World Bulletin of Public Health (WBPH)
Available Online at: https://www.scholarexpress.net
Volume-28, November 2023
ISSN: 2749-3644

FREQUENCY AND DERMOGRAPHIC CHARACTERISTICS OF ATOPIC DERMATITIS IN PATIENTS APPLYING TO THE ALLERGY OUTPATIENT CLINIC.

Khudoyberdieva Shahnoza Iskandarovna
Assistant of the Department of Propaedeutics of Children's Diseases,
Bukhara State Medical Institute,
The Republic of Uzbekistan, Bukhara

Article history:

Received: September 20th 2023
Accepted: October 20th 2023
Published: November 25th 2023

Abstract:

In developing societies, allergenic diseases are increasing day by day. Food and environmental factors contribute greatly to these. We carried out this study in order to contribute to atopic dermatitis, which is the problem of the whole world.

Keywords: Atopic Dermatitis, Allergy, Family history,

INTRODUCTION AND PURPOSE:

Atopic Dermatitis (AD) is the most common, recurrent chronic skin disease of infant and childhood. AD is a mixed multifactorial disease group that develops as a result of the combined effects of genetic and environmental factors. [1]. Patients generally have elevated serum IgE levels, familial or personal asthma and/or allergic rhinitis [2-3]. Although the etiology of the disease is not fully known, it is thought that a complex multifactorial etiology plays a role with the participation of genetic, environmental and infectious factors [4-5]. In infantile AD, the most frequently involved area is the face. Unclear erythema is observed on the forehead and chin, especially on the cheeks, on the face where the nose and mouth contours are protected [6-7]. Lesions may occur on the scalp and neck, extensor surfaces of the extremities and trunk after crawling starts [6-8]. Childhood AD is characterized by subacute lesions [9]. Papules and lichenified plaques are usually noted in the lesions. Involvement of flexural regions such as wrists and neck is typical [6,8,9]. Itching increases especially at night or after exercise and can be severe enough to wake the patient from sleep [2,3,8]. Due to the lack of a specific and routine laboratory method used in the diagnosis of AD, the diagnosis is made based on the history and clinical features [10].

In developing societies, allergenic diseases are increasing day by day. Food and environmental factors contribute greatly to these. We carried out this study in order to contribute to atopic dermatitis, which is the problem of the whole world.

MATERIALS AND METHODS :

Between the years 2021-2023 (January-February), patients aged 3-18 months in the pulmonology department of the pediatric multidisciplinary medical center in Bukhara region were included in the study. Patients were classified as age, gender, age groups, family history of allergy, respiratory and skin findings. Statistical evaluation will be done using the Statistical Package for Social Science (SPSS) for Windows 23.0 program. The conformity of the variables to the normal distribution will be examined using visual (histogram and probability graphs) and analytical methods (Kolmogoro-Smirnov/Shapiro-Wilk tests). Descriptive analyzes will be given using the mean and standard deviation (mean±SD) for normally distributed variables, and median and maximum-minimum values (median±max-min) for non-normally distributed variables. Pearson Correlation test will be used for normally distributed continuous variables, and Spearman Correlation test will be used for the analysis of continuous variables that do not conform to normal distribution. Correlation coefficients between 0-0.25 will be considered as weak, between 0.26-0.50 as moderate, between 0.51-0.75 as strong, and between 0.76-1.00 as very strong correlation. Results will be accepted as 95% confidence interval, statistical significance $p<0.05$.

FINDINGS :

324 (61.25%) of the patients were male and 205 (38.75%) were female. According to age distribution, 112 (21.17%) patients were 6 months – 1 year old, 212 (40.08%) patients were 1- 6 years old, 123 (23.25%) patients were 6-12 years old, and 82 (15.50%) patients were 14-18 years old. It was found that 266 (50.28%) of the patients who were examined presented with skin findings and 301 (56.90%) with respiratory system findings. Of the 529 patients, 84 had a family history of allergies. Family history was found in 5 (1.88%) patients with skin findings and 82 (27.24%) patients with respiratory system findings.

