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Editorial ........................................................................................................................................ 212
Opinion :
MEDICAL MOLECULAR SURGERY .......................................................................................... 213
(Puruhito)

EXPRESSION OF bcl-2 AND p53 IN UTERINE CERVICAL CANCER ........................................ 214
(Endang Yoewarin)

THE PATTERN OF IMMUNOPATHOBILOGICAL RESPONSE IN ORAL MUCOSA TO DISCLOSE THE IMMUNOPATHOBIGENESIS OF Candida albicans INFECTION IN PATIENTS WITH DIABETES MELLITUS .......................................................... 216
(Hariina)

EFFICACY OF LOW DOSE SUBLINGUAL IMMUNOTHERAPY IN CHILDHOOD ASTHMA ...... 223
(Aryanto Harsono)

STATURE AND WEIGHT OF INDONESIAN CHILDREN COMPARED TO NCHS-REFERENCE 228
(Susy Kristiani, Toetik Koesbardjati and Josef Glinka SVD)

Review Article and Clinical Experience :
THE ROLES OF MICRONUTRIENTS IN THE TREATMENT OF DIABETES MELLITUS (Focus on Chromium and Specific Nutrients) ................................................................................................. 234
(Askandar Tjokroprawiro)

THE LATEST CLINICAL EPIDEMIOLOGICAL DATA OF ISCHEMIC AND HEMORRHAGIC STROKE PATIENTS IN SURABAYA AND THE SURROUNDINGS A Hospital-Based Study .......................................................................................................................... 242
(Moh Haslan Mashfoed)

POSTNATAL DEPRESSION IN THREE HOSPITALS IN SURABAYA 251
(Endang Warsiki et al)

THE ATTITUDE IMPROVEMENT AMONG COMMUNITY HEALTH CENTER STAFF IN MANAGING THE RISK AND RESOLVING MALNUTRITION IN UNDERIVES BY USING ESTIMATION SCORE ......................................... 259
(Sri Umijati)

THE DIFFERENCE BETWEEN ADOLESCENTS WITH AND WITHOUT CONDUCT DISORDER IN ASSESSING THEIR FAMILY FUNCTION .................................................................................. 264
(Lestari Basoeki Soeharjono)

SUBTOTAL PANCREATECTOMY FOR PERSISTENT HYPERINSULINEMIA HYPOGLYCEMIA IN NEONATE (A CASE REPORT) ........................................................................................................ 269
(Sylvati Thahir Damanik et al)

Abstrak ........................................................................................................................................ 277

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| Folial Medica | Vol. 39 | No. 4 | Page 212-279 | Oct - Dec 2003 | ISSN 0303-7932 |
# Table of Contents

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EDITORIAL Vol 39 No 4 2003</td>
<td>212 - 212</td>
</tr>
<tr>
<td>2</td>
<td>OPINION: MEDICAL MOLECULAR SURGERY</td>
<td>213 - 213</td>
</tr>
<tr>
<td>3</td>
<td>Expression of Bcl-2 and P53 in Uterine Cervical Cancer</td>
<td>214 - 215</td>
</tr>
<tr>
<td>4</td>
<td>The Pattern of Immunopathobiological Response in Oral Mucosa to Disclose The Immunopathobiogenesis of Candida Albicans Infection in Patients with Diabetes Mellitus</td>
<td>216 - 222</td>
</tr>
<tr>
<td>5</td>
<td>Efficacy of Low Dose Sublingual Immunotherapy in Childhood Asthma</td>
<td>223 - 227</td>
</tr>
<tr>
<td>6</td>
<td>Stature and Weight of Indonesian Children Compared to Nchs-Reference</td>
<td>228 - 233</td>
</tr>
<tr>
<td>7</td>
<td>Review Article and Clinical Experience: The Roles of Micronutrients in The Treatment of Diabetes Mellitus (Focus on Chromium and Specific Nutrients)</td>
<td>234 - 241</td>
</tr>
<tr>
<td>8</td>
<td>The Latest Clinical Epidemiological Data of Ischemic and Hemorrhagic Stroke Patients in Surabaya and The Surroundings A Hospital-Based Study</td>
<td>242 - 250</td>
</tr>
<tr>
<td>9</td>
<td>Postnatal Depression in Three Hospitals in Surabaya</td>
<td>251 - 258</td>
</tr>
<tr>
<td>10</td>
<td>The Attitude Improvement among Community Health Center Staff in Managing The Risk and Resolving Malnutrition in Underfives by Using Estimation Score</td>
<td>259 - 263</td>
</tr>
<tr>
<td>11</td>
<td>The Difference Between Adolescents With and Without Conduct Disorder in Assessing Their Family Function</td>
<td>264 - 268</td>
</tr>
<tr>
<td>12</td>
<td>Subtotal Pancreatectomy for Persistent Hyperinsulinemia Hypoglycemia in Neonate (A Case Report)</td>
<td>269 - 276</td>
</tr>
</tbody>
</table>
Efficacy of Low Dose Sublingual Immunotherapy in Childhood Asthma

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Abstract

Background: Evidences begin to accumulate that high dose sublingual immunotherapy is as effective as subcutaneous immunotherapy. Since the capacity of sub lingual area is similar whether the dose is high or low, the efficacy of low dose SLIT may be important to be studied. Objective: To investigate the efficacy of low dose sublingual immunotherapy in childhood asthma. Methods: Parents signed informed consent after receiving information of the study prior to enrollment. Patients were moderate asthma aged 6-14 years with disease onset of less than 2 years and PEFR variability of more than 15%. Patients were randomly allocated into Group A receiving subcutaneous immunotherapy, Group B receiving low doses sublingual immunotherapy and Group C receiving conventional asthma therapy. Randomization was stratified into two strata according to age, 6-11years or more than 11 years. Within each stratum, patients were randomized in block of three in each group using systematic random sampling. At the end of three month, lung function tests were performed again. The primary outcome was PEFR variability at the end of the study. Ethical clearance was approved by Ethical Committee of Dr. Soetomo Hospital Surabaya. Results: Distribution of variants as represented by sex, age eosinophil count and total IgE concentration were normal in the three groups. PEFR variability decreased significantly from 16.97+0.81 to 8.50+5.08 and 17.0+0.87 to 8.40+4.72 in group receiving SIT and SLIT respectively (p<0.05), but decreased not significantly from 17.00+0.83 to 10.82+0.5.41 in control group (p>0.05). Conclusion: Low dose SLIT is as efficacious as SIT in the treatment of mild asthma in children

Keyword: childhood, asthma, sublingual, immunotherapy, subcutaneous immunotherapy, efficacy,