E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

CLINICAL-EPIDEMIOLOGICAL CHARACTERISTICS OF ALLERGIC DISEASES IN CHILDREN OF ANDIJAN CITY

Isakjonov O.K.,
Master of Andijan State Medical Institute

Supervisor: **Khankeldieva X.Q**

Annotation: The article describes the results of a survey conducted in Andijan city, the purpose of which was to assess the occurrence of carriers of allergy to insect bites and stings, as well as to determine the relationship between the clinical manifestations of insect allergy and its etiological factor. The survey was not limited geographically, and anyone could take part in it. The results of the studies are presented in the form of generalized percentage data on the questions that were included in the questionnaire. Particular attention is paid to the variety of possible clinical manifestations of allergy. Analysis of the results of the survey indicates the predominance of local allergic reactions over systemic manifestations, however, every tenth respondent indicated symptoms of anaphylactic shock.
Keywords: Insect allergy, bite, sting, treatment, method.

INTRODUCTION

Insect allergy (IA) is an allergy that occurs when bitten, stung by insects, in contact with them, inhalation of particles of insect bodies or their metabolic products [1]. Allergy to stinging insects occurs in 0.4-0.8% of the population, and allergy to insect bites ranges from 5.0 to 25.0% depending on the regions [5].

MATERIALS AND METHODS

All insects that cause AI can be conditionally divided into 2 classes: 1) "stinging"; 2) "non-stinging", which include the following groups: biting, blood-sucking, non-biting [2].

Order Hymenoptera (bees, wasps, ants) cause allergic reactions by stinging. There is a classification of reactions to allergens of representatives of this order: 1) reactions of a non-immunological nature, due to the content of a number of biochemically active substances in the poison of these insects; 2) immunological reactions, which are the result of a specific immune response to the allergen [4].

RESULTS AND DISCUSSION

Most often, IAs for stings are clinically manifested by local manifestations or symptoms of systemic anaphylaxis, up to the development of anaphylactic shock. More than 70% of clinical cases of stings are systemic reactions [3].

According to clinical manifestations, “non-stinging” insects can be divided into two groups: 1) blood-sucking and biting, 2) non-biting insects. The blood-sucking ones include the Diptera squad, the Lice squad, the Flea squad. The group of biting insects includes the order Cockroaches, the order Orthoptera, the order Diptera. In contrast to allergy to stings, the clinical picture of IA to stings is dominated by local reactions. General reactions develop rarely and proceed in a milder form. Allergens from non-biting insects (bloodworms, beetles) can cause respiratory symptoms or contact allergies [1].

The study was conducted by the method of questioning. The questionnaire developed by us was posted on the Internet resources of the city of Andijan and was freely available to any respondent. Thus, the study had no territorial restrictions. The study included 70 questionnaires. The age of the respondents ranged from 4 to 8 years.

24.3% of the respondents (17 people) answered that they were allergic to insect bites and stings, which indirectly indicates a fairly high prevalence of IA.

Analysis of the results of the survey indicates that the etiological factor of IA in 47.1% of cases was midges, in 41.2% of cases - wasps, in 35.3% - mosquitoes, in 29.4% - bees, in 23.5% -

E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

horseflies, in 23.5% - ants, in 5.9% of cases - bedbugs. At the same time, 82.4% of respondents with AI indicated reactions to representatives of different groups of insects.

76.5% of AI cases occurred in one of the summer months (56.0% in June), which is probably due to the highest activity of insects during this period.

Among all cases of reactions of immediate type, allergy symptoms after a bite / sting in 76.5% of cases occurred within the first hour, and in 13.3% after 3 hours. If symptoms occur by the mechanism of delayed-type hypersensitivity in 35.3% of cases, the time to the onset of symptoms was 2-3 days.

According to the survey, the most common symptoms of IA were local reactions (85.6%) in the form of edema, redness and itching. Systemic reactions were manifested in the form of a rash outside the bite / sting site (30.2%), nasal congestion (17.6%), paroxysmal sneezing (17.6%). Systemic manifestations in the form of nausea and vomiting were indicated by 11.8% of respondents, 5.8% had abdominal pain, confusion or loss of consciousness was noted by 5.8%, convulsions - 11.8%. In general, 11.8% of respondents with IA had signs of anaphylactic shock.

41.2% of respondents with IA have other allergic diseases. Of these, 42.9% indicated allergic rhinitis, 11.8% - drug allergies, 28.6% - bronchial asthma, 28.6% reported contact allergies. The presence of allergic diseases in relatives was indicated by 58.8% of the respondents suffering from IA and other allergic diseases: allergic rhinitis (42.9%), drug allergy (11.8%) and urticaria (11.8%).

CONCLUSION

1. Most cases of AI are associated with bites / stings of midges, mosquitoes, wasps, bees.
2. Local reactions developed mainly to the bites of mosquitoes and midges, and systemic manifestations arose from the stings of wasps and bees.
3. The most common symptoms of IA were swelling, redness, itching at the site of the bite/sting.
4. More than half of the respondents indicated the presence of allergic diseases in blood relatives and more than 40% themselves suffer from other allergic diseases, including atopic ones, and, therefore, are at risk for anaphylactic shock due to insect bites / stings.

REFERENCES:

1. Zaikov S.V., Mikhey L.V., Kulik L.G., Allergy to non-stinging insects // News of Medicine and Pharmacy. - 2010. - No. 345. - p. 36-37.

2. Kovalchuk L.V., Gankovskaya L.V., Meshkova R.Ya. Clinical immunology and allergology with the basics of general immunology: a textbook. - M.: GEOTAR-Media, 2011. - 499 p.

3. Macharadze D. Sh. Anaphylaxis: etiology, pathogenesis, treatment // Attending physician. - 2012. - No. 4. - P. 20.

4. Safina L.F., Fassakhov R.S., Reshetnikova I.D. Skin manifestations of allergic reactions to the stings of Hymenoptera insects // Practical medicine. - 2011. - No. 3. - P.140-142.

5. Yukhtin. N.V., Lyapunov A.V., Ryleeva I.V. Insect allergy in children // Questions of modern pediatrics. - 2010. - No. 2. - p. 92-94.

WORDLY KNOWLEDGE