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CHARACTERISTICS OF THE IDENTIFIED ALLERGENS AND PREDISPOSING FACTORS IN CHILDREN WITH ALLERGIC RHINITIS

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✓ ***Resume***

In children with AR, using a scarification test, various types of allergens were identified, which had differences in different forms of the disease. The degree of manifestation of allergic reactions differed depending on the form, clinical course of AR and IWT of the body. All these data require attention and are important in the diagnosis, differential diagnosis, assessment of the clinical course and the effectiveness of treatment of this disease.

Key words: children, allergic rhinitis, scarification test.

ХАРАКТЕРИСТИКА ВЫЯВЛЕННЫХ АЛЛЕРГЕНОВ И ПРЕДРАСПОЛАГАЮЩИХ ФАКТОРОВ У ДЕТЕЙ АЛЛЕРГИЧЕСКИМ РИНИТОМ

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✓ ***Резюме***

У детей АР с помощью скарфикационной пробы выявлены различные виды аллергенов, которые имели различия при различных формах заболевания. Степень проявления аллергических реакций отличался в зависимости от формы, клинического течения АР и ИВТ организма. Все эти данные требуют внимания и являются важными при диагностике, дифференциальной диагностике, оценке клинического течения и эффективности лечения данного заболевания.

Ключевые слова: дети , аллергический ринит, скарификационная проба.

АЛЛЕРГИЯ РИНИТИ БЎЛГАН БОЛАЛАРДА АНИҚЛАНГАН АЛЛЕРГЕНЛАРНИНГ КЕЛТИРИБ ЧИҚАРУВЧИ ОМИЛЛАРИ ВА ХУСУСИЯТЛАРИ

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✓ ***Резюме***

Аллергик ринит билан огриган болаларда скарификация тестидан фойдаланиб, касалликнинг турли шаклларида фарқ қилувчи турли хил аллерген турлари аниқланди. Аллергик реакцияларнинг намоён бўлиш даражаси организмнинг АР ва ИВТ шакли, клиник кечишига қараб фарқланади. Ушбу маълумотларнинг барчаси эътиборни талаб қилади ва диагностика, дифференциал диагностика, клиник йўналишни баҳолаш ва ушбу касалликни даволаш самарадорлигида муҳим аҳамиятга эга бўлади.

Калит сўзлар: болалар, аллергик ринит, скарификация тести.

Relevance

Using a scarification test in children with allergic rhinitis, different types of allergens were identified that differed in different forms of the disease. The degree of manifestation of allergic reactions varies depending on the AR and IVT form of the organism, the clinical course. All of this information requires attention and diagnostics, differential diagnosis, assessment of clinical direction and will be important in the effectiveness of treatment of this disease.

Allergic diseases yavlyayutsya globalnoy problemoy zdravooxraneniya. Naibolee chasto kak sredi detskogo, tak i sredi vzroslogo naseleniya vstrechaetsya allergicheskiy rhinit. According to WHO, more than 40% of the population of developing countries have signs of allergic

reactions. In nastoyashchee vremya chastota allergicheskogo rhinita v obshchey populyatsii sostavlyaet 10–20% i pri etom eti tsifry imeyut tendentsiyu o dalneyshem roste dannogo zabolevaniya [1,4,8].

According to the results of epidemiological studies, allergic rhinitis affects about 20% of the population of all age groups. According to him, 54-75% of patients with allergic diseases have inherited predispositions due to the fact that the interaction of the AR with the functional state of the vegetative nervous system (VNS), the Thus, the analysis of modern literature has shown that the problem of the formation and course of AR in children is one of the significant aspects of medicine, including otorhinolaryngology [6].

peculiarities of the development of the development of vegetative changes in the development of vegetative changes methods of treatment, tselenapravlennoy korrektsii, morphological changes in the tissue of the nasal cavity with a measure of the origin of vegetative tone (IVT) of the organism [2,3,5]. The occurrence and course of allergic diseases are significantly influenced by climatic and geographic conditions of the human environment, ethnic characteristics of the population, lifestyle and nutrition, individual reactivity of the body, that is, the disease has clearly defined regional features.

