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OZIQ-OVQAT ALLERGIYASINI KO'RSATISHNING XUSUSIYATLARI

ATOPIK DERMATITLI BOLALARDA ALLERGIYA

ANNOTATSIYA

Tadqiqotning maqsadi atopik dermatit (AD) bo'lgan bolalarda oziq-ovqat allergiyasining (FA) klinik va immunologik individualigini aniqlash edi. Tekshiruvga turli xil orttirilgan patologiyaning o'jar kursidan aziyat chekadigan 2 yoshdan 14 yoshgacha bo'lgan 88 bola (16% maktabgacha yoshdagi bolalar va 84% 8 yoshdan oshgan bolalar) kiritilgan. Immunologik tekshiruv maxsus Allergopharma test tizimlari yordamida o'tkazilgan oziq-ovqat allergenlariga (sigir suti oqsili, a-laktoalbumin, b-laktoglobulin, kazein, soya oqsili, echki suti oqsili) qon zardobida allergenga xos IgE va IgG antikorlarini aniqlashni o'z ichiga oladi. Biz 1,5 oylikdan 3 yoshgacha bo'lgan (o'rtacha yoshi 14, 05 ± 1, 3 oy) AD bo'lgan 95 nafar bolani (52 o'g'il, 43 qiz) kuzatdik. 1,5 oydan 12 oygacha 55 (57,9%) bolalar, 1 yoshdan 3 yoshgacha mos ravishda 40 (42,1%) bolalar. Kasallik birinchi marta 78 (82,5%) 6 oygacha bo'lgan bolalarda, 17 yoshda namoyon bo'ldi. Kasal bolalarning umumiy sonidan 48 tasi (50, 9%) noqulay kursga ega (SCORAD indeksi 58, 14 ± 2, 63 ball); 32 (33, 3%) bola o'rtacha kursga ega (SCORAD indeksi - 32, 03 ± 1, 43 ball), 15 (15, 8%) bolalar og'ir kursga ega (SCORAD indeksi -12, 12 ± 1, 43). ball). Olingan natijalar asosida AD immunopatogenezi asosan yallig'lanishga qarshi interleykinlar: IL-4, IL-5 ta'siri bilan tavsiflanadi va Th2-hujayralarning kuchayishi bilan bog'liqligini tasavvur qilish mumkin. Shunday qilib, IgE va Ig G ni yanada keng tarqalgan PA ga aniqlash bilan yosh bolalarning allergologik tekshiruvi AD klinik ko'rinishlarining xususiyatlarini aniqlaydigan immunitet reaksiyasining o'ziga xos xususiyatlarini aniqlashga imkon beradi.

Kalit so'zlar: atopik dermatit, oziq-ovqat allergiyasi, namoyon bo'lish xususiyatlari, allergik reaksiyalar turlari

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PECULIARITIES OF THE MANIFESTATION OF FOOD ALLERGIES

ALLERGIES IN CHILDREN WITH ATOPIC DERMATITIS

ANNOTATION

The aim of the study was to determine the clinical and immunological individualities of food allergy (FA) in children with atopic dermatitis (AD). Eighty-eight children with AD between 2 and 14 years of age (16% were preschool children and 84% were children older than 8 years) suffering from a stubborn course of different acquired pathology were included in the examination. Immunological examination included determination of values of allergen-specific IgE and IgG antibodies in blood serum to food allergens (cow's milk protein, α -lactoalbumin, β -lactoglobulin, casein, soy protein, goat milk protein) conducted with support of special Allergopharma test systems. We monitored 95 children with AD (52 boys, 43 girls) aged from 1, 5 months to 3 years (mean age $14, 05 \pm 1, 3$ months). From 1, 5 to 12 months there were 55 (57, 9%) children, from 1 to 3 years respectively 40 (42, 1%) children. The disease manifested for the first time in 78 (82, 5%) children under 6 months of age, in 17 (17, 5%) children after 6 months. Of the total number of ill children, 48 (50, 9%) had an uneasy course (SCORAD index was $58, 14 \pm 2, 63$ points); 32 (33, 3%) children had a moderate course (SCORAD index - $32, 03 \pm 1, 43$ points), and 15 (15, 8%) children had an unsevere course (SCORAD index - $12, 12 \pm 1, 43$ points). On the basis of the results obtained, it is possible to imagine that the immunopathogenesis of AD is characterized mostly by the impact of pro-inflammatory interleukins: IL-4, IL-5 and associated with increased vigor Th2-cells. Thus, allergological examination of young children with determination of IgE and Ig G to even more common PA allows us to detect the peculiarities of the immune response, which determine the features of the clinical manifestations of AD.

