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PHYSICAL DEVELOPMENT OF CHILDREN SUFFERING FROM ALLERGIC RESPIRATORY DISEASES

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Abstract:

In all children suffering from respiratory allergies, specific allergic reactivity has increased. Along with this, it became possible to identify some aspects of changes in the reactivity of the body based on the clinical forms of respiratory allergies and the type of regional allergens. Children who have allergic rhino conjunctivitis (ARC) were found more susceptible to pollen allergens. In cases of house dust allergen, children with allergic respiratory obstructive bronchitis (AROB) were especially vulnerable. In children with asthma, the allergic reactivity of the body to the allergen from house dust were 2-5 times higher than other types of that, such as pollen dust and epidermal allergens. ergens from house dust mites was 2-5 times higher than to pollen and epide.

Keywords: Allergy; allergen; bronchial asthma; physical development; preschool age; school age; acceleration process, preventive vaccinations.

INTRODUCTION: Physical development is one of the main indicators of child population health. Based on the results of studies of physical development indicators, it is possible to obtain objective and reliable information about the state of children's health. If these studies are carried out in dynamics, it is possible to make a scientifically grounded forecast of the state of children's health in the future. This information is of great scientific and practical importance for theoretical and practical medicine. The scientific significance of studies devoted to the problem of physical development, especially increased in recent years The fact is that the process of acceleration, according to the literature of recent years, significantly slowed down or even stopped. In this regard, there is a need for new research to clarify other aspects of the problem:

A comprehensive study of the epidemiology of allergy in children. Clarification of the degree of influence of environmental factors on the physical development and health status of children. Social and hygienic living conditions have a significant impact on the indicators of physical development and health status of children. Determining the relationship between physical development and functional reserves of the organism.

Finding out the nature of the influence of various diseases on the physical development and health status of children.

PURPOSE OF THE STUDY: to investigate the features of physical development of preschool children with allergic respiratory diseases

MATERIALS AND METHODS. The object of the study was children attending kindergartens living in the conditions of Tashkent city. There were 205 sick children of preschool age (3-6 years) under observation: boys-117, girls-88 and 50 practically healthy children of the corresponding age and sex. Preschool children attended one of the kindergartens in the Yunusabad district of Tashkent city. The children had been living in Tashkent city for at least 5 years.

The main anthropometric parameters of the body (body length and weight, chest circumference) were determined by measuring them in the generally accepted way. The physical development of the examined sick children was assessed in comparison with similar physical development indicators obtained in practically healthy children (control1) and with standard physical development indicators of children permanently residing in the regional conditions of Tashkent province (control 2).

Physical development of children suffering from allergic rhinoconjunctivitis. To identify individuals suffering from allergic rhinoconjunctivitis (ARC), children living in the Yunusabad district of Tashkent city were examined and examined. After a thorough clinical and allergic examination, 58 children suffering from ARC

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were selected for further observation and research. The age of the patients ranged from 3 to 6 years, including 3 years- 16 (27.6%), 5 years- 13 (22.4%), 6 years- 14 (24.1%). Among the sampled children, 33 (56.9%) were boys and 25 (43.1%) were girls. The number of children in the age groups and the ratio of boys to girls were about the same.

Our study showed that the predominant symptoms in the sick children were itching, burning in the nose and nasopharynx, rhinorrhoea and sneezing, poor sleep, irritability, difficulty in breathing through the nose, and general weakness.

Examination of the nose showed swelling of the mucous membrane. The colour of the mucous membrane was white, blue or grey. Nasal discharge was mucous, serous. The disease was clearly seasonal in nature. The exacerbation of symptoms was often noted in the spring-summer or summer-autumn season. The duration or duration of the disease ranged from a few months to 5 years or more.

The analysis showed that the duration of the disease was up to 2 years in 28 (48.3%) patients, 3 to 5 years in 18 (31.0%), and more than 5 years in 12 (20.7%). Consequently, the vast majority - 46 (79.3%) patients suffered for a long period. This, naturally, had a negative impact on growth and development and other indicators of children's health.

It is of interest to analyse the results regarding the age of children at which the first symptoms of the underlying disease appeared. In the majority of patients the first symptoms of the main disease appeared at the age of 2- 3 years - 33 (56.9%), which indicates that many patients suffered from ARC for a long period of time

Literature data indicate that cases of combined forms of allergy have become more frequent in recent years. Our findings also showed that ARC was frequently combined with other allergic reactions. The most frequent combination was with drug allergy - 24 (41,4%), atopic dermatitis - 20 (34,5%) and food allergy - 14 (24,1%). Combined forms of allergy are characterised by their chronic course and frequent exacerbations.

Specific diagnosis of allergic diseases was made on the basis of complex clinical and allergic, functional, laboratory examination of patients and specific allergic diagnostic tests (in vivo) taking into account the International Consensus.

When collecting allergic anamnesis, attention was paid to the history of development of the main and concomitant diseases, the presence of connection of disease symptoms with the intake of certain drugs. The presence of allergic diseases in the closest relatives (mother, father, grandmother, grandfather), i.e. hereditary aggravation, was clarified. We clarified the state of health of the mother of the sick child during pregnancy (toxicosis, abnormal labour, etc.) and the nature of the child's nutrition in the first year of life after birth (natural, artificial, previously mixed). The peculiarities of the child's reaction to prophylactic vaccinations, as well as the living conditions of sick children, were identified and taken into account.

The diagnosis of allergic rhinitis (AR) was made on the basis of modern criteria outlined in the European International Competition (2000) on AR with the consultative assistance of an otorhinolaryngologist.

The diagnosis of bronchial asthma (BA) was made according to the recommendations of the National Institute "Heart, Lungs, Blood" of WHO and the national programme "Treatment and prevention of bronchial asthma in children and adults of MH RUz"

The diagnosis of atopic dermatitis (AD) was made in consultation with a specialist dermatologist according to criteria generally accepted in modern dermatology (12): itchy skin, typical morphology and localisation of skin rashes, chronic recurrent course, history of atopy or hereditary predisposition to atopy, blood eosinophilia.

Results and Discussion

The cause of lagging physical development of preschool children is obviously related to the negative impact of ARC on their health. According to anamnesis data, the first symptoms of the disease in sick children appeared at the age of 3-4 years, the disease often acquired a chronic course. Risk factors were also significant: hereditary aggravation, artificial or previously mixed feeding in the first year of life, the presence of chronic focal infections, as well as the pathology of pregnancy of the mothers of sick children. The development of polysensitisation and the frequent combination of the underlying disease with other allergic reactions and diseases cannot be excluded.

CONCLUSIONS: Thus, conducting a comprehensive clinical, allergic examination of 58 sick preschool children suffering from allergic rhinoconjunctivitis, determining some parameters of physical development of children, the following facts have been established. Children suffering from allergic rhinoconjunctivitis have a lag in physical development, which is manifested in the presence of a deficit of body length and weight, as well as chest circumference. Allergic rhinoconjunctivitis plays a significant role in the set of causes that are important in the lagging physical development of preschool children, as it is a long-lasting disease that negatively affects children's health. To ensure the normal development of physical parameters of

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preschool children, the complex of measures should include timely recognition and treatment of allergic diseases in general and allergic rhinoconjunctivitis in particular.

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