International Journal of Pediatrics and Genetics
Vol. 1 No. 1 (2023)
ISSN: XXXX-XXXX

CLINICAL CHARACTERISTICS OF BRONCHIAL ASTHMA IN SCHOOL CHILDREN

Fayzieva U.R.
Doctor of Medical Sciences, Associate Professor,
Termez branch of the Tashkent Medical Academy
Urakova U.E.
student, Termez branch of the Tashkent Medical Academy

Summary: This article is devoted to presenting the information available in the literature, studying premorbid and comorbid factors, clinical symptoms, problems of the course of bronchial asthma in children. Analysis of the data obtained will help pediatricians, pulmonologists in making the correct diagnosis and complex adequate therapy, medical examination, rehabilitation of sick children and improving catamnesis. In conclusion, in connection with the foregoing, it should be noted that the development of the clinical picture of BA, regardless of its etiology, requires the doctor to take urgent measures to clearly eliminate bronchial obstruction by influencing its reversible form, requires research, requires scientific research.

Key words: children, obstruction, asthma, bronchitis, comorbid condition, shortness of breath, hyperthermia, cough.

The urgency of the problem. One of the most sensitive indicators indicating a change in the quality of the environment is the health status of the child population. Actual problems today is the assessment of a combination of various risk factors (exogenous and endogenous), leading to the development of pneumonia in children. Currently, BA is widespread in the pediatric population and does not show a significant downward trend. Of great interest are the data of the regions with the analysis of the incidence in dynamics over a long period of time [1,2].

The prevalence of bronchial asthma has shown a steady increase throughout the world in recent years. Despite all the achievements in allergology, control over the disease, even with the exclusion of social risk factors and the influence of concomitant diseases, can only be achieved in two thirds of patients, and therefore there is a need to study endogenous factors that modify the pathogenesis of the disease [3, 4].

Asthma affects the quality of daily activities, lives of children, limiting them to being the leading cause of school absences, emergency room visits and hospitalizations compared to any other chronic disease in children.

The risk of exacerbation is increased by the presence of any of the following factors:

Vol. 1 No. 1 (2023)
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1. Frequent use of short-acting beta-agonists (SABAs) (predictor of increased mortality with >200 doses per day)month).
2. Inadequate therapy with inhaled corticosteroids (ICS) (absence of ICS in the treatment regimen, low adherence to treatment). 3. Violation of the technique and mode of inhalation. 4. Decrease in forced expiratory volume in 1 second (FEV1) (<60%), high degree of bronchial obstruction. Eosinophilia in or 6. exhaled nitric oxide (diagnosed food allergy) [5, 6].
Sputum peripheral blood.Increase factions (FeNO) in adults with allergic asthma taking ICS.

7. Comorbidity (obesity, chronic rhinosinusitis,
The purpose of the work: to determine the main risk factors for the development of AD taking into account the impact of adverse environmental conditions; Materials and methods of research. Methods of laboratory and study of instrumental examination of the clinic included anamnesis, general clinical examination, percussion, auscultatory, x-ray, ultrasound, complete blood count, urine, feces, biochemical studies.

Statistical processing of the obtained results was carried out
using applied programs of mathematical and statistical analysis Microsoft Excel Version 7.0. Statistical methods included the determination of the sample mean (M), the standard error of the mean (m)Reliability Differences statistical aggregates was estimated by parametric methods for various variances according to Student's criterion (t). The diagnosis of BA was established in accordance with the International Classification of Diseases, Injuries and Causes of Death of the 10th revision (ICD-10) and the "Classification of clinical forms of bronchopulmonary diseases in children" classification in 1992.

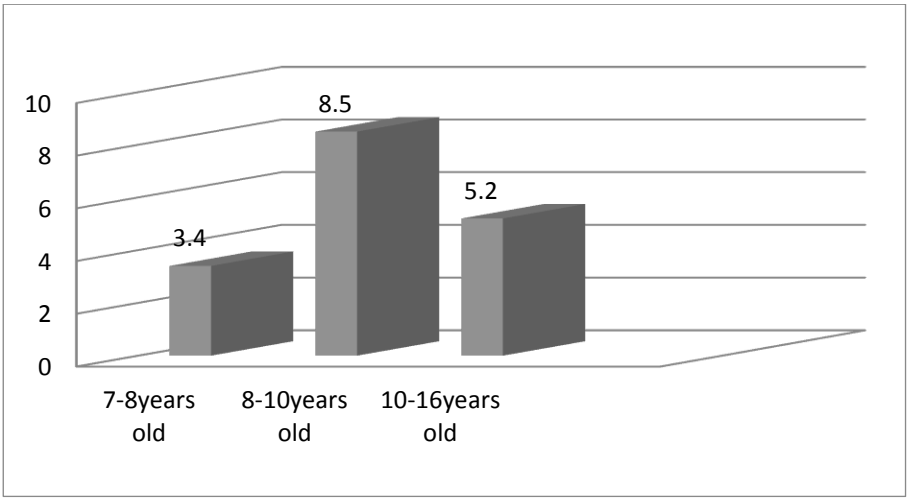
Results of the study And their discussion. <<Analysis of a prospective study of clinical symptoms in children>>> shows the results of studying the influence of risk factors and air pollution on the course of asthma in children. The total number of patients in the prospective clinical study was 35 children aged 7 to 16 years. From 2021 to September 2022, December, patients were monitored for treatment in the departments of pulmonology, allergology. During follow-up, all patients with asthma were analyzed for the presence of predominant clinical signs of asthma attacks. Depending on the severity of the disease, patients were divided into the following groups depending on the severity of the disease. BA U