Keywords: atopic dermatitis, food allergy, features of manifestation, types of allergic reactions

Relevance. Atopic dermatitis is characterized by an early onset, polymorphism of the clinical picture, complex pathogenesis and various causes of its occurrence [1,2,10]. A triggering factor for the development of AD in most cases is a food Allergy (PA), which can not only exacerbate, but also to maintain a severe course of the disease [3,5,10]. Among the exogenous factors contributing to the manifestation of clinical manifestations of atopic dermatitis in children of early age, the first place belongs to the food allergies. In children of early age with atopic dermatitis, the most etiologically significant are cow milk proteins (casein, bovine serum albumin, β -lacto globulin, α -lacto globulin), egg (ovalbumin, ovomucoid), grains (gluten, horde in), soybeans (s-protein), fish (M-par albumin) [5,7,9].

Food can cause both true allergic and pseudo allergic reactions. The clinical symptoms and the other is the same, the main difference is that when about food allergies production of biologically active substances in food products occurs without immunological stage under the influence of substances that contribute to liberally histamine, serotonin [4,6].

Clarification of the nature of food Allergy in children with atopic dermatitis is

fundamental in the definition of a rational diet, the most important component of complex treatment of the disease [3,4,8].

Objective: to determine the frequency, risk factors of developing food allergies, particularly its etiological structure and immunological manifestations in children with AD.

Materials and research methods. The survey included 88 children with AD in

age from 2 to 14 years (16% are children of preschool age and 84% are children over 8 years old) who suffer from persistent flow of various chronic pathologies. Moreover, 25% were patients who turned

directly to an allergist about their typical manifestations of allergy (dermatitis, bronchial asthma). The majority (75%) were patients who were treated in the somatic departments for the underlying disease or were registered by a pediatrician or narrowly specialized physicians (neurologist, rheumatologist, otolaryngologist). All children regularly (2-3 times a year) received planned therapy for the underlying disease. Criteria for inclusion of patients in the study - the duration of the disease is not less than 6 months; continuous relapsing course of the disease; frequency of exacerbations at least 1 time per month; short-lasting effect of classical therapy. Standard clinical and instrumental examination methods were used.

The diagnosis of food allergy was made on the basis of a comprehensive clinical and laboratory examination of patients, taking into account the allergological anamnesis data,

the analysis of the food diary, the results of skin testing with allergies, elimination and provocation tests. Skin tests were carried out with the nutritional allergens of the company AOOT Biomed them. THEM. Mechnikov. According to the main clinical manifestations of the disease, 5 groups were singled out - 1st c. (n = 22) - patients with arthralgia, 2nd gr. (n = 20) cephalgia, 3rd gr. (n = 18) - gastritis and / or gastroduodenitis, 4th gr. (n = 17) - nasal bleeding, 5th gr. (n = 11) - enuresis. The duration of the disease ranged from 6 months. up to 1 year - 17%, up to 2-3 years 35%, more than 3 years - 48% of cases. The frequency of diseases from weekly to daily was recorded in 59% of patients and most often in the group of patients suffering from cephalgia (80%) and enuresis (75%). In 22% of patients, exacerbations occurred from 1 to 3 times a month; in 24%, exacerbations were irregular (associated with

fatigue, hypothermia, meteorological conditions, etc.). In 45% of patients, a combination of the underlying disease with the skin (atopic dermatitis) or respiratory

(bronchial asthma, allergic rhinitis) manifestations of allergy was noted.