When the results of the study were examined , the age of the patients with AD was distributed as follows: 112 (21.17%) patients 6 months – 1 year, 212 (40.08%)

World Bulletin of Public Health (WBPH)
Available Online at: https://www.scholarexpress.net
Volume-28, November 2023
ISSN: 2749-3644

patients 1-6 years, 123 (23.25%) patients 6-12 years, and 82 (15.50%) patients were between the ages of 14-18. (Figure 1)

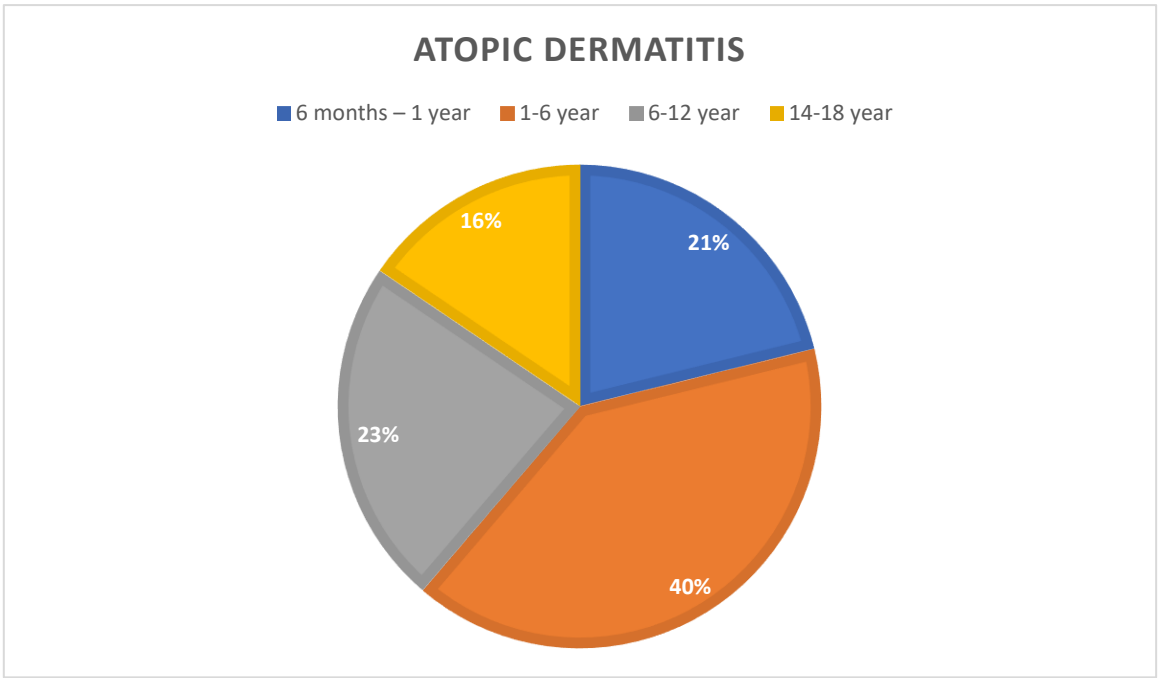

Figure 1: Distribution of AD patients by age.

When the complaints of the patients were analyzed , it was seen that 266 (50.28%) patients had skin complaints and 301 (56.90%) patients had respiratory system complaints. (Figure 2)

