (National Healthcare Quality Award) Platinum Award for Outstanding Medical Care

Specialty:

Pediatric Allergy, Immunology and Rheumatology, esp. in rare diseases and primary immunodeficiency.

He has 109 peer-reviewed articles (84 as First or Corresponding Authors).
Dermatol. 2024 Sep;91(3):466-473.



A new Era for HAE treatment: From treating attacks to preventing attacks

徐世達 教授 Shyh-Dar Shyur, M.D.
台灣遺傳性血管性水腫罕病關懷協會理事長
馬偕兒童醫院過敏免疫風濕科 徐世達醫師

遺傳性血管性水腫 (HAE) 是由 C1 抑制物 (C1-INH)（SERPING1）缺乏一種體染色體顯性遺傳性疾病。C1-INH 的基因編碼在染色體 11q11-q13.1。遺傳性血管水腫的主要臨床表現為全身到處皆會產生的局部皮下或粘膜下水腫反覆發作。遺傳性血管性水腫的發作可以經由自發性 (60%) 或經由誘發因子 (40%) 而誘發。誘發因子主要為外傷、牙科手術、外科手術和緊張壓力性生活事件包括旅行等。粘膜下水腫如果涉及喉頭水腫會危及病人生命，此狀況常發生於呈現面部水腫的高危險性病人。避免誘發因子合併藥物治療是遺傳性血管性水腫病人的最佳處置方式。HAE 的藥物治療原則分為三階段病況使用：1. 緊急藥物的使用（on demand therapy）：則可使用隨身攜帶的皮下注射 Icatibant(FIRAZYR®)(2 歲以上) 。也可自行靜脈注射血漿純化的濃縮 C1 酯酶抑制劑 Berinert®(6 歲以上) 或攜帶醫師處方的 Berinert® 到媒合醫院進行靜脈注射處置。如果沒有 Icatibant(FIRAZYR®) 或 C1 酯酶抑制劑 Berinert® 可以急救，則需使用兩個單位的 FFP 治療。此劑量可以重複每兩至四個小時，直到有臨床改善。有時病人需要加護病房呼吸治療、插管和氣管切開術。2. 短期 / 術前預防治療：目前建議使用的第一線藥物為靜脈注射血漿純化的濃縮 C1 酯酶抑制劑 Berinert® 於手術或檢查前 1-12 小時使用。如果無法取得 C1 酯酶抑制劑 Berinert®，則可以使用的第二線藥物為 Danazol 每天 200 - 400 毫克於接觸誘發因子 5-7 天前至事件發生後 2 天。3. 對於長期預防治療：則有 Lanadelumab (Takhzyro®) 經由抑制 Kallikrein 減少 Bradykinin 的產生。目前台灣核准用於 12 歲以上過去 4 週內至少具 3 次以上之急性發作，或曾經有過危及生命之發作。另有由 FDA 於 2025 年 06 月 16 日認證的 Anti-FXIIa inhibitor（活化第十二凝血因子 (FXII) 專一性抑制劑）Garadacimab；Andembry®。目前台灣核准用於 12 歲以上第一型及第二型遺傳性血管性水腫 (HAE) 反覆發作 (三個月內反覆發作 3 次以上或曾有過危及生命發作) 病人的長期預防使用。

本次演講內容將就 HAE 罕病的最新研究發展、疾病分類、致病機轉、最新藥物治療機轉與原則以及馬偕紀念醫院照護 HAE 病人的臨床經驗進行分享報告。



洪莉婷 醫師

Education Background：

2003-2010 M.D. Department of medicine, Taipei Medical University, Taiwan

Professional Career：

2010.9~2015.8: Residency, Department of Otolaryngology, Head and Neck Surgery, Taipei Veterans General Hospital, Taiwan
2015.9-2016.8 : Fellowship, Department of Otolaryngology, Head and Neck Surgery, Taipei Veterans General Hospital, Taiwan
2016.9-2018.10: Attending physician, Department of Otolaryngology, New Taipei City Hospital, Taipei, Taiwan
2018.11- now : Attending physician, Department of Otolaryngology, Head and Neck Surgery, Taipei Veterans General Hospital, Taiwan
2020.12-2023.11 : Vice- Secretory General, Taiwan Academy of Facial Plastic and Reconstructive Surgery
2023.12-2024.11: Visiting scholar of Stanford University, Rhinology Department, USA
2016.9-2018.10: 新北市立聯合醫院 主治醫師
2018.11- 現在 : 臺北榮民總醫院 耳鼻喉頭頸醫學部 主治醫師
2020.12-2023.11 : 社團法人台灣顏面整形重建外科醫學會 副秘書長
2023.12-2024.11: 美國史丹佛大學進修鼻科及顱底手術

