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НАУКИ И ОБРАЗОВАНИЯ  
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FEATURES OF THE MANAGEMENT OF BRONCHIAL ASTHMA  
DURING THE COVID-19 PANDEMIC

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**Actuality.** With the emergence of a new disease COVID-19 (CoronaVirus Disease-2019), caused by the coronavirus SARS-CoV-2, the usual pattern of interaction between a doctor and a patient has changed significantly. During the COVID-19 pandemic, it was assumed that patients with allergies and asthma would be at higher risk of developing severe illness, but after analyzing statistics from different countries, it was concluded that asthma and allergies are not common comorbidities during the COVID-19 pandemic and According to the results of recently published studies, it has not been proven that allergies and allergic asthma are risk factors for exacerbations of asthma caused by the COVID-19 virus, as well as factors for the development of severe COVID-19, and are not factors that increase the risk of death from COVID-19.

**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. –  $10.8 \pm 1.2$  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. 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.

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