

NIGHT OF ATOPIC DERMATITIS IN CHILDREN KOMORBID LABORATORY - IMMUNOLOGICAL PROPERTIES

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Learn the peripheral blood of children, indicators when the light level is reduced since the children in group 2 and 3 be specific for hemoglobin ($108,2 \pm 2.3$ g/l $103,4 \pm 1.2$ g/l), 1- indicators for children while in a group showed a significant decline from the norms of ($98,2 \pm$ increase of 1.3 g/l, $p < 0,01$). Ferritin will determine the amount may be reliable to assess the level of anemia in serum. Regulatory indicators indicators in the group 2 and 3 in children from the lower border of the slightly higher ferritin ($58,0-150,0$ ng/ml, $r >$ up to 0.05) showed 1-and compared to the norms in the group compared to healthy group, while a decrease was observed reliable. The number of outbreaks of disease in healthy children during the period of eosinophilic get all the group is relatively high uruhga (1 table). Atopic dermatitis, bronchial asthma compared to healthy children in comparison with along with the number eosinophilic night $6.1; 5,1$ 4,7-fold increased in atopic dermatitis and bronchial asthma ($p < 0,001$) ($p < 0,001$).

1-table

Check in the peripheral blood indicators of the group

Indicator	group1,n=6	group 2, n =35	group 3 n =35	healthy ren, n =20
Microcirculations, /l	$3,3 \pm 0,053$	$3,1 \pm 0,095$	$3,2 \pm 0,053$	$4,13 \pm 0,03$
Hemoglobin, g/l	$98,2 \pm 1.3$	$108,1 \pm 2.3$	$103,4 \pm 1.2$	$121,4 \pm 1.1$
color index	$0.81 \pm 0,02$	$0,9 \pm 0,01$	$0,89 \pm 0,02$	$0,94 \pm 0,01$
Leykositlars, $10^9/l$	$7,8 \pm 0,14$	$7,4 \pm 0,22$	$7,2 \pm 0,14$	$6,52 \pm 0,17$
Eozinofils	$7,4 \pm 0,21^{**}$	$6,2 \pm 0,32^*$	$5,7 \pm 0,29^*$	$1,21 \pm 0.1$
ECHTmm/s	$8,4 \pm 0,52$	$9,3 \pm 0,61$	$8,2 \pm 0,43$	$6,4 \pm 0.4$

Comment: $r < 0.05-0,001$ compared to healthy children.

Diagnosis of allergic diseases and inflammatory processes markyorlardan traditional one used for comparison and comparative total serum iga levelis niqlash. At this markyorD in patients with BA and despite the fact that it will determine, in recent years, the prophecy of qiludim diseaseis not considered the main method of vchi [3,4,5 o'clock].

The most pronounced changes at the level of Iga was observed in the patient group than the healthy group b and his children in all kontsentrasiyasibe several times higher ir (1 table). Atopic dermatitis, bronchial asthma groups when compared with the total iga level mutually komorbid figure 2 and group 3 were observed and most high night because of this the level of iga in children nisbaof recognition 1.2 times higher (1 picture).

2-table

Check the amount of total Iga in children XB/ml

Indicator	group 1, n=50	, group 2 n =30	group 3, n =30	healthy ren, n =20
Iga, XB/ml	482,1±68,5**	341±extended 1.2*	395,2±extende 54.2*	58,3±6,5

Note: $p < 0,001$, 1 - group as compared to healthy children and reliability.

This study further changes to komorbid have to solve the progress made by night, accompanied with the increase of the level of Iga mechanism allergizasiya this one, just in case, according to the skin as a result of inflammation in the wall of the bronx high and can be increased. A patient in the detection of high levels of iga in the blood of patients with allergic disease quickly enough to say that this type of night basis.

With bronchial asthma, atopic dermatitis, which happens to be possessing komorbid night that night had an allergic reaction to fast on the number of molecules in a cell of total iga, which is located in the cell membrane of the disease and the characteristics of the allergen, call reseptorlar affairs and is directly related to. The total amount of Iga's on the cells you much less if it is determined or the disease which produced allergens and allergic reactions are not observed, that is, will not show clinical signs of the disease in the patient. An allergic reaction appear to be clinical signs of the disease to be observed both on the cell membrane as well as at least 2 glikoprotein reseptorlar general's iga molecule and the bridge are connected with that form is important. This situation not only the patient develops an allergic reaction in infected cells and only recently uncovered, that is degranulyasiya the process is observed and the disease appears clinic [5, 8, 9].

