EDITORIAL

The changing faces of pediatric respiratory diseases

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Prior to 2000s, the diagnostic and therapeutic applications of pediatric pulmonary diseases had a relatively slow growth owing to a dearth of knowledge of the basic underpinnings and clinical applications of molecular biology.

Since then, a supernova of accelerated growth of knowledge of the molecular bases of disease has occurred leading to new diagnostic and therapeutic possibilities that we could only dream of previously. In particular, the expansion of genetics and epigenetics through advances in molecular biology has led to the identification of new pathological entities and to a better understanding of disease pathogenesis as in cystic fibrosis and asthma. Improved tests for the study of respiratory function and the use of immune biologic modulators of the genetic response have become readily available to health care providers.

The review by Parisi *et al*. (1) published in this issue of PRJ highlights some of these advances.

It is appropriate that clinic and hospital-based pediatricians, hospitals and all health care providers entrusted to the care of children and their families recognize the progress achieved so far as these scientific achievements continue to be translated to improved diagnosis and treatment of their respiratory diseases.

The design of reference centers to be developed and supported for the public will be the task of governmental health policy institutions and should take into consideration the progress that has been made by these scientific achievements. It will be the task of the **Pediatric Respiratory Journal** to disseminate this knowledge to the readership to assure that infants and children entrusted to their care have access to the best possible care.

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References

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