Publications：

1. Ho NH, Hung LT (coauthor), Kuan EC,Ho CY, Hsu CC, Lan MY. Combination of Sinus Plain Film & Sinus Ultrasound as a Screening Tool for Maxillary Fungal Sinusitis. J Chin Med Assoc. 2021 Nov 22.
2. Chien PJ, Hung LT, Wang LW, Yang MH, Chu PY. Oncologic results and quality of life in patients with T3 glottic cancer after transoral laser microsurgery. Eur Arch Otorhinolaryngol (2021)
3. Hung LT, Huang HI, Wang LW, Yang MH, Chu PY*. Oncologic results and quality of life in patients with squamous cell carcinoma of hypopharynx after transoral laser microsurgery. Lasers Surg Med. 2018 Feb;50(2):117-124.
4. Hung LT, Hsu CH, Ho CY*. Isolated Inverted Papilloma of the Sphenoid Sinus. The Journal of Taiwan Otolaryngology-Head and Neck Surgery 2015; (50)3: 159 - 165

Conference paper:

1. Hung LT, Chu PY*Analysis of treatment outcomes of locally advanced laryngeal cancer in elderly patients - Experience of Taipei Veterans General Hospital. The 100th Taiwan Otolaryngology Society Congress, May 2016.
2. Hung LT, Chu PY* Transoral Laser Microsurgery in the Management of T3 glottic cancer- Experience of Taipei Veterans General Hospital. The 99th Taiwan Otolaryngology Society Congress, Nov. 2015.
3. Hung LT, Ho CY* Olfactory Impairment After Endoscopic Transsphenoidal Pituitary Surgery. The 97th Taiwan Otolaryngology Society Congress, Nov. 2014.
4. Hung LT, Ho CY, Lee CA, Hsu CC, Lan MY* Using Image J Platform in Analysis of Sinus X-ray for Assisting Diagnosis of Fungal Sinusitis. The 106th Taiwan Otolaryngology Society Congress, May 2019.
5. Hung LT, Luo TY, Wei PY, Yen CY, Lirng CF, Yang MH, Luo WL, Ho HY, Chu PY* Application of artificial intelligence for evaluation of cervical lymph node metastasis in head and neck cancer. The 107th Taiwan Otolaryngology Society Congress, Nov. 2019.
6. Chien PJ, Hung LT, Chu PY* Long-Term Follow-Up of Patients with T3 Glottic Cancer After Transoral Laser Microsurgery. The 107th Taiwan Otolaryngology Society Congress, Nov. 2019.
7. Chien PJ, Hung LT, Chu PY* Transoral Laser Microsurgery in the Management of T3 Glottic Cancer - Experience of Taipei Veterans General Hospital. The 15th Japan-Taiwan Conference on Otolaryngology-Head and Neck Surgery; 2019 Dec 6-7, Fukuoka, Japan
8. Hung LT, Ho NH, Kuan EC,Ho CY, Hsu CC, Lan MY* Combined use of sinus echo and sinus routine in assisting diagnosing fungal sinusitis. The 109th Taiwan Otolaryngology Society Congress, Nov. 2020.
9. Hung LT, Chao YT, Lan MY* Using Ultrasound in Assisting Diagnosis of Maxillary Mucocele After Caldwell-Luc Procedure. The 111th Taiwan Otolaryngology Society Congress, Nov. 2021.
10. Hung LT, Yeh CF, Lee TL, Ho CY, Chao YT, Lan MY* Neck dissection as a salvage procedure for persistent or recurrent neck disease after chemoradiotherapy in patients with nasopharyngeal cancer. The 112th Taiwan Otolaryngology Society Congress, Jul. 2022.
11. Macrolide treatment in chronic rhinosinusitis. 2023, 16th Taiwan-Japan Conference on Otolaryngology Head and Neck surgery 12. Hung LT, Yeh CF, Lee TL, Ho CY, Chao YT, Lan MY* Neck dissection as a salvage procedure for persistent or recurrent neck disease after chemoradiotherapy in patients with nasopharyngeal cancer. The 112th Taiwan Otolaryngology Society Congress, May. 2024.



