

Approach to Differential Diagnosis of Respiratory Allergies in Children

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Annotation: This article is devoted to the treatment of respiratory allergy, a very common disease in pediatric practice. The problem of respiratory allergoses (RA) in children continues to be relevant throughout the world, despite numerous studies and a sufficient amount of therapeutic and preventive measures. In childhood, RA is one of the most common chronic diseases.

Keywords: children, allergoses, antitussive therapy, butamirate citrate, respiratory allergy.

Relevance: The group of frequently ill children (FIC) includes patients with predominant allergy symptoms (N.G. Romantsov et al. 2006). The problem of allergic diseases in childhood remains relevant today. A special place among them is occupied by respiratory allergies in children. The term “respiratory allergosis” is a collective concept [2, 6]. A number of authors propose to include vasomotor and allergic rhinitis in the group of respiratory allergies; allergic laryngitis, pharyngitis, tracheitis, bronchial asthma, asthmatic bronchitis. For patients with respiratory allergies who are sensitized to pollen from trees, plants, drugs and other allergens, there is a high risk of post-vaccination complications. A significant number of children remain unprotected from serious infections due to failure to receive vaccinations on time due to medical exemptions. The need to conduct mass epidemiological studies is due to the social significance of allergic pathology, the influence of the nature of its course and evolution on the state of the labor resources of the present and future society [5,6,7,8,9,10,11]. In recent decades, in all countries of the world, including the Republic of Uzbekistan, there has been a tendency towards an increase in the incidence of respiratory allergies in children and their more severe course. According to the results of a number of researchers, the prevalence of RA in the Republic of Uzbekistan varies from 1.7% to 7.2%, which is due not only to the influence of external regional factors, but also to the use of various diagnostic methods [4-6]. However, as practical studies conducted within the framework of the ISAAC (Interactional Study of Asthma and Allergy in Children) program in all regions of the planet show, the true incidence of RA turned out to be significantly higher than official statistics [7,12]. Discrepancies between the official statistics on negotiability and the results of epidemiological studies are associated with underdiagnosis of RA in various age groups. An analysis of epidemiological studies in the city of Andijan showed that in the structure of the prevalence of allergic pathology, RA is in 2nd place (5.5 + 0.03%), inferior to allergic rhinitis (14.4 + 0.19%) [4,8].

Purpose of the study: to study the results of vaccination in patients with respiratory allergies during different periods of the disease.

Material and method of research. We identified 68 patients with respiratory allergoses among the ChBD. There were 30 girls (45.0%), 38 boys (55.0%). Children under 10 years of age (16.7%); from 1 to 3 years -38 (56.7%); 4-7 years - 18 (26.6%). Of these, 24 (36.0%) patients received a pentavalent vaccine, 16 (23.4%) - DTP, 27 (40.5%) - ADS. All patients received rubella and measles vaccine. Mostly there were children with a history of allergic diseases. The following

factors also played an important role in the development of allergies: complicated pregnancy - 40 (58.4%), concomitant diseases of the mother - 44 (65.0%), drug treatment of the mother - 43 (64.0%), artificial feeding 32(47.1%), presence of constitutional anomaly - 55(66.0%). Allergological tests showed that 62.0% had a pollen allergy, 42.0% had a drug allergy, 32.0% had a vaccination allergy, and 28.0% had frequent infections.

Research results and discussion. According to the structure, the identified respiratory allergies were allergic rhinitis-23 (33.6%), allergic bronchitis-17 (25.0%), allergic pharyngitis-11 (16.0%), allergic tracheitis -7 (10.2%), bronchial asthma - 5 (7.3%), asthmatic bronchitis 5 (7.3%)

The children underwent a clinical and laboratory study and received complex therapy. Allergic rhinitis, bronchitis, pharyngitis occurred mainly at the age of 1 to 6 years, and allergic tracheitis, asthmatic bronchitis, bronchial asthma after 4 years, and predominantly boys under 1 year and after 7 years, girls and boys were sick to the same extent. The course of the disease and the clinical picture of respiratory allergies was typical and did not depend on the place of residence of the children, but the disease in rural children was diagnosed relatively late. In the majority of them - 42 (61.4%) the disease was recurrent in nature and was more difficult to respond to therapy. Diseases such as allergic bronchitis, tracheitis, asthmatic bronchitis and bronchial asthma gave frequent attacks (2-3 times a month). From the medical history, as well as data from outpatient records of children with respiratory allergies, it turned out that 31 (45.3%) had a hereditary predisposition, which was one of the main factors in the formation of allergies and the development of respiratory allergies. Thus, the above factors play a large role in the manifestation and exacerbation of respiratory allergies, without which it is not possible to organize successful treatment and prevention of these diseases.

68 children with respiratory allergies were vaccinated with measles and rubella after one year to 2 years, revaccination at 6-7 years. All children were divided into 3 groups: Group I - 28 (42.0%) children, Group II - 20 (29.0%), 11-20 (29.0%). Children of the first group were vaccinated after a year in the intercurrent period. The majority of 18 (64%) children tolerated vaccination well, but 10 (36.%) who had a history of allergies had local reactions in the form of hyperemia and swelling at the injection site, 10% general - increased body temperature, allergic rash on the torso, and in 10% - a specific type of cough and catarrhal phenomena of the nasopharynx, which lasted for 3-4 days, they were prescribed antihistamines for 5-7 days.

