

COMORBID COURSE OF ALLERGIC RHINITIS WITH BRONCHIAL ASTHMA IN CHILDREN

Mirrakhimova M. Kh.

Saidkhonova A. M.

Tashkent Medical Academy

Annatation

In this article, the diagnosis of allergic rhinitis in children with bronchial asthma comorbidity, using a specially developed questionnaire, based on allergy anamnesis was considered. A retrospective study was conducted included 82 patients aged 2-13 years. From the medical history and outpatient map studied demographic characteristics: age, gender, place of residence, clinical characteristics: duration of disease, severity of AR and course of AR according to the classification of ARIA, 2018 (Allergic Rhinitis and Impaction Asthma), concomitant allergic diseases the severity of bronchial asthma was determined according to the classification of GINA, 2016.

Key words: allergic rhinit, bronchial asthma, children, comorbidity, classification

Allergic rhinitis is an inflammatory disease of the nasal mucosa due to immunoglobulin E (IgE) associated with exposure to a sensitizing (causally significant) allergen and manifested by at least two symptoms - sneezing, itching, rhinorrhea or nasal congestion [1,5,6].

The most common association is bronchial asthma (BA) and allergic rhinitis (AR). According to numerous epidemiological studies, about 75% of patients with bronchial asthma have allergic rhinitis, and among patients with allergic rhinitis, from 20% to 40% suffer from bronchial asthma [3,4]. Allergic rhinitis and bronchial asthma, of course, are interrelated diseases. Understanding the mechanisms of interconnection can contribute to timely diagnosis and increase the effectiveness of therapy for both AR and BA when combined [2,5,6]. AR is one of the risk factors for asthma. In an international survey involving 8 countries in Europe and Asia, 76% of children with newly diagnosed asthma noted the existence of previous symptoms of AR. The evidence of the relationship between AR and BA is primarily due to the results of numerous epidemiological studies: 30-40% of AR patients have BA, and



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clinical manifestations of AR are found in more than 80% of patients with atopic BA[1,4,7].

Materials and Methods

A retrospective study was conducted from 2018 to 2021 at the clinics of the Tashkent Medical Academy, and included 82 patients aged 2-13 years. From the medical history and outpatient map studied demographic characteristics: age, gender, place of residence, clinical characteristics: duration of disease, severity of AR and course of AR (intermittent course: symptoms <4 days a week or <4 weeks a year; persistent course, symptoms > 4 days a week or > 4 weeks a year) according to the classification of ARIA, 2018 (Allergic Rhinitis and Impaction Asthma), concomitant allergic diseases (the severity of bronchial asthma was determined according to the classification of GINA, 2016 (Global Initiative for Asthma). The average age of the examined children with AR was 10.5 ± 2.3 years, boys $n = 37$ (45.2%), girls $n = 45$ (54.8%), the average duration of the disease was 4.3 ± 2.5 years. The place of residence was: city 62%, village 38%. 82 children with AR had comorbid allergic diseases, including allergic conjunctivitis in 27 children (32%), in 18 children (21%) bronchial asthma. According to the severity of AR and the course of AR classification ARIA: intermittent-mild severity was 3.7%; persistent - mild severity of 20.1%; intermittent-moderate / severe severity of 20.6%; persistent - moderate / severe severity 55.6%; and the severity of bronchial asthma was determined according to the GINA classification – intermittent 58.3 %, light persistent 23.6%; moderate persistent 18.1%, severe persistent 0%. An allergological examination was performed on all patients. In the majority of children, sensitization to house dust mites - 56%, to pollen of trees - to 28%, to pollen of meadow herbs - to 38%, to pollen of weeds - to 24%, to epidermal allergens - to 22%. 48% of children with AR were monosensitized and, accordingly, 52% were polysensitized.

Conclusions:

According to the retrospective results of the study, most children have moderate / severe severity and persistent AR, as well as comorbid allergic diseases.



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