魏正宗 教授
James Cheng-Chung Wei, MD, PhD, FACR

現職：
中山醫學大學醫學研究所 教授
中山醫學大學附設醫院過敏免疫風濕科 主治醫師
中國醫藥大學中西醫結合研究所 兼任教授
台灣醫學大數據研究學會 理事長
International Journal of Rheumatic Diseases 總主編

學歷與研修：
中山醫學大學醫學研究所 博士
國立陽明大學醫學系
美國加州大學洛杉磯分校（UCLA）免疫風濕實驗室 研究員
英國皇家國立風濕病醫院（RNHRD）研究進修

重要經歷：
曾任中山醫學大學附設醫院副院長、過敏免疫風濕科主任、人體試驗委員會主任委員及臨床試驗中心主任；
中華民國僵直性脊椎炎關懷協會理事長

專業領域與榮譽：
自體免疫、過敏與風濕疾病；臨床試驗；真實世界資料與醫療大數據研究。
美國風濕病學院院士（FACR）
2023-2026 年全球前 2% 科學家
Google H index 56, Total citations 23000+，發表 800 多篇學術論文，執行 200 多例跨國臨床試驗， 50 餘件主持人自行發起之臨床實驗



AI 時代的過敏免疫醫學：大數據、真實世界證據與精準照護

魏正宗 教授 James Cheng-Chung Wei, MD, PhD.
中山醫學大學醫學研究所
中山醫學大學附設醫院過敏免疫風濕科

本演講以過敏免疫疾病的臨床問題為起點，介紹大數據與真實世界證據在研究及照護中的應用方向，並討論如何將資料分析轉化為可檢驗、可解讀的臨床證據。內容涵蓋電子病歷、醫療資料庫及生物標記的整合，從研究問題、族群定義、暴露與結局設定，到追蹤起點及時間窗的規劃，說明研究設計如何影響結果的可信度。

演講將以目標試驗模擬與傾向分數配對為例，討論混雜、選擇偏差及時間相關偏差的辨識與處理，並強調殘餘混雜與資料限制的審慎解讀。同時，將檢視資料品質、缺失值、族群代表性、跨場域適用性與隱私治理，期望協助臨床與研究工作者掌握從臨床提問、資料分析到證據應用的思考架構，在辨識技術潛力的同時，維持對因果推論與臨床效益的嚴謹判斷。

最後，將以本團隊發表之健保資料庫及 TriNetX 全球電子病歷聯盟之高分論文為例，說明大數據研究如何回答臨床重要問題。



邱志勇 教授
Prof. Chih-Yung Chiu, MD. PhD.

Introduction：

Professor Chiu is a pediatrician and has finished his Ph.D. training at Imperial College London. He is a co-principal investigator of a birth cohort study in the Prediction of Allergies in Taiwanese Children (PATCH) joint study initiating since 2007 to investigate the epidemiology and predictive factors of asthma and allergies in Taiwanese children. Many clinical studies regarding this birth cohort have been done and published. In addition, his research interests have long involved in genomics, proteomics, microbiomics, metabolomics, and biological sciences for pediatric diseases. Current research works in his laboratory focus on three main pulmonary diseases including asthma, bronchopulmonary dysplasia, and spontaneous pneumothorax in children. The major study field of his research is to apply metabolomics techniques, including 1H-NMR spectroscopy, for further understanding the development of complex pediatric atopic diseases such as asthma and atopic dermatitis, with the aim of providing protective or therapeutic strategies in clinics, utilizing principles of precision medicine.