We study the severity of atopic dermatitis and allergic inflammation of the bronchial iga titr special commercial komorbid observed the progress made by patients with asthma, we have to identify in the night. The conduct of the tests in the skin, allergic own fabrics using an artificial method of the disease in the call (provokasion allergic tests) and laboratory methods in the conduct of a special allergen tests for Iga-are antitanalar shall

determine that. Some pose challenges to the conduct of skin tests in children but, for the same reason we check special in children with Iga-we have antitelo determine the titr. The level of medium and heavy children of atopic dermatitis observed in 60% of the food in relation to your own fabrics with a high level of sensitivity, and this sensitivity study observed a correlation between the progress made by. Study the progress made by the patient to determine which product that has a relatively high sensitivity and therefore the signs of the progress made in the event eliminasiya study transfer the skin by, BA will lead to a sudden decrease in clinical symptoms. Food in relation to the high sensitivity own fabrics be a sucker small youngagi is observed in children [2,3], our observations also our own food to fabrics exactly sensitivity in this age group were observed. Fabrics fabrics are mainly compared to teenagers and adults and develops in them at your own sensitivity your own ingalasion atopiya the only study made progress, but not the tab with respiratory signs can be observed [78, b 74-80].

Special inspections allergologik atdtasdiqlangan 60 children was conducted. The process according to the location of allergic children would be the following groups: allergic skin of the form (ED) with 30 students, the form of allergic skin (ED) and the respiratory form (BA) 30 komorbid night with the kids. The collecting of the anamnesis and examination of the child on special allergologik antitanalarini in their home as a result of the detection of serum iga, at epiderma, dust, and food for own fabrics identified as sensitive (figure 3.4).

Kontsentrasiyalari significant from the aspect of diagnostic blood serum iga's special 1 - in the group 90,4% in children were determined.

Serum iga's own fabrics, fabrics for their food spesifik own diagnostic kontsentrasiyalari important from the aspect of all children 78,3% detected at them, the maximum frequency of identifying children with allergic komorbid technique in the group of the form (1-group) – (90,0%), atopic dermatitis (group 2) and bronchial asthma (3-group) in children infected with (69,5% and 61,6%) were observed. In group 2 fabrics column among the most own food: chicken eggs, cow's milk, wheat flour, bananas, chicken meat. In group 1, while at the same time own fabrics mainly from food, fish, oatmeal, citrus fruits, peach and tomato own fabrics will dominate.

Serum iga's own fabrics, household fabrics kontsentrasiyalari important from the aspect of diagnostic spesifik to own in all children (61.6 %) identify. Of them the maximum level of bronchial asthma (3-group) were observed in children – (83.3%), allergic skin diseases in the form of the progress made by the minimum condition study (2 groups) – (25.9%) were observed.

Bronchial asthma, atopic dermatitis, along with the fold to the data obtained from the diagnostic kontsentrasiyalari important aspect spesifik night's iga food (90,0%) and at epiderma (80,5%) own fabrics to identify. 1 check-in the patient group among the leading own fabrics at epiderma: people hair, 2 and 3 in the group, while animals yungi, tara meat and mites dominate.

The main mediator involved in the late stages of allergic inflammation in atopic dermatitis inflammation of one – leykotrienlar is. This c_4 , D_4 , and e_4 leykotrienlar tsistein the reason they fall in the structure tsistein leykotrienlar is called. Leykotrienlar - acid metabolism araxidon 5-engine surge into the group lipoksigenaza [40, b-66; 104, b 42-45].

It has the feature of leykotrien reseptorlar antagonistlari hinder the development of allergic inflammation. Montelukast sodium applying the many tools of the pathogenetic basis of allergic diseases (bronchial asthma, atopic dermatitis) reduces the clinical signs of the remission by extending avoids the recurrence of the disease, to accept glyukokortekosteroidlarni by reduction, reduces the side effects to their body.