Results and discussion. Analysis of the most common clinical manifestations of

chronic pathology in children showed that in the structure of cephalgia, chronic headache was determined - 42%, headache with cerebral angiodystonia - 20%, vegetovascular dystonia - 18%, migraine - 13%, residual organically lesion of the central nervous system - 6%; in the structure of arthralgia: arthralgia of unspecified etiology - 58%, arthralgia with reactive arthritis - 42%; in the structure of gastrointestinal manifestations, chronic gastritis with normal acidity - 63%, chronic gastroduodenitis with normal acidity - 31%, erosive gastroduodenitis - 6%. It is known that the main risk factors for the development of food allergies are aggravated atopic heredity and perinatal factors. A detailed study of the risk factors for the development of food allergy revealed that the possibility of allergic reactions to food products is almost equally affected by the burdened allergy and the pathological course of pregnancy (65% and 52%, respectively). In addition to hereditary burdens, the development of food allergies requires sensitization of the body. In this regard, significant results are presented by the results of skin testing, which revealed in 84% of cases an increased sensitivity to food allergens. A characteristic feature of skin testing in all patients was the presence in the overwhelming majority of cases (90%) of a weakly positive degree of sensibilization. This, apparently, is one of the reasons for the lack of a clear relationship between taking the product and the appearance of complaints, in connection with which patients do not associate their suffering with food allergies. In the structure of the etiological factors of food sensitization, chicken eggs (80%), food grains (73%), meat (67%), cow milk (55%) citrus fruits (42%), fish (45%) are identified. Moreover, depending on the nosological form of the disease, the etiological structure of food sensitization has its own characteristics. Analyzing the structure of the etiological factors of food sensitization, it was found that in all forms of diseases, sensitization to the egg was practically the same frequency (from 78% to 86%).

Sensitization to other food allergens occurred with varying frequency. So, most often sensitization was determined:

-in patients with cephalgia: cereals (91%), egg (75%), milk (63%), meat (56%);

-in patients with arthralgia: egg (85%), cereals (70%), fish and meat (58%), milk (51%);

-in patients with nasal bleeding: meat (93%), citrus fruits, egg (75%), cereals (69%);

-in patients with enuresis: egg (82%), meat (64%), milk and cereals (55%);

-in patients with gastritis: cereals, egg (78%), meat (69%).

Considering that these products are products of daily consumption, it is impossible to establish a clear connection between exacerbations and their intake (according to anamnesis data) in most cases. In this regard, in each individual case, food allergies were confirmed by elimination and provocative tests, according to the results of which 65% of the examined

children showed food allergies, and depending on the clinical manifestations, they were recorded with a different frequency. most often food allergies occur in patients with cephalgia (82%) and gastritis / gastroduodenitis (75%), slightly less often in patients with arthralgia (63%), nasal bleeding (53%) and enuresis (40%). The most frequent products that cause the development of food allergies in this group of children were egg (40%), food grains (39%), milk (22%) and food additives (preservatives, dyes, etc.) (22 %). Products such as meat, fish, citrus and nuts in rare cases caused complaints (from 1.5% to 3% of cases). Moreover, depending on the clinical manifestations of the disease, the etiological structure of food allergies that cause an allergic reaction is different. The most common cause-significant allergens in patients with cephalgia are milk (36%), cereals (36%), and egg (29%); in patients with arthralgia - cereals (67%), in patients with enuresis - an egg (75%), in patients with nasal bleeding - an egg (62%) and food additives (38%); in patients with gastritis cereals (42%), food additives (33%). Thus, the same product can cause an allergic reaction in any —shock organ. The study showed that the use of eggs most often caused the appearance of nasal bleeding and enuresis; eating cereals - arthralgia, gastritis / gastroduodenitis, headaches; use of milk - headaches; the use of nutritional supplements - the cause of nosebleeds, as well as gastritis. It is interesting to note that in 59% of cases food allergies to one product were determined, in 6% - to 2 products, and only 4% - to 3 or more products. It is known that food allergy is a clinical manifestation of the immunological process. In accordance with the immunopathological basis for triggering an allergic reaction (Cell P. and Coombs R., 2008), 4 types of allergic reactions are distinguished. Based on the analysis of clinical and immunological examination data, we have identified the leading immunological mechanisms for the development of atypical manifestations of food allergy. The types of allergic reactions were confirmed:

-Type I: positive skin test results for 20 minutes, early (within the first 2 hours) or delayed (from 2 to 6 hours) positive reactions during provocative tests.