研究簡介

在先前過敏氣喘生物標記的研究分析後，進一步以代謝體學來分析孩童代謝物與氣喘發生的相關性。首先，我們分析了正常無過敏症狀的孩童，充分了解到尿液中動態的代謝物變化，並且發現生長發育及年齡相關的代謝物 (CYC et al. PLoS One. 2016)。再進一步的研究發現與氣喘發生相關的代謝物。不僅如此，更發現這些代謝物的產生與身體內腸胃道微生物有著密切的關係 (CYC et al. Pediatr Allergy Immunol. 2018)。黏膜的微生物叢及免疫細胞之間的相互作用，對於免疫系統來說非常重要的。微生物叢不僅調節免疫耐受性，而且相信對黏膜發炎的調節也是必須的。微生物叢改變，因此可能潛在地調節宿主的免疫反應。在進一步分析呼吸道上微生物叢與過敏性呼吸道疾病發生的關係發現，呼吸道微生物叢失衡與塵蟎致敏性造成的過敏性鼻炎和氣喘有著相當大的關係 (CYC et al. Sci Rep. 2017)。

基於上面所述的研究成果發現，孩童氣喘的發生與尿液中與微生物相關的代謝物有關。同時，孩童氣喘也發現與呼吸道的微生物叢失衡有關。這些發現再再的顯示過敏原的暴露，微生物叢及身體代謝物間有著密不可分的關係。在接下來的研究就發現腸道微生物菌叢失衡相關的過敏原特異性免疫球蛋白 E 跟孩童呼吸道過敏有關 (CYC et al. World Allergy Organization. 2019)。並且，藉著結合代謝質體學以及微生物體學研究發現，腸道微生物產生的丁酸鹽與兒童氣喘過敏原免疫球蛋白 E 的過敏反應有關 (CYC et al. Pediatr Allergy Immunol. 2019)。最終期望能藉由這些研究成果，提供一個具有潛力的策略來預防及治療台灣兒童過敏性呼吸道疾病並降低負擔，以實現個人化的精準醫療。

Multi-Omics papers published as first or corresponding author within the last 3 years:

