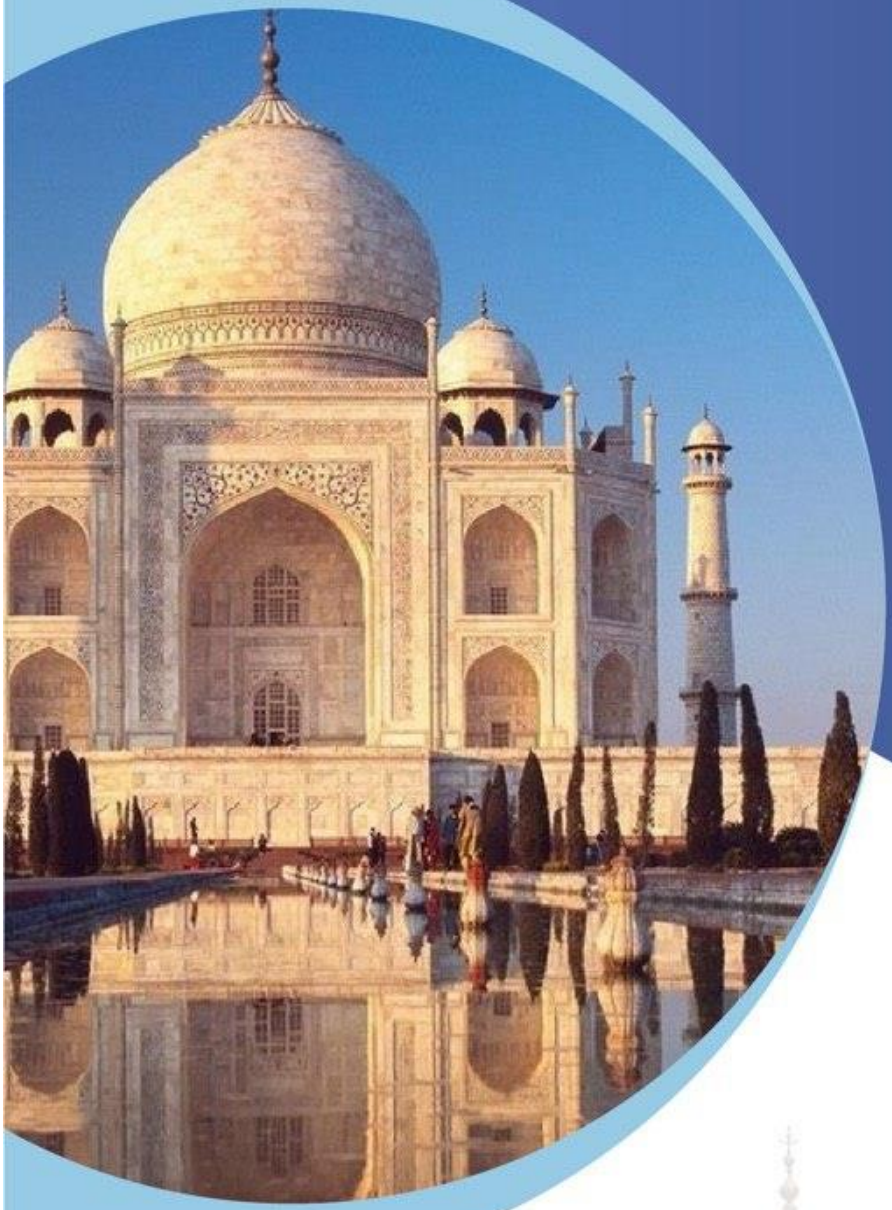

2022

NEW DELHI, INDIA

INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY RESEARCH

Conference proceedings available at virtualconference.press

Research and Publishing Center virtualconferences. press

Institute for Scientific Research and Publication

INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY

Internet address: https://virtualconferences.press/
E-mail: info@virtualconferences.press
Published by Research and Publishing Center virtualconferences. press
Issued Bimonthly
DOI prefix: 10.5281/zenodo.6652053

New Delhi, India

International conference on multidisciplinary

2022 New Delhi, India

Requirements for the authors.
The manuscript authors must provide reliable results of the work done, as well as an objective judgment on the significance of the study. The data underlying the work should be presented accurately, without errors. The work should contain enough details and bibliographic references for possible reproduction. False or knowingly erroneous statements are perceived as unethical behavior and unacceptable.
Authors should make sure that the original work is submitted and, if other authors' works or claims are used, provide appropriate bibliographic references or citations. Plagiarism can exist in many forms - from representing someone else's work as copyright to copying or paraphrasing significant parts of another's work without attribution, as well as claiming one's rights to the results of another's research. Plagiarism in all forms constitutes unethical acts and is unacceptable. Responsibility for plagiarism is entirely on the shoulders of the authors.
Significant errors in published works. If the author detects significant errors or inaccuracies in the publication, the author must inform the editor of the journal or the publisher about this and interact with them in order to remove the publication as soon as possible or correct errors. If the editor or publisher has received information from a third party that the publication contains significant errors, the author must withdraw the work or correct the errors as soon as possible.