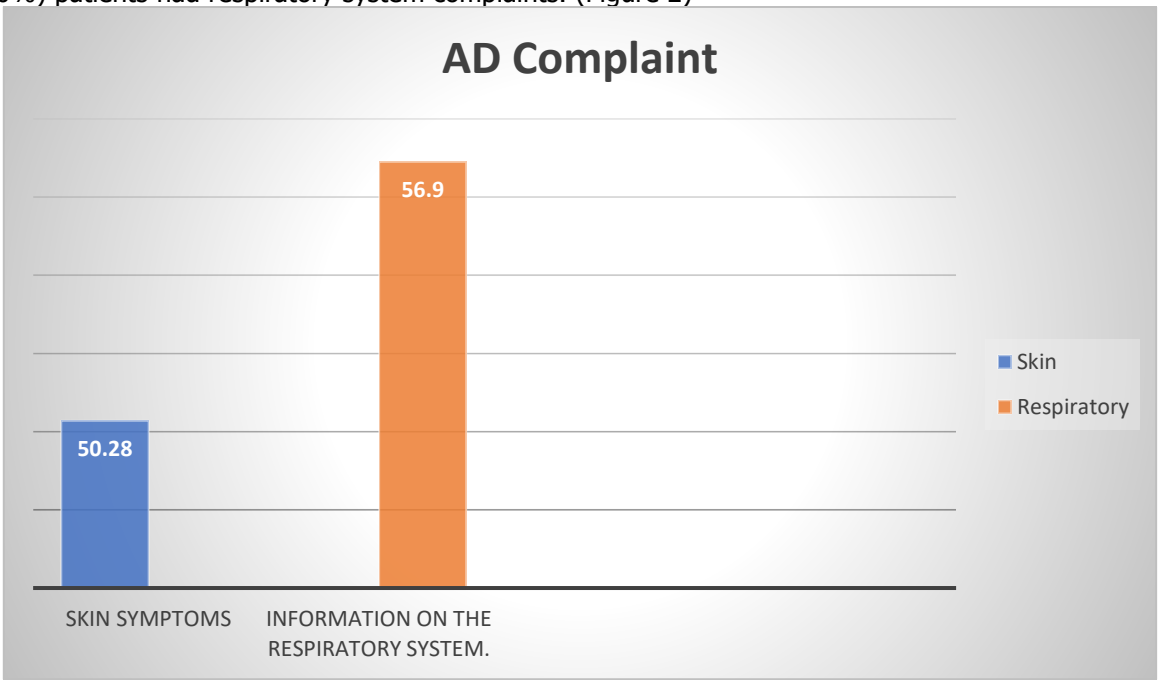

Figure 2: Complaints of AD patients.

When the family history of the patients was examined, 84 of 529 patients had a family history of allergy. It was found that 5 (1.88%) of the patients with skin findings and 82 (27.24%) of the patients with respiratory system findings had a family history (Figure 3).

World Bulletin of Public Health (WBPH)
Available Online at: https://www.scholarexpress.net
Volume-28, November 2023
ISSN: 2749-3644

