

ANALYSIS OF GROUPS WITH A HIGH-RISK FACTOR FOR THE DEVELOPMENT OF BRONCHIAL ASTHMA IN CHILDREN WHO HAVE EXPERIENCED BRONCHO- OBSTRUCTIVE SYNDROME

Umarova Saodat Sulaymonovna

Assistant at the Department of Pediatrics 3 and Medical Genetics

Nabieva Farangiz Sadriddinovna

Senior lecturer at the Department of Clinical and Laboratory Diagnostics

Bobokulova Aziza Kurashboyevna

Clinical Resident of the Department of Clinical and Laboratory Diagnostics

Samarkand State Medical University, Uzbekistan, Samarkand

Abstract. Considering the high annual rate of increase in the prevalence of asthma in children, which reaches 20%, currently it remains relevant to study issues devoted to establishing risk factors for the development of biofeedback and identifying their impact on the development of asthma in children. In this connection, it is necessary to search for predicting the course and outcome of AOB and introduce them into the practical activities of doctors, in order to select tactics for examining patients and optimizing treatment and rehabilitation measures

Keywords: BOS, development of asthma, children.

It is important to note that in recent years, asthma has been increasingly registered in children in the first years of life. Wheezing in preschool age, as a predictor of later development of asthma, is a common problem throughout the world. The issue of predicting asthma in children, noted by most researchers [4], has been and remains very relevant at present. Resolving these issues would be facilitated by a differentiated approach to the selection of methods of rehabilitation and anti-relapse treatment for children with recurrent AOB. In addition, this would make it possible to identify a risk group among children with the first episode of BOS, who are at risk of relapses of BOS and subsequently leading to the development of AD.

Predicting asthma in early life remains challenging. In some studies, up to two thirds of children with asthma had no symptoms of asthma at an early age [6,7] and, accordingly, these children had a late diagnosis of asthma [7,8,9]. According to Yu.L. Mizernitsky, 4-8 years after hospitalization for biofeedback in ARI, more than 50% of these children suffered from asthma that was not recognized at an early age.

Identification of such children at risk for asthma will allow us to effectively control the course and, possibly, reduce morbidity and mortality. Therefore, it is important to identify young children at high risk of developing asthma in the future, for the purpose of early diagnosis and management of asthma symptoms.

The purpose of our research was in order to form a group at increased risk for the development of asthma in children who have undergone BOS, we studied the influence of the

main, predisposing and possible risk factors for the development of BOS in AOB in children on the prognosis of the disease; we conducted a follow-up observation of patients during the year who were treated in a hospital and were then discharged.

Materials and methods of research. As emphasized in the previous chapter, we selected as the main risk factors the older age of children, male gender, atopic dermatitis, the use of folk remedies as self-medication, the winter and spring seasons of the year, a burdened allergic history, thymomegaly, paratrophy, LGD, food allergy, passive smoking in families, early transfer to artificial feeding.

Results. We included among the predisposing risk factors such signs as frequent acute respiratory infections, frequent episodes of biofeedback, rickets, prematurity, unfavorable living conditions and environmental conditions at the place of residence, complicated pregnancy, manifested by gestosis in pregnant women, bad habits of parents.

Pearson's χ^2 criteria, we selected living in rural areas, the summer and autumn seasons of the year, HIE, foreign bodies in the respiratory tract, muscle hypotension, deformation of the chest and spine associated with rickets, and others into the group of possible risk factors.

It is appropriate to note here that in this chapter, we generalized the identified criteria for the main and predisposing risk factors into a group of high-risk factors for the development of asthma.

We observed 35 patients with AOB who had a history of biofeedback, who were divided into 2 groups:

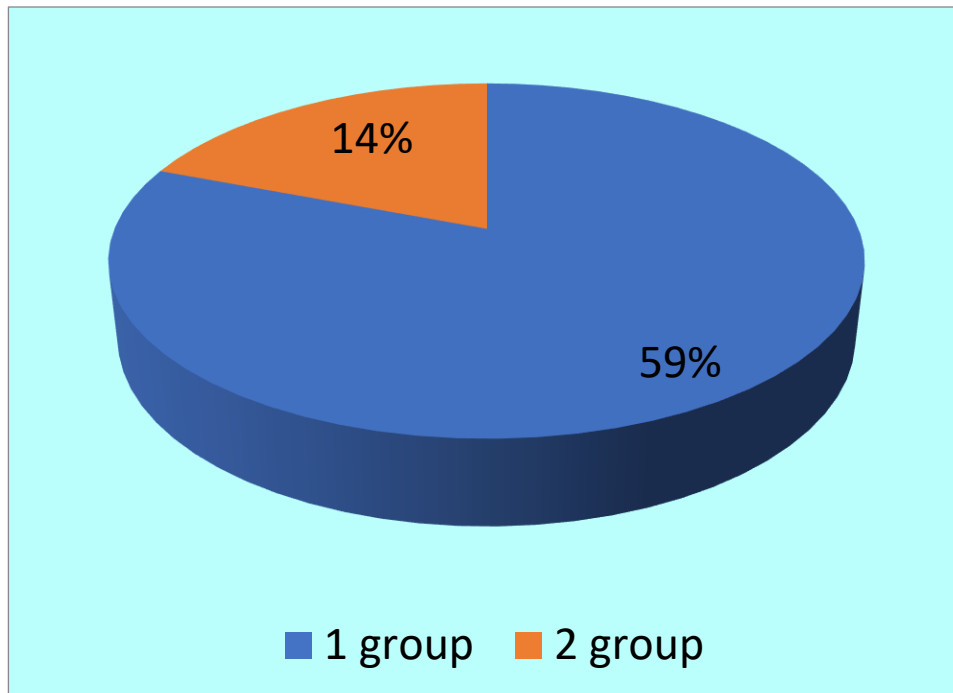
Group 1 - 18 patients who had increased risk factors, Group 2 - 17 patients with possible risk factors for the development of biofeedback.