-Type II: the presence of elevated levels of total IgE and / or specific IgE / IgG antibodies in the blood.

-Type III: delayed (from 6 to 12 hours) positive reactions during provocation tests, the presence of elevated levels of CIC and immunoglobulins M, G in serum.

-Type IV: positive results of skin tests after 24.48.72 hours, slower (after 24.48.72 or more hours) positive reactions during provocative tests, elevated levels of immunoglobulins M, G in blood serum. Immediatetype hypersensitivity was found in 77% of patients, in 28% - immunocomplex, in 55% - delayed type of allergic response. Analysis of the obtained data allowed us to identify the features of the immune response within each clinical group. It has been established that in each group of patients types of allergic reactions are rarely seen in isolated form, since in most cases there is a combination of pathogenetic mechanisms of food allergy development (table).

Table 1.

**Types of allergic reactions in patients with a typical manifestations
of food allergies (%)**

Clinical manifestations of food allergies	Types of allergic reactions according to the classification of P. Gell and R. Coombs		
	I	III	IV
Nosebleeds	61	49	56
Cephalgia	51	33	45
Arthralgia	75**	22	54
Gastritis	100*	17	40
Enuresis	100**	20	80

Note: * - $p < 0.001$; ** - $p < 0.01$ in horizontal rows.

In patients with gastritis and enuresis of food etiology, it is statistically

significantly more often ($p < 0.001$) that type I of allergic reactions is recorded in comparison with patients of other groups. patients with arthralgia ($p < 0.01$), enuresis ($p < 0.01$) and gastritis, gastroduodenitis ($p < 0.001$) are more common to type I and IV types and reactions. Patients with nasal bleeding and cephalgia do not have statistically significant differences in the prevalence of one or another type of immune response, since they have I, III, and IV types with almost the same frequency.

Findings. 1. The high frequency of food allergy detection (65%) among children

with persistent course of various chronic pathologies indicates a variety of its clinical manifestations. The etiological structure of food allergies, depending on the nosology of the disease, has its own characteristics. 2. The detected changes in immunity indices indicate that various types of allergic reactions are involved in the development of food allergy, and in most cases a combination of pathogenetic mechanisms is noted.

Список литературы/Iqtiboslar/References

- Alexandieva Z.A. Risk factors for atopic dermatitis / Z.A. Aleksandiev // Allergy and Immunology. 2012.-T.13.-№1.-p.14.
- Vorontsov I.M., Matalygina O.A. Diseases associated with food sensitization in children. - L.: Medicine, 2006. - 135-140 p.
- Ganiev A.G., Abdurashidov A.A. Pathogenetic aspects of immunity in the development of food allergies / Republican scientific and practical videoconference with international participation // "Innovations in medicine and medical education" Andijan, December 7-8, 2018. Art.198-203.
- Smirnova S.V. Allergy and pseudo-allergy (to the issues of prevalence, etiology, pathogenesis, differential diagnosis and therapy. - Krasnoyarsk: Grotesque, 1997- 220 p.
- Cheburkin A.A. About multiorgan atopic diseases in children / Pogomiy NN, Chistyakov G. M. // Ros.vestn. perinatol. and pediatrician. - 2004. - V. 39. - № 3. - P. 22-25.
- Kemmerer G. Allergic diathesis and allergic diseases: Trans. - M. - L.: State. Publishing house biol. and honey. lit., 2006. - 418 p.
- Babna S L Dilemma of pathogenesis and diagnosis of food allergy // Immunol. Allergy Clin. North. Am. - 2012. № 7, - P. 299-312.
- Ganiev, A. G., Nazarov, D. K., Orumbaeva Z. O., Abdurashidov, A. A. Actual problems of modern science // 4 times per year.2-3,2018 s.
- D'Netto M. Allergic gastroenteropathy in preterm infants / M. D'Netto, V. Herson, N. Hussain et al. // J Pediatr. - 20. V. 137 (4). - № 10. - P. 480-486.
- Nogaller AM. Immunologic reactivity in patients with food allergy // Klin. Med. (Mosk). - 2011. - V. 69. - № 6, - P. 80-84.

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