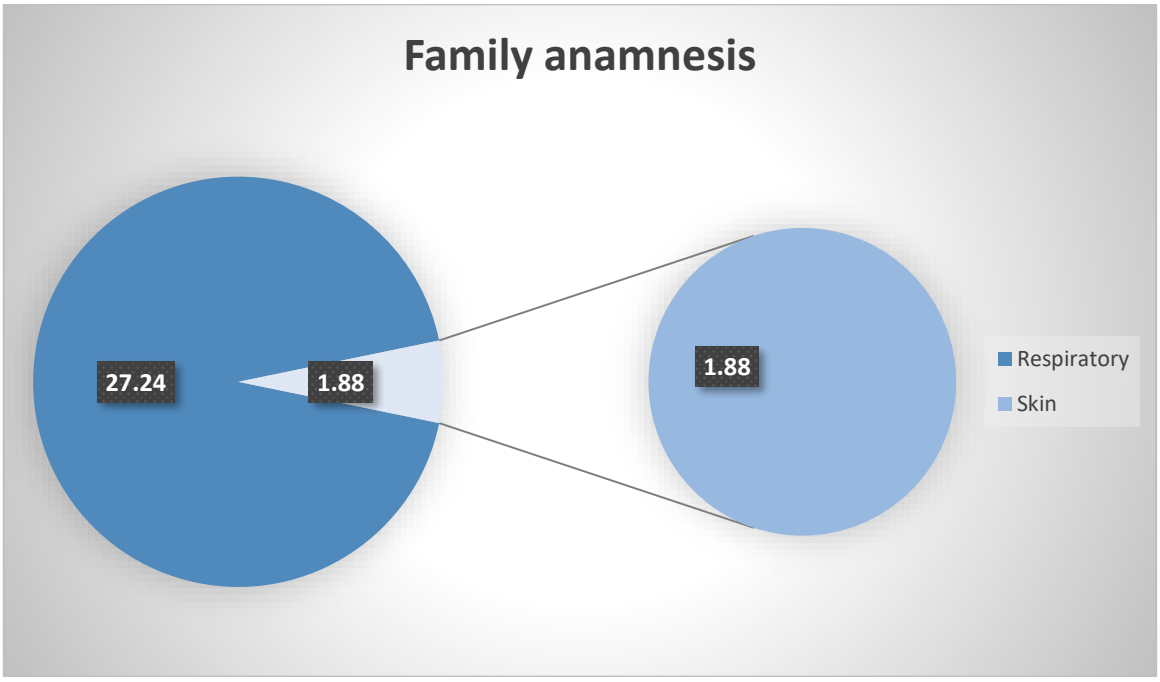

Figure 3: Family history of AD patients.

DISCUSSION :

In our study, male gender was more common. AD peaked in the 6-12 age range and 14-18 age range. This is what Jesús Garde et al. compatible with the literature. In our study, it was found that most of the patients with respiratory symptoms had a history of atopic dermatitis. This is Dr. It is compatible with the literature that A. Pınar Ulutaş made in Yeditepe University Faculty of Medicine, Department of Pediatric Allergy.

Since children start solid food between the ages of 6-12, atopic dermatitis findings are very common. Between the ages of 14-18, eating fast food outside independently of their families and contacting with soaps, odors and unsuitable substances that can cause atopic dermatitis can explain this.

SOURCE:

1. Leung DYM. Atopic dermatitis(atopic eczema) Chapter 144.970-975 Kliegman: Nelson texbook of pediatrics,18th ed.
2. Leung DY, Tharp M, Boguniewicz M. Atopic dermatitis. In: Fitzpatrick TB, Eisen AZ, Wolf K, Freedberg IM, Austen KF. Fitzpatrick's Dermatology In General Medicine 5th ed New York, Mc Graw Hill, 1999;1464-80.
3. Худойбердиева, Ш. (2023). Актуальные проблемы аллергологии детского возраста на современном этапе. Инновационные исследования в современном мире: теория и практика, 2(3), 20–22. извлечено от https://www.in-academy.uz/index.php/zdit/article/view/8717
4. Iskandarovna K. S. Predisposition Factors for the Development of Bronchial Asthma in Children //International Journal Of Health Systems And Medical Sciences. – 2023. – Т. 2. – №. 2. – С. 25-27
5. Худойбердиева Ш. И. Бронхиальная Астма У Детей: Факторы Предрасположенности //Innovative Achievements In Science 2022. – 2023. – Т. 2. – №. 15. – С. 61-63.
6. Savaşkan H. Atopic dermatitis. In: Tüzün Y, Kotoğyan A, Aydemir EH, Baransu O. Dermatology 1st Edition İtanbul, Cem Ofset Matbaacılık, 1994; 257-265.
7. Baikal C. Atopic dermatitis. Dermatology Atlas 1st Edition ARGOS Communication Services 2000;189-92.
8. Iskandarovna K. S. Risk Factors For Developing Food Allergies //Barqarorlik Va Yetakchi Tadqiqotlar Onlayn Ilmiy Jurnali. – 2022. – Т. 2. – №. 12. – С. 511-516.
9. Reitamo S. Tacrolimus: A new topical immunomodulatory therapy for atopic dermatitis. J Allergy Clin Immunol. 2001;107(3):445-8.
10. Thestrup-Pedersen K. Atopic dermatitis: summary of the 1st Georg Rajka symposium 1998 and a literature review. SDU. Faculty of Medicine. Journal. 2004;11(2):21-25 Acta Derm Venereol. 1999; 79(4): 257-64.

World Bulletin of Public Health (WBPH)
Available Online at: https://www.scholarexpress.net
Volume-28, November 2023
ISSN: 2749-3644

11. jesus Garde , Daniel Hervás [†] , Nuria Marco, José Manuel Milan, M. Dolores MartosDepartment of Pediatric Allergy, Elche General University Hospital, Elche, Spain Calculating the prevalence of atopy in children
12. Dr. A. Pinar Ulutas atopic with dermatitis of patients evaluation 2000 ;69 -76.