Many of the drugs antileykotrien bronchial asthma and allergic giperreaktivligi clinical examination in children and adults showed high efficiency in the treatment of the bronx. Leykotrien reseptorlar of the most used antagonisti - montelukast, if it reduces the signs of BA in children, bronxoprotektiv and anti-inflammatory effect and prevents airway narrowing. Montelukastning the positive effects of the disease and the child in the long term appeared first day (80 weeks) to receive taxifilaksiya of side effects and does not lead to the origin. Montelukast drug in children of age two years can apply. Therapy in infected children with mild bronchial asthma, montelukast with basic medicines ingalyasion glyukokortikosteroid (it perks) when compared with the same positive effectiveness of them flutikazon ta'sirda observed [57, b-124; 168, b-61-69]. At the same time, the number of electrons received montelukast medicines and treatment to patients with bronchial asthma stasionar murojati has reduced costs.

Study bronchial asthma in children with the progress made by the general leykotrienlar amount komorbid night explored in peshob are incomplete, therefore, we peshob in children in this group (non-invasive methods is one of the reason of the case) C_4 , D_4 , and e_4 , we have to determine the amount of.

As seen from the data in the table, the progress made by children in the study and diagnosed with a ba (group 2 and 3) $C_4D_4E_4$ from level 6.5 0.9 ng/ml in the range and this average (5.2 ± 0.09 and 6.7 ± 0.15) ng/ml, bronchial asthma with night komorbid the progress made by the study (group 1) $C_4D_4E_4$ level from 2.99 15.80 ng/ml range and average 9.3 ± 0.62 ng/ml and a high level compared to other organized groups (3.5-table).

3-the table

Ofcourse leykotrien reseptorlar status in the group ($C_4D_4E_4$), nm/ml

Groups	$C_4D_4E_4$ ng/ml
in group 1 (n=60)	$9,3 \pm 0,62^{**}$
group 2 (n=30)	$5,2 \pm 0,09^*$
group 3 (n=30)	$6,7 \pm 0,15^*$
Sog'lom children (n=30)	$0,93 \pm 0,042$

Note: $p < 0,001$, 1,2,3 - groups as compared to healthy children, and reliability.

In the patient group peshob 1 st and 2 $C_4D_4E_4$ this indicator is high, especially compared to healthy group and the amount of the progress made by the late komorbid study bronchial asthma with the work in 1.6 times higher.

The results obtained from the study bronchial asthma pathogenesis mechanism with the progress made by komorbid leykotrien indicated the presence of night if the night was significantly og'irlashib point of the disease (group 2), patients in bronxospazm, cough, and skin of the character in the long-term bring to be saved. Check this confirmed the results of our clinical.

We leykotrienlar during the research, special indicators and Iga in the peripheral blood between eozinofil korrelyativwe have accomplished ion analysis (3 tables). According to data gathered, the study bronchial asthma with night in the progress made by komorbid peshob tsistinil leykotrienlar $C_4/D_4/E_4$ I eozinofillar ($r=+0,67$; $p<0,0001$), $C_4/D_4/E_4$ (ng/ml) and specific Iga ($r=+0,71$) and SCORAD index and the highest positive correlation $C_4/D_4/E_4$ ($r=+0,9$) were determined among.

Stable

The relationship between the indicators korrelyativ

Indicators of patients with verified the progress made by the y bronchial asthma with night orbid	$C_4/D_4/E_4$ ml)	$C_4/D_4/E_4$ ml)	SCORAD In	Special Iga
	eozinofil mk at)	Iga special	$C_4/D_4/E_4$ ml)	SCORAD index of
	0,67	+0,71	+0,9	+0,89

Clinical features of atopic dermatitis in children with ba komorbid night thus consists of the following: patients with a severe degree on scorad index, 65% of the progress made by the study mainly komorbid night, i.e. BA and study the progress made by the children at a time of escalation was observed in the period; total Iga level atopic dermatitis atopic dermatitis and bronchial asthma bronchial asthma with night the komorbid 1.2 times higher compared to the group; serum Iga's food and fabrics at epiderma own spesifik important from the aspect of the diagnostic technique which is the maximum frequency of allergic komorbid the form 1-a were observed in children of the group – (90,0 % and 80,5%); $C_4D_4E_4$ study bronchial asthma with night komorbid the amount of the progress made by 1.7 and 1.3 times higher than groups 2 and 3 was indicator. The progress made in the study bronchial asthma with night komorbid by peshob tsistinil leykotrienlar $C_4/D_4/E_4$ I eozinofillar ($r=+0,67$; $p<0,0001$), $C_4/D_4/E_4$ (ng/ml) and specific Iga ($r=+0,71$) and SCORAD index and the highest positive correlation $C_4/D_4/E_4$ ($r=+0,9$) were determined among.

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