The second group was vaccinated during the intercourse period after preliminary preparation with the prescription of antihistamines. 6 (27%) had a local reaction and only 2 had symptoms of allergic rhinitis, which lasted 2-3 days and went away on their own.

The third group of children - 20 children - were vaccinated during the period of remission after 6 months - 1 year, also under the protection of antihistamines. Of these, only 3 had a local reaction.

Out of 68 children, only 50 were revaccinated with measles at 6-7 years of age, who also suffered from respiratory allergies. Of these, 36 (72%) suffered from allergic rhinitis, 12 (24%) from allergic bronchitis, and 2 (4%) from bronchial asthma. Before vaccination, they underwent a full clinical and laboratory examination, complex drug treatment, and vaccination was carried out only during the period of remission against the background of antihistamines. 5 (10%) had an increase in temperature to 38 degrees, an allergic rash, and 3 had an exacerbation of the underlying disease (allergic rhinitis, bronchitis). The rest of the children tolerated the revaccination well.

Thus, vaccination and revaccination of measles is best carried out during the period of remission under the protection of antihistamines.

We analyzed the results by nosology for the first pentavalent vaccination. In response to the pentavalent vaccine, 32.4% of children with respiratory allergosis showed a deterioration in their condition: asthmatic bronchitis (50.0%), bronchial asthma (66.6%). Slightly less allergic tracheitis (33.3%) and allergic bronchitis (33.3%).

The second pentavalent vaccination was carried out at a later date, not according to the vaccination calendar, due to a history of allergies. Therefore, all 68 children were protected by nonspecific sensitization, namely, given diazolin, fenkarol, suprastin, tavegil, etc. 4-5 days before vaccination and 5-6 after, taking into account weight and age. In addition, depending on the type of allergen, we selected the period of least allergic activity for each child in the optimal season. For children whose respiratory allergic manifestations were observed in the spring and summer during the flowering of plants, they tried to vaccinate them in the autumn-winter period. During the vaccination period, obligate allergens (eggs, chocolate, citrus fruits) were excluded from the children's diet. In 7 children with severe manifestations of allergies such as asthmatic bronchitis, bronchial asthma, allergic bronchitis, in order to prevent immediate allergic reactions, an antihistamine was administered parenterally 30-40 minutes before vaccination, but despite this, in 13.2% of patients with severe history and more pronounced clinical manifestations of the disease, even in the intercurrent period, an exacerbation of the process was observed, mainly with the pentavalent vaccine - 24.4%.

After preliminary preparation of children suffering from respiratory allergies, regardless of clinical forms, worsening of the disease after the administration of all vaccines was less common, in particular from the administration of the pentavalent vaccine 1.4 times.

Thus, after complex therapy with the inclusion of antihistamines 4-5 before and 5-6 days after vaccination, the proportion of worsening respiratory allergies decreased by 1.4 (32.4% versus 24.4%) times.

The third pentavalent vaccination was carried out in children with respiratory allergies in the remission phase without and against the background of nonspecific hyposensitization. The children were divided into 2 groups. The first group consisted of 42 (63.0%) patients with respiratory allergies with stable remission (from 6 months to 2 years), the second group 26 (37.0%) with short remission (up to 3 months). Children of the first group were vaccinated without prior preparation, and children of the second group groups, before immunization for 4-5 days and after it for 5-6 days, antihistamines were prescribed in an age-specific dose, according to the weight of the child.

There was a relationship between the duration of remission and the results of immunization. In children with stable remission of respiratory allergies in the first group, compared to the second group, exacerbation of the disease was observed 1.3 times less often (8.1% versus 9.9%). Exacerbation of respiratory allergies during the pentavalent vaccine was 1.2 times less common (19.0% versus 16.6%).

Analysis of nosological forms of the first group showed that there was often an exacerbation of allergic rhinitis, allergic bronchitis, asthmatic bronchitis and bronchial asthma, and in children of the second group there was an exacerbation of all nosological forms and the disease was more severe and longer lasting than in the first group. In children who had an exacerbation of the disease after vaccination, the anamnesis was unfavorable. These children were from a mother with a

burdened pregnancy, artificial, with manifestations of constitutional anomalies, with the presence of polyvalent sensitization. In connection with this, children of the second group were treated with antihistamines for up to 2 weeks or more, and even prescribed maximum doses per 1 kg of body weight. We carried out sanitation of foci of chronic infection, complex therapy with the administration of ascorbic acid, calcium supplements for the period of exacerbation until complete clinical recovery. Oration.

So, the proportion of exacerbation of respiratory allergies from vaccination was higher during short-term remission (up to 3 months), less - during stable remission (more than 6 months). Therefore, it is better to carry out vaccination in the phase of stable remission and against the background of nonspecific hyposensitization.

Conclusions:

1. The results of studying the effect of vaccination on the state of the respiratory system in patients with respiratory allergies revealed that the vast majority of children (87%) tolerated vaccination well, but in 13% there was a worsening of the underlying disease, expressed in the form of attacks of sneezing, itching, watery discharge from nose, swelling of the nasal mucosa, dry, barking, frequent, whooping cough, occurring at any time of the day. Children became restless, whiny, and in 5 children it was accompanied by suffocation and the appearance of cyanosis of the nasolabial triangle.
2. It should be noted that food and drug allergies, polyvalent and cross-hypersensitization were observed from the use of all vaccines used, but most often to the introduction of a pentavalent vaccine.

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