1. Chih-Yung Chiu, Gigin Lin, Chia-Jung Wang, Shuen-Iu Hung, Wen-Hung Chung. Metabolomics reveals microbial-derived metabolites associated with immunoglobulin E responses in filaggrin-related atopic dermatitis. Pediatr Allergy Immunol. 2021 Nov;32(8):1709-1717. doi: 10.1111/pai.13570. (SCI; IF= 6.372; Pediatrics 6/128).
2. Chih-Yung Chiu*, Mei-Ling Cheng, Meng-Han Chiang, Chia-Jung Wang, Ming-Han Tsai, Gigin Lin. Integrated metabolic and microbial analysis reveals host-microbial interactions in IgE-mediated childhood asthma. Sci Rep. 2021 Dec 3;11(1):23407. doi: 10.1038/s41598-021-02925-5.
3. Ching-Min Tang, Gigin Lin, Meng-Han Chiang, Kuo-Wei Yeh, Jing-Long Huang, Kuan-Wen Su, Ming-Han Tsai, Man-Chin Hua, Sui-Ling Liao, Shen-Hao Lai, Chih-Yung Chiu*. Longitudinal Metabolomic Analysis Reveals Gut Microbial-Derived Metabolites Related to Formula Feeding and Milk Sensitization Development in Infancy. Metabolites. 2022 Jan 28;12(2):127. doi: 10.3390/metabo12020127.
4. Yu-Ho Chang, Kuo-Wei Yeh, Jing-Long Huang, Kuan-Wen Su, Ming-Han Tsai, Man-Chin Hua, Sui-Ling Liao, Shen-Hao Lai, Li-Chen Chen, Chih-Yung Chiu*. Metabolomics analysis reveals molecular linkages for the impact of vitamin D on childhood allergic airway diseases. Pediatr Allergy Immunol. 2022 May;33(5):e13785. doi: 10.1111/pai.13785. (SCI; IF= 6.372; Pediatrics 6/128).
5. Chih-Yung Chiu, Ko-Chun Chang, Lun-Ching Chang, Chia-Jung Wang, Wen-Hung Chung, Wen-Ping Hsieh, Shih-Chi Su. Phenotype-specific signatures of systems-level gut microbiome associated with childhood airway allergies. Pediatr Allergy Immunol. 2023 Jan;34(1):e13905. doi: 10.1111/pai.13905. (SCI; IF= 4.4; Pediatrics 13/130).
6. Pei-Shin Gu, Kuan-Wen Su, Kuo-Wei Yeh, Jing-Long Huang, Fu-Sung Lo, Chih-Yung Chiu*. Metabolomics Analysis Reveals Molecular Signatures of Metabolic Complexity in Children with Hypercholesterolemia. Nutrients 2023, 15(7), 1726; https://doi.org/10.3390/nu15071726. (SCI; IF= 5.9; Nutrition & Dietetics 17/88).
7. Pei-Ling Chen, Shuen-Iu Hung, Wen-Hung Chung, Chun-Bing Chen, Chieh-Ni Kuo, Yin-Ku Lin, Chih-Yung Chiu*. T-cell receptor diversity and allergen sensitivity in childhood asthma and atopic dermatitis. Pediatr Allergy Immunol. 2024 May;35(5):e14143. doi: 10.1111/pai.14143. (SCI; IF= 4.3; Pediatrics 10/186).
8. An-Shine Chao, Chiao-Yun Lin, Meng-Han Chiang, Kuan-Ying Lu, Cheng-Kun Tsai, Kuan-Ju Chen, Chih-Wei Chien, Ting-Shu Wu, Yao-Lung Chang, Angel Chao, Gigin Lin, Chih-Yung Chiu*. Metabolomic profiling of maternal plasma identifies inverse associations of acetate and urea with anti-SARS-CoV-2 antibody titers following COVID-19 vaccination during pregnancy. Journal of Molecular Medicine 2024. https://doi.org/10.1007/s00109-024-02438-4. (SCI; IF= 4.7; Genetics & Heredity 34/171).
9. Chih-Yung Chiu, Meng-Han Chiang, Chieh-Ni Kuo, Mei-Ling Cheng*, Gigin Lin*. Multi-biofluid metabolomics analysis of allergic respiratory rhinitis and asthma in early childhood. World Allergy Organization Journal; 2025 Jan, 18: 1101013. (SCI; IF: 3.9; Allergy (14/39).
10. Chih-Yung Chiu*, Meng-Han Chiang, Chieh-Ni Kuo, Kuan-Wen Su, Jing-Long Huang, Kuo-Wei Yeh*. Longitudinal metabolomics insights into feeding patterns, overweight/obesity, and atopic diseases from birth to childhood. Pediatr Allergy Immunol. 2025 Jun;36(6):e70119. doi: 10.1111/pai.70119.
11. Jin-Ling Ku, Kuan-Wen Su, Meng-Han Chiang, Chieh-Ni Kuo, Kuo-Wei Yeh, Jing-Long Huang, Chih-Yung Chiu. Metabolomics-Based Analysis Linking Oxidative Stress-Related Branched-Chain Amino Acid (BCAA) Pathway with Atopic Indices to Childhood Allergies. Antioxidants (Basel). 2026 Jun 5;15(6):720. doi: 10.3390/antiox15060720.

兒童呼吸道過敏的微生物新視野：從生命早期暴露到精準照護

邱志勇 教授 Prof. Chih-Yung Chiu, MD. PhD.

Childhood airway allergic diseases, primarily asthma and allergic rhinitis, represent complex immune-mediated disorders shaped by early-life environmental exposures, microbial colonizations, and host metabolic responses. Emerging evidence from longitudinal birth cohort studies, such as the Prediction of Allergies in Taiwanese Children (PATCH) cohort has transformed our understanding of pediatric allergy pathogenesis. Integrating high-resolution microbiomics (16S rRNA and shotgun metagenomics) with clinical metabolomics (1H-NMR spectroscopy) elucidates intricate host–microbiome–metabolite interactions in pediatric allergy pathogenesis.

Airway microbial profiling demonstrates that reduced upper respiratory tract alpha-diversity is inversely associated with house dust mite (HDM) sensitization, allergic rhinitis, and asthma in early childhood. Simultaneously, gut microbial dysbiosis correlates significantly with elevated serum and fecal allergen-specific IgE levels. Crucially, gut-derived short-chain fatty acids (SCFAs), particularly butyrate produced via carbohydrate fermentation by carbohydrate-active enzymes (CAZymes), maintain intestinal mucosal barrier integrity by regulating tight junction proteins, thereby blocking allergen penetration into systemic circulation. Fecal butyrate levels are markedly reduced in asthmatic children and demonstrate a significant inverse correlation with allergen-specific IgE responses.

