

MODERN DIAGNOSTICS AND CLINICAL CHARACTERISTICS OF BRONCHIAL ASTHMA IN CHILDREN

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Abstract. *This article studied the clinical course of bronchial asthma in children, the consequences, the factors surrounding the emergence of the disease. Also in the 1st group of children in our study, the disease occurred only in severe form. It was found that in children of 3-group patients, bronchial asthma was diagnosed in 6 (15%) patients with chronic form.*

Keywords: *children, bronchial asthma, wheezing, cyanosis, apnea, retrospective analysis.*

Relevance of the problem: According to the World Health Organization, more than 4-10% of the Earth's population suffers from bronchial asthma (400-500 million people). [1] Among allergic pathologies, bronchial asthma (BA) takes the leading place and remains one of the most complex problems of pediatrics. The relevance and social importance of this disease is due to the high prevalence of this disease (10-15%). [2] In patients with bronchial asthma for a long time, asthmatic status can occur spontaneously, without any reason. However, in many cases, direct contact with allergens, inflammatory processes in the respiratory tract, medications, changes in weather, sudden discontinuation of hormones can be the causes of asthmatic status. [3] Special attention is being paid to improving the social protection and healthcare system of our country, including early diagnosis, treatment and prevention of various diseases in children. In the Action Strategy for the five priority areas of the development of the Republic of Uzbekistan in 2017-2021, "Complex measures to strengthen family health, protect motherhood and childhood, expand access to quality medical services for mothers and children, provide them with specialized and high-tech medical care, reduce child mortality" more extensive implementation of activities" tasks are defined. In this regard, it is important to strengthen children's health, especially to develop modern methods of diagnosis and treatment of diseases of the respiratory system in early childhood. [4] According to the conclusions of the World Health Organization, bronchial asthma is the most common chronic disease among children (Surks M.I., 2014). A retrospective analysis of the disease shows that more than 50% of the initial symptoms of the disease are detected in early childhood, and in 15% of cases in children under one year of age. At present, researches on the prevention of bronchial asthma complications have not been carried out sufficiently in the republic. In this regard, early diagnosis of bronchial asthma, identification of various factors affecting its development, and development of treatment measures are relevant and practically important.

The purpose of the study: Studying the characteristics of the clinical course of bronchial asthma in children on the scale of Surhandarya region.

Research materials and methods: Children with bronchial asthma were treated at Surhandarya Regional Children's Multidisciplinary Medical Center. Medical histories of 40 patients who were treated in our scientific work in 2019-2020 were studied based on retrospective

analysis. Anamnesis data, laboratory and instrumental examinations of the patient children in our investigation were completely conducted.

Study results: The children in our investigation were 1-5 years old and we divided them into 3 groups. The 1st group included 18 children under 1 year old, the 2nd group included 12 children aged 1-3 years, and the 3rd group included 10 children aged 3-5 years. There was no significant gender difference in children. 22 (55%) boys and 18 (45%) girls. All the patients under our observation had a severe, moderate form of the disease. In the study of the clinical course of the disease in children of the 1st group, the following were observed, i.e., acceptance of the forced position during the attack 100%, noisy wheezing 100%, prolonged and difficult exhalation 100%, swelling of the chest 90% %, pale skin 88%, cyanosis of lip-nasal triangle, nose wings, finger tips, auricles 86%, refusal to suck 95%, loss of appetite 92% were observed. In group 2 patients, acceptance of forced position during an attack is 90%, noisy wheezing 88%, prolonged and difficult exhalation 90%, swelling of the chest 78%, pale skin 80%, lip-nasal triangle, nose wings, fingertips, ears cyanosis of shells was 76%, refusal to suck 60%, loss of appetite was 78%. 3rd group of children had a forced posture during an attack, 88% noisy wheezing, 88% prolonged and difficult exhalation, 70% acrocyanosis, and 70% lack of appetite. 3rd group of children had bronchial asthma in a chronic form. cases were also determined. According to the anamnesis data obtained from all patients in our investigation, the external environment (climatic features) and seasonality and environmental factors play a leading role in the pathogenesis of bronchial asthma. As a result of the analysis, we proved that the above-mentioned factors create conditions for the development of bronchial asthma.

Conclusion: Based on this, in the study of the clinical course of bronchial asthma, the environment, climate (hot dusty winds), environmental factors were considered to be the cause of the clinical course of the disease. Also, in the 1st group of children in our study, the disease was only severe. It was found that 6 (15%) of group 3 patients had bronchial asthma in chronic form.

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