IN THE TREATMENT OF ATOPIC DERMATITIS IN CHILDREN USE OF IMMUNO-SUPPRESSIVE MEDICINES

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Abstract: *This pathology is characterized and determined by changes in the immune system against the background of genetic predisposition to allergic and pseudoallergic reactions. Etiology and pathogenesis of the disease, clinical appearance were studied, diagnostic criteria were developed. This article proposed treatment schemes for atopic dermatitis depending on the immune status and accompanying pathology.*

Key words: *atopic dermatitis, children, immunocorrective therapy.*

BOLALARDA ATOPIK DERMATİTNI DAVOLASHDA IMMUNOKORRESTIV DORI VOSITALARIDAN FOYDALANISH

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Izoh: *Ushbu patologiya allergik va psevdoallergik reaksiyalarga irsiy moyillik fonida immunitet tizimidagi o‘zgarishlar bilan tavsiflanadi va aniqlandi. Kasallikning etiologiyasi va patogenezi, klinik ko‘rinishi o‘rganilib, diagnostika mezonlari ishlab chiqildi. Ushbu maqola immunitet holatiga va birga keladigan patologiyaga qarab atopik dermatitni davolash sxemalarini taklif qilindi.*

Kalit so‘zlar: *atopik dermatit, bolalar, immunokorrektiv terapiya.*

В ЛЕЧЕНИИ АТОПИЧЕСКОГО ДЕРМАТИТА У ДЕТЕЙ ПРИМЕНЕНИЕ ИММУНОКОРРИГИРУЮЩЕЙ ПРЕПАРАТОВ

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Аннотация: *Данная патология характеризуется и определяется изменениями иммунной системы на фоне генетической предрасположенности к аллергическим и псевдоаллергическим реакциям. Изучены этиология и патогенез заболевания, клиническая картина и разработаны диагностические критерии. В данной статье предложены схемы лечения атопического дерматита в зависимости от иммунного статуса и сопутствующей патологии*.

Ключевые слова: *атопический дерматит, дети, иммунокорригирующая терапия.*

One of the pressing problems of pediatrics and children's allergology today is the problem of the growth of allergic diseases in children and, in particular, atopic dermatitis. Atopic dermatitis is not only widespread among the child population, but is also characterized by a chronic relapsing course, with risk factors for transformation into cutaneous respiratory and cutaneous gastrointestinal

forms of diseases, which in turn significantly reduces the health and quality of life of children, as well as their parents.

Improving care for children with atopic dermatitis is also an urgent problem in pediatrics; it requires early diagnosis and adequate, timely, complex therapy. It has been established that the leading role in the pathogenesis of atopic dermatitis (AD) is played by sensitization of the body to multiform endo- and exoallergens in combination with a violation of general biological reactivity [1, 2, 3, 4, 5]. At the same time, the tendency to protracted and sometimes chronic course of AD provides clear immune disorders, which requires adequate immunotherapeutic intervention. In terms of discussion, the first place, in certain cases, may be claimed by the status of primary immunological changes with subsequent consequent sensitization of the child’s body. This, in turn, determines the need for a complex treatment of such patients with immunomodulatory and immunocorrective drugs [6].

The purpose of our work is to determine the effectiveness of immunocorrective therapy for atopic dermatitis in children.

To begin solving this problem, we conducted a clinical and immunological examination of 108 children with atopic dermatitis aged 4 to 15 years. The course of the underlying disease was characterized by typical skin lesions with itching, scratching and excoriation. Localization of dermatitis elements - regions of flexion surfaces, anterolateral surfaces of the legs, forearms, buttocks, cheek area. The duration of manifestations is from 2.5 to 5-6 years.

Clinical examination of children made it possible to form the following observation groups: group 1 – 34 children with pathology of the upper digestive tract (gastritis (n=12), gastroduodenitis (n=8), biliary dyskinesia (n=6), disorders of the cardiac sphincter (n =4); duodenogastric reflux (n=4)). The age of the children in the first group averaged 8.4 years ± 1.6. Group 2 - characterized by the background status of dysbacteriosis (n=30), age 4-5.5 years. In this group, 2 subgroups were identified: 2A - dysbiosis as a consequence of a previous intestinal infection with the use of antibiotics that suppress intestinal colonization resistance (n=12) and 2B - subgroup - dysbiosis after repeated antibiotic therapy for acute respiratory morbidity (according to medical history) age from 4 to 12 years (n=18). Group 3 – children with clinical food intolerance (n=28), age from 6 to 14 years. In 16 children (subgroup 3A), the etiological significance of food allergies (cow's milk protein, chicken egg, beef) was confirmed by an allergological examination: skin tests, ELISA, increased IgE levels.

In 12 children (subgroup 3B), food intolerance was determined only clinically (exacerbation of the skin after provocative intake of certain foods, most often it was native cow's milk, oatmeal, tomatoes, dishes using chicken eggs, etc.) and was not confirmed by specific allergological diagnostic reactions. Group 4 (n=16) – children from 4 to 15 years old.Children with a typical clinical picture of atopic dermatitis, a torpid course in relation to therapy, approaching chronic in form. Children in this group were characterized by intolerance and allergic skin reactions to products containing food colorings, additives, flavorings and preservatives; in addition, they were combined into one group by the status of hypovitaminosis and the presence of signs of chronic intoxication (without obvious symptoms of the presence of foci of chronic infection from other systems).

