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CLINICAL COURSE AND RISK FACTORS FOR THE DEVELOPMENT OF POLLINOSIS

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Abstract:

Treatment and prevention of pollinosis is one of the most important and complex problems. Their relevance is characterized by a high frequency of occurrence of a close dependence on natural and climatic conditions. Currently, the importance of early diagnosis and treatment of allergic diseases is emphasized to promote active and healthy aging.

Keywords: Prevention of pollinosis, bronchial asthma, allergic condition, rhinocanyuktivitis

RELEVANCE OF THE TOPIC.

Pollinosis is a widespread seasonal allergic disease, the treatment and prevention of which are most closely dependent on natural and climatic conditions. The botanical aspects of this problem are the first and very important link that reveals the causes and nature of the course of the disease [1, 10]. Only with a thorough study of the regional features of the vegetation composition, the timing of pollination of allergenic pollen sources, their pollen productivity, the degree of allergenic activity, it is possible to successfully carry out therapeutic and preventive measures, which gives special relevance to aeropalinological research in various natural and climatic zones of the country.

According to WHO experts, the prevalence of pollinosis in different countries of the world ranges from 1 to 20%. A very important indicator is the timely detection of allergic diseases. After all, late diagnosis of allergic diseases inevitably leads to increased disability of patients, mortality, is accompanied by low effectiveness of treatment, brings economic damage. According to A. S. Lopatin (2000), in Russia only 18% of patients with AZ are referred to allergists in the first year of the SAR disease, 30% - after 2 years, 43% - after 3 years, 10% - after 4 years. [2, 3, 7]. According to our observations, the situation in Uzbekistan is no better.

Pollinosis (pollen allergy, hay fever) is a disease based on an immediate allergic reaction. It is characterized by acute allergic inflammation of the mucous membranes of the respiratory tract, eyes, and skin. Less often, the digestive, cardiovascular, genitourinary and nervous systems are involved in the process. The development of the disease coincides with the dusting of certain plants in time, therefore it is characterized by seasonality and repeatability [4, 7]. The disease resembling pollinosis was first described in the works of the classic of ancient medicine Claudius Galen. About 100 years later, Jan Baptist van Helmont pointed out the seasonality of the occurrence of asthma, possibly associated with exposure to plant pollen. Only in 1819, the English doctor J. Bostock made an official announcement to the London Medical and Surgical Society, outlining the history of his own illness, which he called hay fever. In 1873, the English doctor Ch. Blakely, who also suffered from hay fever, gave an exhaustive description of the clinic of the disease. If earlier the cause of the disease was considered dust, insolation, the smell of flowering plants, then Ch. Blakely presented convincing evidence that hay fever is caused by plant pollen. Based on the results of his experiments, skin and provocative tests were developed. For the first time in Russia, L. Silich reported about seasonal allergies in 1889 at a meeting of the Society of Russian Doctors in St. Petersburg. In addition, he presented data on the prevalence of pollen allergy and changes in the intensity of symptoms depending on the weather [5,8]. Seasonal allergy caused by plant pollen is recognized as one of the most common allergic diseases. Unfortunately, according to the results of numerous epidemiological studies, the incidence of pollen allergy among both adults and children is steadily increasing [1, 6]. Currently, the importance of early diagnosis and treatment of allergic diseases is emphasized to promote active and healthy aging. It should be noted that the ability to optimally treat and control chronic respiratory diseases has also expanded thanks to online training programs for patients and mobile medical tools [7,9]. Pollinosis is characterized by an acute and recurrent course. As noted earlier, the severity of seasonal exacerbation depends on the concentration of pollen in the air, the duration of the pollen season and the individual sensitivity of patients.

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MATERIALS AND METHODS.

Among the features of pollinosis are: connection with the flowering period of plants; connection with staying in a certain area; combination with allergy to herbal preparations; combination with cross-food allergy; dependence of the course on the weather (exacerbation of symptoms in dry, sunny, windy weather and relief in wet, rainy weather, due to a decrease in the concentration of pollen in the air); during the exacerbation, the development of synergistic allergy syndrome (clinical manifestations occur on allergens to which patients react outside the dusting season); during palination, exacerbation of chronic diseases (coronary heart disease, peptic ulcer disease, etc.); asepticism (if a secondary infection does not join); paroxysmal

The most frequent manifestations of pollinosis include allergic rhinitis (AR) – 95-98% of cases, allergic conjunctivitis (AK) – 91-95%, bronchial asthma (BA) – 30-40% of patients [5]. A number of studies have proved that symptoms from the organs of vision increase the role of rhinitis as a provoking factor in the development of bronchial asthma and affect daytime activity in children [10]. A typical manifestation of pollinosis is rhinoconjunctival syndrome: itching and redness of the eyes, a feeling of a foreign body in the eyes, photophobia, lacrimation, in severe cases blepharospasm. At the same time, there is itching in the nose, nasopharynx, ear passages, profuse runny nose, sneezing attacks, difficulty in nasal breathing (most often bilateral, of varying degrees), hyperemia and maceration of the skin of the vestibule and wings of the nose, olfactory disorders such as anosmia or hypoosmia.

THE RESULTS OBTAINED AND THEIR ANALYSIS.

Allergic inflammation may involve the sinuses of the nose, nasopharynx, auditory tubes, larynx, causing the development of sinusitis, eustachiitis, pharyngitis, laryngitis [8,9]. Allergic conjunctivitis is characterized by a bilateral lesion of the conjunctiva of the eyeball and eyelids, itching and burning in the eyes, lacrimation, photophobia, a feeling of pain, a feeling of "sand" in the eyes. With massive exposure to the allergen, papillary hypertrophy of the cartilage of the upper eyelid may occur. In severe cases, conjunctival edema is observed. Often conjunctivitis is accompanied by marginal keratitis. Relatively rarely, uveitis and central chorioretinitis develop with pollinosis. One of the proofs of the allergic nature of inflammation is the detection of eosinophils in the eye discharge. Bronchial asthma with isolated pollen sensitization (cough, wheezing, heaviness in the chest, difficulty breathing) is characterized by a clear seasonality of exacerbations, coinciding with the period of pollination of "guilty" plants. Seizures develop with a massive inhalation of pollen during walks outside the city, in parks, squares, when traveling to the country, etc. After the termination of pollination, the patency of the bronchi is completely restored. There are no seizures in the winter period of the year. In most cases, asthma attacks begin after several years of manifestation of pollinosis in the form of allergic seasonal conjunctivitis and rhinitis, tracheobronchitis, although simultaneous damage to the upper and lower respiratory tract is possible. Bronchial asthma as the only manifestation of pollen allergy occurs in 11.0% of patients with pollinosis. Sometimes there may be a lesion of the upper respiratory tract in the form of allergic pharyngitis, laryngitis, tracheitis. With pharyngitis, there is a dry surface cough, tickling, itching and granularity of the posterior pharyngeal wall are typical. Allergic laryngitis can be accompanied by hoarseness of the voice, barking paroxysmal cough. With tracheitis, the cough is dry, often painful. Some patients may have skin manifestations of pollinosis: urticaria, Quincke's edema, atopic and contact dermatitis. Exacerbations of the skin process are noted in the summer.

CONCLUSION.

Thus, pollinoses are an urgent problem not only for health care, but also for society as a whole. Currently, feasible methods have been developed for the early detection of pollinosis, their rational treatment both in the acute phase and outside it, which can provide a long-term remission – a practical cure for this unsafe disease.

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