Patients were monitored once a quarter for a year.

The work showed that during the year in group 1, repeated episodes of biofeedback were observed 3 times more often compared to the second group (59.2% versus 14.3% in the second group) (Fig. 1.). Moreover, in 3 cases the patients were diagnosed with asthma.

Picture 1.

Frequency of repeated episodes of biofeedback in patients in the compared groups.



Thus, in group 1, negative factors generally prevailed: frequent episodes of biofeedback, frequent history of acute respiratory infections, atopic dermatitis, the presence of allergopathology, male gender, self-medication and late admission to the hospital. As an illustration, we present the following extract from the medical history.

Conclusions. In summary, it can be noted that, based on the follow-up observation, in patients with AOB who had a history of biopsy, with the main and predisposing risk factors that we identified as increased risk factors for the development of asthma, frequent recurrence and progression of the underlying disease were noted. It should be noted that in a number of cases we observed transmission of AOB with BFB phenomena in BA. Thus, high prognostic risk factors that are significant for the development of AOB with BOS, leading subsequently to the development of asthma, include frequent ARI, severe course of the disease, late hospitalization, the presence of allergopathology, older age, and male gender.

All this dictates the need to carry out preventive work in families, as well as in the conditions of SVP and SP with patients who have manageable risk factors, to prevent BA.

Bibliography

1. Turaeva, N. O. (2023). Clinical and immunological characteristics of broncho-obstructive syndrome in children. *Uzbek journal of case reports*, 3(1), 22-27.
2. Turaeva, N. O. (2023). THE SIGNIFICANCE OF VITAMIN D DEFICIENCY IN THE DEVELOPMENT OF BRONCHO-OBSTRUCTIVE SYNDROME IN CHILDREN AND ITS RELATIONSHIP WITH CYTOKINE STATUS. *Results of National Scientific Research International Journal*, 2(2), 280-290.
3. Sulaymonovna, US, Muyassarovna, K. M., Farrux, I., & Sherali, T. (2024). MAIN CAUSES AND FACTORS OF DEVELOPMENT OF BRONCHO-OBSTRUCTIVE SYNDROME IN CHILDREN. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 3(2), 285-292



4. Umarova , S. S., Nabiyeva , F. S., & Diamatova , D. N. (2023). CLINICAL FEATURES OF ACUTE RHEUMATIC FEVER IN CHILDREN AT THE PRESENT STAGE. *Open Access Repository* , 10(10), 63-69.
5. Khusainova, Sh. K., Mukhamadiyeva , L. A., & Umarova , S. S. BOLALARDA KAYTALANUVCHI BRONCHIT KHAKIDA ZAMONAVIY TUSHUNCHALAR.
6. Umarova , S. S., & Normakhmatov , B. B. (2024). Broncho-obstructive Syndrome in Children: Prevalence, Difficulties of Differential Diagnosis, Prognosis. *Research Journal of Trauma and Disability Studies* , 3(2), 254-261.
7. Ruzmetova , S. U., Umarova , S. S., & Husainova , S. K. (2021). CURRENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN ON THE BACKGROUND OF ARCHITIS. In *EUROPEAN RESEARCH: INNOVATION IN SCIENCE, EDUCATION AND TECHNOLOGY* (pp . 53-56).
8. Ibragimova N. S., Keldiyorova S. H. K. GSh Nazarova The value of folic acid, homocysteine and endothelin-1 in the development of polycystic ovary syndrome in women of reproductive age //Central Asian Research Journal for Interdisciplinary Studies (CARJIS). – 2022. – T. 2. – №. 10.
9. Kudratova Z. E. Isomadinova L. K. Sirojeddinova S. F. Tursunova M. E. Current modern etiology of anemia. *novateur publications international journal of innovations in engineering research and technology*. № 10. 2023, P. 1-4.
10. Бердиярова Ш.Ш., Юсупова Н.А. Особенности иммунометаболических нарушений иммунологической реактивности при гематогенных остеомиелитах, *Вестник науки и образования*, 29-32
11. Ибрагимова Н. С., Юсупова Н. А., Мамадиёрова М. А. К. Клиническая картина гипоксически-ишемической энцефалопатии у новорождённых с разным сроком гестации //European science. – 2021. – №. 2 (58). – С. 14-16.
12. Isomadinova L.K. Qudratova Z.E. Shamsiddinova D.K. Samarqand viloyatida urotilizatsiya kasalligi klinik-kechishining o'ziga xos xususiyatlari. *Central asian journal of education and innovation* №10. 2023, P. 51-53
13. Бердиярова Ш.Ш., Юсупова Н.А., Широшов Х.И. Клинико-лабораторная диагностика внебольничных пневмоний у детей, *Вестник науки и образования*, 80-83
14. Mamatova M.N., Kadirov J.F. Biological Features of the Rabies Virus. *TELEMATIQUE* Volume 22 Issue 1, 2023
15. RAYIMOVA F. et al. The role of VDR and TNF gene polymorphism in cytokine regulation in type I diabetes mellitus of the Uzbek population, Samarkand, Uzbekistan //Biodiversitas Journal of Biological Diversity. – 2024. – T. 25. – №. 3.
16. Nabiyeva F. S., Umirkulova S. I. MODERN DIAGNOSTIC CAPABILITIES VITAMIN B12 DEFICIENCY //TADQIQOTLAR. – 2024. – T. 31. – №. 2. – С. 82-89.