Integrating shotgun metagenomic sequencing with untargeted NMR metabolomics unveils complex functional metabolic networks. Microbial pathways, such as glycan and peptidoglycan biosynthesis, interact with systemic host metabolites (including amino acids, purines, and energy metabolites) to modulate immune responses across the gut and lungs. Furthermore, longitudinal urinary and fecal metabolomic profiling identifies key metabolic biomarker signatures associated with asthma onset in early childhood.

Translating these multi-omics insights into clinical applications, machine learning algorithms (including PLS-DA and SVM) trained on non-invasive fecal metabolite profiles (butyric, propionic, acetic, and fumaric acids, and ethanol) achieve superior performance in detecting childhood asthma risk. This panel yields an area under the curve (AUC) of 0.91 to 0.93, average accuracy of 82% to 84%, sensitivity of 82% to 91%, and specificity of 82%. Notably, this non-invasive, blood-free method dramatically outperforms traditional total IgE testing, which exhibits a very low specificity of approximately 5%.

In summary, multi-omics profiling establishes that early-life gut and airway dysbiosis, along with SCFA depletion, play a central role in pediatric airway allergy susceptibility. Early intervention strategies aimed at restoring SCFA production, through dietary fiber supplementation or targeted microbiota therapies, offer promising avenues for precision prevention, accurate risk screening, and personalized clinical management of pediatric airway allergies.





林哲儀 醫師 Che Yi Lin, MD, MMS

現職：
臺大醫院暨臺大兒童醫院　主治醫師
國立臺灣大學醫學院　臨床講師

學歷：
2006　國立臺灣大學醫學院　醫學士
2017　國立臺灣大學醫學院臨床醫學研究所　醫學碩士
2023 年至今　國立臺灣大學醫學院臨床醫學研究所　博士班

經歷：
2006–2011　臺大醫院　住院醫師
2012–2015　臺大醫院雲林分院　主治醫師
2016 年至今　臺大醫院暨臺大兒童醫院　主治醫師
2019 年至今　國立臺灣大學醫學院　臨床講師

研究專長：
小兒耳鼻喉科、頭頸部超音波、兒童呼吸道疾病

學會參與：
臺灣小兒耳鼻喉科醫學會　會員暨秘書長（2021 年至今）
臺灣耳鼻喉頭頸外科醫學會　會員（2011 年至今）
美國小兒耳鼻喉科醫學會（ASPO）國際會員
中華民國醫用超音波學會　會員暨講師
ASPO(Asia-Pacific Pediatric Otolaryngology Group) 會員



從夜不成眠到安穩好眠：兒童睡眠呼吸障礙至成人睡眠呼吸中止症的過敏性鼻炎整合照護

林哲儀 醫師
台大兒童醫院

兒童睡眠呼吸障礙（Sleep-Disordered Breathing, SDB）常以打鼾、鼻塞及張口呼吸等症狀表現，不僅影響睡眠品質，也可能與兒童的認知、行為及生長發育相關。過敏性鼻炎（Allergic Rhinitis, AR）是兒童最常見的慢性疾病，其所造成的鼻阻塞與睡眠干擾，可能進一步影響上呼吸道功能，並與阻塞性睡眠呼吸中止症（Obstructive Sleep Apnea, OSA）產生交互影響。本題將以小兒耳鼻喉科醫師的觀點切入，從兒童上呼吸道解剖與睡眠呼吸障礙的臨床表現出發，探討過敏性鼻炎、腺樣體及扁桃腺肥大等因素在睡眠呼吸障礙中的角色，分享耳鼻喉科醫師在臨床評估、藥物治療、手術介入及術後追蹤的整合照護策略。此外，亦將延伸討論兒童睡眠呼吸障礙的預後與長期變化，分析兒童鼻部構造與疾病在成長過程中可能影響至青少年甚至成人之睡眠呼吸中止症的相關因素，期能提供在多專科介入下，對過敏性鼻炎與睡眠障礙疾病之早期辨識、多專科處置與長期共同照護的臨床參考。