Objective of the study: to determine the identified allergens and predisposing factors in children with allergic rhinitis

Materials and methods of research: Objectification and verification of the diagnosis was achieved through the obligatory confirmation of its clinical and laboratory parameters, i.e., characteristic complaints and allergic history, including the presence of the influence of risk factors for the development of allergies, clinical symptoms, characteristic changes in the general blood test, skin allergological tests , IgE in serum of nasal secretions, positive results of treatment with the use of antihistamines in the past. In the case when it was not possible to determine the causal allergens, the diagnosis was verified on the basis of an assessment in the dynamics of the other indicators listed above.

All 217 AR children were divided into two groups. The first group consisted of 92 CAR children. The second group included 125 children of ATS. In turn, in each group, 3 subgroups were identified, taking into account the state of the IWT.

Results and discussion: The list of allergens and predisposing factors for the development of AR was studied on the basis of complaints from patients and their parents, the history of the development of the disease and life, scarification allergological tests.

Of the total number of examined children, only 56 (25.8%) children and their parents gave the name of allergens, upon contact with which the disease began and the course of AR worsens. Of these, 38 cited only one as a causal allergen, 10 - two, 6 - three, 3 - four, 1 - five or more. Among this contingent, children with SAR were predominant compared to CAR, respectively 37 (66.1%) and 19 (33.9%). Girls (34-60.1%) have a better causative allergen of the disease than boys (22-39.9 14 (25%) individuals themselves calculated the allergen type, and in the remaining 42 (75%) the type of allergen was identified by an allergist earlier prior to this study. The list of causal allergens indicated by patients and their parents is shown in Table 1.

As can be seen from the table, most often the patients indicated house dust, a feather of a pillow, wool of a sheep and a dog, an egg. These same allergens have often been involved in polysensitization. Girls more often pointed to the smell of flowers, washing powder, wool of a sheep and a dog, and they were more likely to have a pragmasy, boys - citrus fruits, the smell of flowers, walnuts, sheep and dog wool.

In total, 158 (72.8%) children of AR and their parents indicated the presence of allergic diseases in their relatives. In relation to the examined child-proband, allergic diseases were manifested in 38 (24.1%), ascending and 30 (19%) - in the lateral directions of the family tree, and90 (56.9%) revealed their combination in various variations.

Relatives 28 (17.7%) had food allergy, 20 (12.7%) - allergic rhinitis, 19 (12%) drug allergy, 14 (8.9%) - bronchial asthma, 14 (8.9%) - allergic dermatitis, 6 (3.7%) - urticaria, 57 (36.1%) their combination.

The list and frequency of previously transferred diseases, which were considered by patients and their parents as a triggering factor for the development of AR, is presented in Figure 1.

Table 1.
List of allergens according to a survey of children with allergic rhinitis and their parents, in percent

Allergen type	Identified cases of allergies, in absolute numbers		
	girls n = 124	boys n = 93	general n = 217
house dust	73	66	139
feather pillow	66	47	113
woolen clothes	47	31	78
washing powder	47	10	57
Cold	12	16	28
perfumery	49	12	61
conditioned air	7	7	14
smell of tobacco	13	19	31
smell of flowers	68	44	112
sagebrush	42	37	79
quinoa	41	33	74
sheep wool	29	44	73
cat fur	18	14	32
dog's fur	31	41	72
cattle wool	11	42	53
a fish	19	21	40
egg	56	49	105
citrus fruits	17	19	36
Red beetroot	13	11	33
Walnut	36	41	77
sensitization to: - one allergen - two or more allergens	 42 82	 36 57	 78 139