New Delhi, India 2022

Contact information of the organizing committee of the conference:
Email: info@virtualconferences.press
Official site: www.virtualconferences.press
DOI https://doi.org/10.5281/zenodo.6652053

Available at virtualconferences. press **and http://ifsrp.edu.ge/index.php/icmehspc**
ORCID 0000-0001-6156-3630
OPEN ACCESS

MEDICINE

COVID – 19 and bronchial asthma in children: clinical and functional characteristics

Barno Turdikhodjaevna Khalmatova
Doctor of Medical Sciences, Professor of the Department of Children's Diseases of the Tashkent Medical Academy, Tashkent, Uzbekistan.
Orcid 0000-0001-6982-1243 Email: khalbar@mail.ru
Tashmatova Gulnoza Aloyevna –
Senior Lecturer, PhD of the Department of Children's Diseases No. 1 of the Tashkent Medical Academy, Uzbekistan
Orcid: 0000-0002-4384-3767 e-mail: Tashmatovagulnoza@gmail.com

Actuality. Coronaviruses are among the pathogens that cause up to 15% of seasonal acute respiratory viral infections in children and are the cause of asthma exacerbations [1].

Currently, there is no unambiguous opinion regarding the features of the pathophysiology of asthma in patients with confirmed COVID-19. Theoretically, AD patients have an increased susceptibility to SARS-CoV-2 infection and a propensity for more severe COVID-19 [2].

Symptoms of COVID-19 can be similar to those of an asthma flare-up, such as dry cough and shortness of breath [3].

Large epidemiological studies have shown that children make up 2-6% of total confirmed cases of COVID-19, with asymptomatic, mild to moderate cases predominating in most cases [4].

Keywords: children; bronchial asthma; new coronavirus infection; COVID-19; clinic.

Purpose of the study – To reveal the clinical and functional features of children with bronchial asthma who had a coronavirus infection (COVID-19).

Material and methods. We assessed the manifestations of COVID-19 in children with asthma of varying severity according to outpatient cards and case histories. In total, 27 case histories of children who were hospitalized in the children's department of the 1st Zangiota Hospital from March 2020 to January 2021 and 56 outpatient records of children aged 8–16 years with intermittent and persistent BA (mean age) were studied. – 10.8 ± 1.2 years) who had COVID-19.

Results and discussions. In all children, the course of the disease was mild and was not accompanied by a clinically significant exacerbation of BA. The initial symptoms of COVID-19 developed subacutely: from subfebrile condition in 49.3% of children with BA and in 79.2% of children without BA, and proceeded as acute respiratory infections. In children with asthma, a dry obsessive cough (76.0%), blockade of nasal breathing (73.3%), and rhinorrhea (69.3%) were noted more often. The high frequency of these symptoms in children with asthma may be associated with airway hyperreactivity and the presence of allergic rhinitis (AR) (67% of children with asthma have concomitant AR). A frequent manifestation was mucous or muco-serous discharge from the nasal passages, as well as episodes of sneezing (38.6%). In the group of children without BA, blockade of nasal breathing, mucopurulent discharge of a protracted course was noted. Complaints of anosmia, which is one of the common signs in adult patients with COVID-19, were reported by about 5% of patients in both groups, which may be related to age-related characteristics and sensations.

Manifestations of bronchial obstruction during the COVID-19 period in the form of asthma attacks, shortness of breath, remote wheezing without a previous pronounced exacerbation of the underlying disease were observed only in 17.3% of patients, which may indicate an exacerbation of BA against the background of SARS-CoV-2 infection. The reason for this exacerbation was the lack of control and adequate basic therapy. Deterioration of external respiration function parameters (RF) according to peak flowmetry during this period was noted in 25% of patients. During the period of the disease, all were prescribed basic therapy: IGCS + bronchodilators. Some of the symptoms persisted after the elimination of the main manifestations of COVID-19, which is regarded as partial control; most often it was observed in children with moderate BA and required prolonged therapy. The data obtained are consistent with the published results of other studies from different countries, indicating a rare exacerbation of asthma due to COVID-19. The rest of the children had only a dry cough without changes in the lungs. Difficulties in diagnosing COVID-19 in children with asthma are associated with the similarity of

the clinical picture with respiratory infections of various etiologies. When analyzing the main manifestations of COVID-19 in children with asthma, we did not identify specific symptoms.

Conclusion. Our study showed that children with asthma who received basic treatment had a predominantly mild course of coronavirus infection with a predominance of symptoms from the upper respiratory tract and moderate intoxication. The data obtained generally agree with the results of international studies.

REFERENCE

1. Hartmann-Boyce J. et al. Asthma and COVID-19: review of evidence on risks and management considerations //BMJ Evidence-Based Medicine. – 2021. – Т. 26. – №. 4. – С. 195-195.
2. Khalmatova B. T., Tashmatova G. A. features of bronchial asthma in children during the COVID-19 pandemic (according to retrospective analysis).
3. Liu W., Zhang Q., Chen J. et al. Detection of COVID-19 in Children in Early January 2020 in Wuhan, China. N Engl J Med. 2020; Mar 12. [Epub ahead of print]. https://www.nejm.org/doi/10.1056/NEJMc2003717. DOI: 11056/NEJMc2003717.
4. Tashmatova G. A., Khalmatova B. T., Kasimova M. B. bronchial asthma in children during the COVID-19 pandemic: a feature of the course //British Medical Journal. – 2021. – Т. 1. – №. 1.2.

CONTENTS