Group 1 - children with BA 2-stage mild persistent degree of severity 23 children, 15 (65%) boys and 8 (35%) girls. - 2nd group, children with BA of the 3rd stage of the middle persistent form - 12 children, 8 (67%) boys, 4 (33%) girls.

The gender distribution of children who had BA shows that in the study the number of boys was 23 (66%), the number of girls 12 (34%), but there was a statistically significant difference by gender (the number of boys was 13 (37%) more) was observed ($p<0.05$).

Fig.1. Nocturnal episodes of obstruction in children.

“shortness of breath during physical exertion” was more often observed (p <0.01),



Children living in Sariasiysky and Denausky districts have "nocturnal dry cough not associated with a cold" (p<0.001) and <<clinically diagnosed bronchial asthma" compared with children living in Baysunsky and Altinsaisky districts (p<0.001).

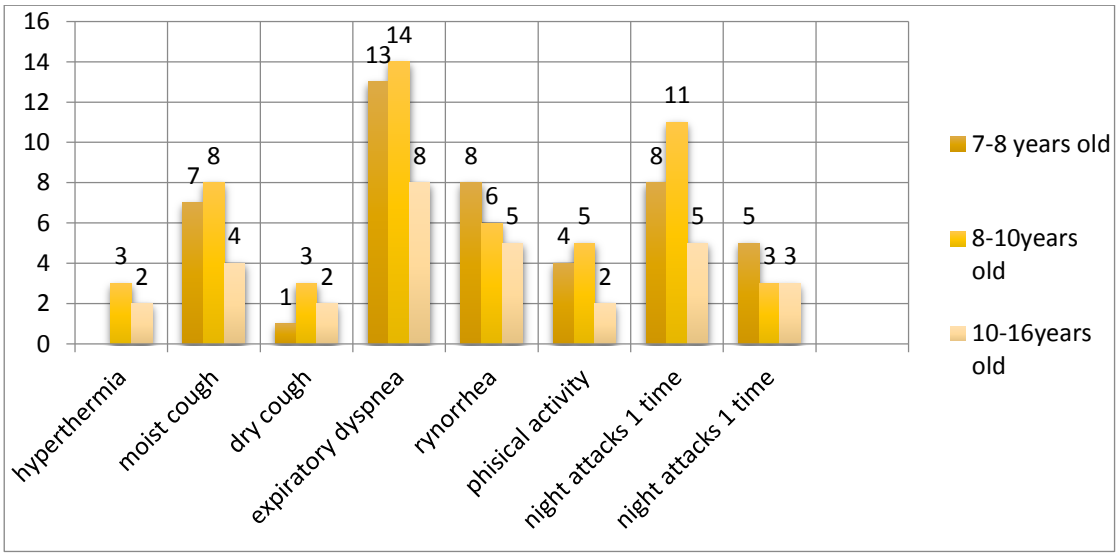


Fig.2. Predominant clinical symptom scores expiratory dyspnea

Figure 2 shows,among primary clinical symptoms of hyperthermia was 5 (38%) in children aged 7-8 years, 3 (21%) in

children 8-10 years old and 2 (25%) in children 10-16 years old. Two different types of cough syndrome were noted, cough with moist sputum difficult to separate 19 (54%) in children, dry cough 16 (46%), expiratory dyspnea was observed in all patients 35 (100%), nocturnal attacks once a week 24 (69%), peak expiratory flow was <20-30%. In 11 (31%) sick children, night attacks were 2 times a month. Peak expiratory flow was >30%.

Vol. 1 No. 1 (2023)
ISSN: XXXX-XXXX

In conclusion, we can say that the main risk factors for the development of BA in children living in ecologically disadvantaged areas were an increase in the air pollution index, an excess of the threshold relative humidity. In Sariasi, Uzun, Denau districts (indicators of hydrogen fluoride, nitrogen oxide, sulfur dioxide were above the norm. In Termez, Sherabad districts, and in the city of Termez, the indicators of insolation, dust, drinking water, soil exceeded the norm. In children living in environmentally disadvantaged areas, the incidence of asthma and other bronchopulmonary diseases was high.

According to the results of the modified and adapted

In the ISAAC questionnaire, the prevalence of asthma among schoolchildren living in ecologically unfavorable regions of the Surkhandarya region was overestimated from the place of residence of children. The incidence of asthma in children living in the Denau region was -16.5% in the Sherabad region. 25.2%, and in

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