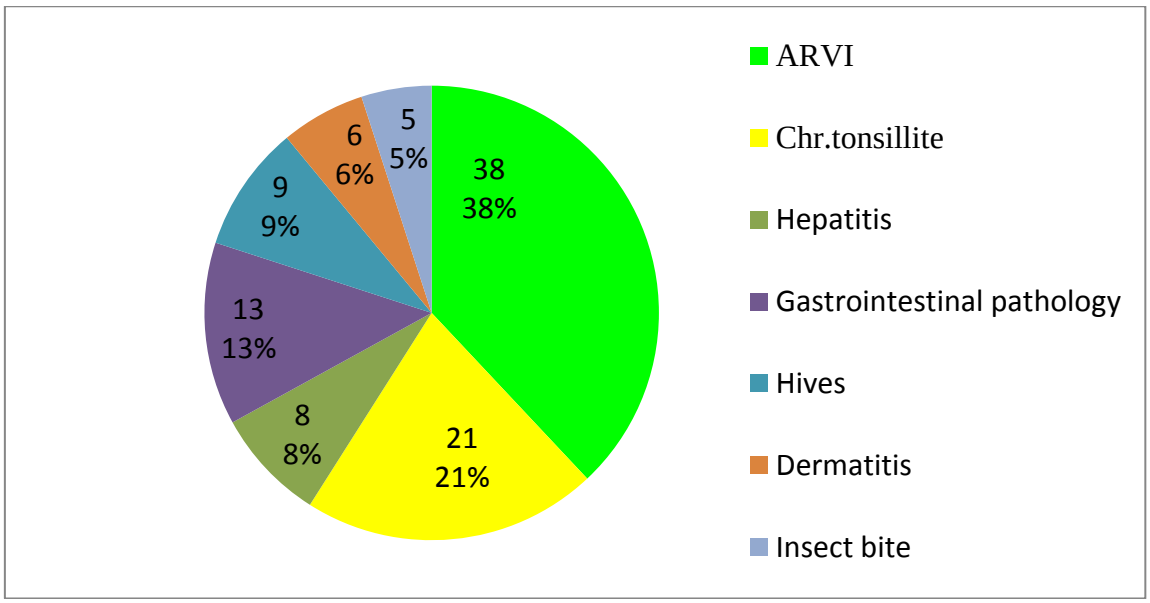

Figure 1. *Previous diseases, which were considered as a triggering factor for the development of AR, in percentage*

All 217 patients with AR underwent a skin scarification test.

Its results varied widely depending on the form, severity of AR, and the number of identified allergens.

The types of the identified reactions of the scarification test are presented in Table 2.

Table 2.
Types of identified reactions of the scarification test in patients with allergic rhinitis

Patient group	**Revealed types of reactions, in absolute numbers**			
	Sharp positive (+++)	Weakly positive (+)	Weakly positive (+)	Doubtful (±)
First group, n = 92	27	29	33	3
Subgroup 1A, n = 46	19	14	12	1
Subgroup 1B, n = 24	4	8	11	1
Subgroup 1B, n = 22	4	7	10	1
Light flow, n = 20	2	4	12	2
Medium weight. flow, n = 49	7	20	21	1

Severe current, n = 23	18	5	-	-
Second group, n = 125	52	50	22	1
Subgroup 2A, n = 71	36	26	9	-
Subgroup 2B, n = 28	9	12	7	-
Subgroup 2B, n = 26	7	12	6	1
Light flow, n = 19	-	5	13	1
Medium weight. flow, n = 75	29	38	8	-
Heavy current, n = 31	23	7	1	-
Total n = 217	79	79	55	4

As can be seen from the table, there is a connection between the degree of manifestation of the reaction with all the analyzed indicators. The manifestations of the scarification test in a more pronounced form were manifested in:

-SAP versus KAP;

- severe, then moderate and least mild course of the disease, regardless of the form of AR and the type of IWT;

- vagotonia, then normotonia, and sympathicotonia, regardless of the form of AR;

Based on the analysis of the frequency of detection of various allergens in the scarification gap, the following was revealed:

- the species composition of allergens differed in CAR and SAR;

- with CAR, mainly epidermal, household, food allergens are detected;

- the causative factor of SAR was mainly pollen allergens, namely cotton, pyramidal poplar, willow, walnut, wormwood;

- in children with CAR, a more pronounced reaction was noted in the presence of sensitization of the body, sheep and dog wool, house dust;

- in children with SAR, a more pronounced reaction was noted in the presence of sensitization of the body to cotton, pyramidal poplar, willow, walnut, wormwood.

Thus, in children with AR, using a scarification test, various types of allergens were identified, which had differences in different forms of the disease. The degree of manifestation of allergic reactions differed depending on the form, clinical course of AR and IWT of the body. All these data require attention and are important in the diagnosis, differential diagnosis, assessment of the clinical course and the effectiveness of treatment of this disease.

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