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**SCIENTIFIC HORIZON IN THE
CONTEXT OF SOCIAL CRISES**

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
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MEDICINE AND PHARMACY

Clinical and immunological features of juvenile rheumatoid arthritis

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Relevance. Currently, some researchers consider JRA not as a classic autoimmune disease, but as an autoinflammatory disease. With this disease, such formidable manifestations of the disease as carditis, interstitial lung damage and serositis often develop. In 1/2 of patients, chronic polyarthritis recurs (with or without systemic manifestations), osteochondral destruction of the joints progresses, and functional insufficiency develops. However, the mechanisms of disease development are not fully understood. The relationship of vitamin D deficiency with such pathological conditions as osteoporosis, osteomalacia, rickets is beyond doubt. Sufficient supply of vitamin D is undoubtedly important for the prevention of autoimmune diseases, and in particular, juvenile rheumatoid arthritis.

Purpose of the study: To study clinical, laboratory and immunological parameters of children with JRA.

Materials and methods. The study involved 45 children from 2021 to 2022. All patients underwent clinical, instrumental and immunological examinations at the clinic of the Tashkent Pediatric Medical Institute in the Department of Cardiorheumatology. The data collected includes socio-demographic characteristics such as age groups, health characteristics of children.

Vitamin D levels were conducted at the Institute of Immunology and Human Genomics. Quantitative determination of the level of vitamin D in blood serum was measured by ELISA using the diagnostic test system EUROIMMUN 25-OH Vitamin D ELISA E150519BY (EUROIMMUN AG, Germany).

Subjects were classified on the basis of vitamin D levels

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of less than 5 ng/mL—extremely severe deficiency; 5 - 10 ng / ml - severe deficiency; 10 - 20 ng / ml deficiency, 20 - 30 ng / ml vitamin D intake close to optimal; 30 - 50 ng / ml is the optimal intake. Differences were considered statistically significant at $p < 0.05$.

Results: In the studied group, all children were tested for vitamin content in blood serum. Our data show that all children with JRA have a lack of vitamin D content. Severe deficiency is observed in 28.8% (n=13), deficiency in 37.8% (n=17), deficiency was in 33.3 % (n=15) of children with JRA. Perhaps this is due to the long-term use of antibacterial, anti-inflammatory and glucocorticoid drugs, as well as the duration of the process.

When collecting anamnesis, it was revealed that 37 examined children were taking drugs containing vitamin D. But unfortunately, most children find it difficult to reach the recommended levels of vitamin D intake, even if they consume a healthy and balanced diet, as rich food sources of vitamin D are rare.

Conclusion: Thus, the above data indicate the need to prescribe vitamin D for children with JRA for a long time. Sufficient supply of vitamin D is undoubtedly important for the prevention of autoimmune diseases, and in particular, juvenile rheumatoid arthritis.