Taking into account the results of the analysis of the main indicators of immune status and clinical and allergological features, we attempted to introduce immunomodulatory therapy into the algorithm for the treatment and rehabilitation of children with AD. From each group, 10 children with the most manifest manifestations of atopic dermatitis and the most characteristic changes in the immune system were selected. Based on the totality of changes in the immune status, adequate immunomodulation was selected. A repeat examination was carried out at the end of treatment, also at a 3-month follow-up to resolve the issue of anti-relapse treatment.

Thus, children of group 1, taking into account the general trend towards a significant decrease in the expression of T- and B-lymphocytes, were corrected with thymalin, lycopid, vitamin A, and we chose plasmol to influence the B-cell part of the immune system.

Thymalin and lykopid - in age-related doses - as immunomodulators for the main defect, vit. A – as an immunostimulant, to enhance immunostimulation of T cells, plasmol as a nonspecific regulator of B-cell response. In parallel with this treatment, therapy was carried out for underlying conditions (gastrointestinal pathology), antimediator, allergy, general and local treatment of skin areas affected by inflammation.

Children with AD group No. 2 with a clinical equivalent of dysbiosis status received the following complex of immunomodulation: polyoxidonium, ribomunil according to a gentle regimen, aloe.

Group No. 3 received the following complex of immunomodulatory effect: 1. Imunofan 2. Lykopid 3. Ultrasound - effect on the adrenal gland area 4. 0.25% derinat solution 5.Methyluracil In this complex, imunofan and licopid are used as T-mimetic modulators for the expression of CD25 and CD22 (mediated mechanism), as well as a modulator in relation to suppressor reception (taking into account the fact that the more accessible drug - thymalin - does not have restorative activity in terms of reduced expression and function of the suppressor population). Ultrasound exposure to the adrenal gland area aims to indirectly inhibit the activity of suppressor cells; derinat and methyluracil (to a lesser extent) - to switch the pathological response with

the formation of IgE and other cytotoxic antibodies to a normal level of protection against allergens and to activate the processes of nonspecific reactivity. 4, the immunomodulation scheme included, according to the main parameters of the altered immune system: T-activin + entegnin, roncoleukin, cigapan.

We chose T-activin due to its clear T-immunomimetic effect and the ability to activate natural killer activity [10], which is necessary to prevent transformation into an autoimmune process in cases of clear intolerance and dysmetabolic skin damage in AD with a significant causal factor of food dyes and additives . The added entegnin (polyphepan) is an integral part of detoxification during the restructuring of the immune system.The second component of the scheme - roncoleukin - has the ability to replenish the deficiency of endogenous IL2 with the reproduction of its effects, and the dietary supplement "Cygapan" is included in the complex as capable of increasing adaptive resources with the normalization of metabolic processes, including on cellular receptors, which allows us to attribute this to peculiar unique immunomodulators of indirect action.

The examination results confirmed the clinical and laboratory effect, which was more clearly expressed by the follow-up period of three months.

Children who received traditional treatment according to protocols for the treatment of children with allergic diseases went into remission within the same time frame, but there was no stability or relatively calm skin condition, and IS indicators were characterized by almost persistent deviations, i.e. During the period of subsidence of clinical manifestations in children with AD, only a tendency was noted, but not complete normalization of the level of immunocompetent cells.

Conclusion. 1. In children suffering from AD, there is a multidirectional and multifactorial nature of immunological disorders that are embedded in a pathologically vicious circle of chronic allergic and pseudoallergic inflammation.

2. The individual pattern of expression of CD receptors on lymphocytes correlates with the etiocausal trigger of inflammation, with the background situation and hereditary predisposition.

3. The use of complex, sequentially prescribed immunocorrective therapy ensures longer remission, restoration of basic indicators and cooperative connections of the immune system and subsequently requires screening maintenance therapy.

LITERATURE:

1. Baranov, A.A. Atopic dermatitis in children: diagnosis, treatment and prevention: scientific and practical program / A.A. Baranov. – M., 2015. – 75 p.

2. Novikov, D.K. Pathology of the immune system / D.K. Novikov // National Academy of Mycology, 2013. – 368 p.

3. Atopic dermatitis: basics of pathogenesis / Yu.V. Sergeev [etc.] // Immunopathology, allergology, infectology. – 2011. - No. 3. – P. 61–73.

4. Leung, D.Y.M. Atopic dermatitis: new insights and opportunites for therapeutic intervention. /D.Y.M. Leung // J. Allergy Clin. Immunol. – 2020. – Vol. 105. – P. 860–876.

5. Sergeev, Yu.V. Atopic dermatitis: from pathogenesis to effective therapy / Yu.V. Sergeev // Immunopathology, allergology, infectology. – 2014. – No. 3. – pp. 47–53.

6. Atopic dermatitis: new approaches to diagnosis and treatment / Yu.V. Sergeev, D.K. Novikov [etc.] // Immunopathology, allergology, infectology. – 2011. - No. 4. – pp. 29–47.

7. Medical standards for diagnosis and treatment of patients with allergic diseases and disorders of the immune system / R. M. Khaitov [et al.] // Allergy, asthma and wedge. immunology, 2015. – 64 p.

8. Khaitov, R.M. Features of the functioning of the immune system of the gastrointestinal tract in normal and pathological conditions / R.M. Khaitov, B.V. Pinegin // Allergy, asthma and wedge. immunology. – 1998. – No. 4. – P. 1–7.

9. Novikov, D.K. Medical immunology / D.K. Novikov: Minsk: Higher. school, 2015. – 303 p.

10. Khaitov, R.M. Immunomodulators: mechanism of action and clinical application / R.M. Khaitov, B.V. Pinegin // Allergy, asthma and clinical immunology. – 2013. – No. 2. – pp. 196–203.