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STUDY OF CLINICAL FEATURES OF ALLERGIC DISEASES IN CHILDREN

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Annotation: The article discusses the clinical and immunoregressive features of immunologic and allergic diseases in children of the city of Andijan, in addition to analyzing and analyzing the allergic characteristics of children in three developmental periods, the research demonstrates the scientific achievements ofworld scientists.
Keywords: Allergy, disimmunoglobulinemia, antigen, pregnant women, cytokine.

INTRODUCTION

High antigenic loads significantly increase the risk of atopy formation: mother's smoking, toxicosis, irrational drug therapy of pregnant women, exposure to occupational allergens, unilateral carbohydrate nutrition, abuse of foods with obligate food allergens, etc. The exclusion of these moments is an important preventive factor [1].

The links of the complex chain of an integrated approach to the treatment of allergic diseases, in addition to adequate basic therapy and the achievement of immunological tolerance, are preventive measures and the exclusion of the effect of triggers. Immunoprophylaxis is undoubtedly one of the most important links in the complex therapy of patients with allergic diseases. However, significant success can be achieved only by making up all the links of this important chain: to carry out fully and timely preventive measures and the elimination of trigger factors.

Analyzing the literature data on the impact of allergens in rural children and the manifestation of allergic diseases, despite all the variety of treatment methods, the number of patients with allergic diseases is increasing every year all over the world. In addition, more and more children with immunological disorders are identified - dysimmunoglobulinemia, imbalance in the cytokine system, etc. Therefore, the correction of disorders in the immune system in such patients by selecting the most optimal methods of treatment is an urgent problem [2].

Research in recent years has proven that allergy symptoms should not be considered the only marker of allergic disease. Allergic inflammation and sensitization may not manifest clinically for a long time, but they are necessarily present, contributing to the progression of allergic diseases.

MATERIALS AND METHODS

In recent years, a significant role in the formation of the body's immune response has been assigned to the formation of the intestinal normal microflora. This process, which occurs in the first year of a child's life, has a long-term effect, laying down the characteristics of the body's immune response to external infectious and food antigens, predetermining the development of a particular pathology in the future. The process of recovery of the intestinal micro-biocenosis in a child is individual and depends on many factors: the state of health of the mother, the method of delivery, the type of feeding, the use of antibiotics, etc. [5]. A decrease in the number of lactobacilli and bifidobacteria can negatively affect the formation of immune defense processes, predispose to the development of food allergies and inflammatory bowel diseases. By controlling the functional state of the intestines of a child during the first months of life, it is possible to prevent the realization of a hereditary predisposition to allergies and the vaatopic phenotype.

RESULTS AND DISCUSSION

The growing prevalence of allergic diseases among children and adolescents remains one of the most important medical and social problems and causes a serious burden on the health budget of many countries of the world. Allergic diseases negatively affect the physical and psychological state, social life, school performance and reduce the quality of life of both the

patients themselves and their families.

However, despite the high incidence of morbidity, little attention is often paid to the problem of allergies: most pediatric patients either do not receive the necessary therapy at all, or are treated from time to time, taking symptomatic drugs; in addition, self-medication is widespread.

In recent years, domestic and foreign researchers have published works on the clinical and immunological aspects of allergic diseases in children, the prevalence and intensity of these diseases in the child population, various methods of treatment, prevention of complications, treatment methods, prevention of complications and prevention of these pathologies.

The results obtained on the development of new methods for the diagnosis of allergic diseases in children, identified risk factors for the development of allergic diseases, including food allergies in children.

Health disorders, in the medical sense, mean the onset, recurrence and progression of diseases. According to research by a number of authors, in the structure of the general morbidity in children aged 0 to 14 years, the 1st place is occupied by diseases of the respiratory system (50.1%), the 2nd - by diseases of the digestive system (6.5%), 3rd - diseases of the eye and its accessory apparatus (5%) [6]. It should be emphasized that in the structure of the general morbidity of children, respiratory diseases consistently occupy the 1st place. According to L.I. Dziubich et al., Acute respiratory infections in children are the most common reason for parents to visit a children's clinic and account for about 90% of all childhood diseases.

The data from monitoring the physical development and health of children in preschool educational institutions indicate that only 17.3% of children can be considered absolutely healthy, 29.4% have functional abnormalities, 52.8% suffer from chronic diseases in the stage of compensation and 0.5% - chronic diseases in the stage of subcompensation.

In the structure of chronic diseases of older preschoolers, the first place belongs to diseases of the surgical sphere. In second place are chronic diseases of the ENT organs (hypertrophy of the tonsils and adenoids of the II-III degree, chronic rhinitis, sinusitis, otitis media). In third place are diseases of the nervous system (episyndrome, hypertensive-hydrocephalic syndrome, the consequences of infantile cerebral palsy).

One of the most common pathologies among the child population is allergic diseases, which are a serious medical and social problem. In terms of prevalence, severity of the disease, the level of socio-economic damage, the cost of treatment, allergic diseases were included in the first three groups of pathologies in the structure of human diseases. According to modern scientific data, the prevalence of bronchial asthma, atopic dermatitis, and allergic rhinitisis noted in the structure of allergic diseases.

The concept of circulating stem cells was first presented at the beginning of the 20th century by A.A. Maksimov, much later their presence in circulation was experimentally proved. Data on the kinetics of CD34 + cells against the background of the inflammatory process are scarce and contradictory. For example, F. Mastrandrea et al. report that in patients with allergic inflammation, the content of circulating CD34 + cells is significantly higher than in patients with infectious fever and donors. Other researchers have found that in patients with allergic diseases, both during remission and during an exacerbation, compared with healthy individuals comparable in gender, the level of CD34 lymphocytes in the peripheral blood does not change. In patients with acute viral hepatitis B, C, B + C, in children with septic complications of chemotherapy for hemoblastosis and acute intestinal infection, as well as against the background of systemic inflammation, a significant increase in phenotypically immature cells in circulationand a direct correlation with the level of C-reactive protein. The lack of patient stratification by the severity of inflammation, the heterogeneity of the groups and the average level ofevidence (there are no multicenter studies on this issue) do not allow judging the patterns of mobilization of phenotypically immature cells.

CONCLUSION

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The etiology of childhood health disorders is explained not only by genetic predisposition. The realization of hereditary burden is provoked by the constantly growing number of unfavorable environmental factors: increased environmental pollution by vehicles, poor-quality food, changes in immunity, under the influence of extensive vaccination programs,a decrease in the number of natural infections, etc.

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