



**MINISTRY OF HEALTH OF THE
REPUBLIC OF UZBEKISTAN**



**TASHKENT MEDICAL
ACADEMY**



**“Zamonaviy pediatriyaning dolzarb
muammolari: bolalar kasalliklari
diagnostikasining yangi imkoniyatlari”
mavzusidagi ilmiy-amaliy xalqaro anjuman
materiallari**

TO‘PLAMI

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IMPROVEMENT OF METHODS OF TREATMENT OF ALLERGIC RHINITIS IN CHILDREN

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The objective: to study progression of allergic rhinitis in children and to assess the efficacy of allergen-specific immune therapy (ASIT).

Research methods and materials. The study was performed at the Children's Allergology Unit of multifunctional clinic of Tashkent Medical Academy where we examined 79 patients with diagnosed allergic rhinitis (AR). The age of patients diagnosed with allergic rhinitis varied from 7 to 12 years old with average one 9.1 ± 0.31 years old. The diagnosis was determined according to ARIA international classification. In the process of the study forty patients were diagnosed with intermittent AR (IAR) and thirty-nine with persisting AR (PAR).

Almost of half of the patients (25 (43.1%) children) with PAR had sensitivity to household allergens. Air allergen spectrum contained the following: Dermatophagoideus farinae in 13 (22.4%) patients, Dermatophagoideus pteronissinus in 16 (27.5%), and library dust in 6 (10.4%). Besides that, we determined epidermal allergens such as dog hair in 3 (5.1%), cat hair in 8 (13.8%), and pillow feather in 10 (17.2%) patients, who always had a contact with these allergens. Subcutaneous ASIT significantly increased the efficacy of the therapy in both groups taking into account the annual doses. Next three years after ASIT most of the patients of the 1st group with IAR had positive results of the therapy (89.5%), though 10.5% had satisfactory ones due to exacerbation of seasonal AR and contact with allergens. Good results of the therapy were observed in 31.6% of the cases, and it was explained by episodic intensification of AR symptoms due to a significant amount of contact and obligatory usage of allergens. Very good results were registered in 57.9 % of the patients after the end of the whole therapy course; that category of patients did not have AR symptoms even in case of obligatory allergen usage and frequent contact. Among the children with PAR from the 2nd group 66.7% had positive results in three years after the therapy course. In that group of the patients good and satisfactory results were observed in 33.3% and 42.9% of the cases, respectively. After the 3rd course of ASIT the efficacy of subcutaneous therapy was confirmed statistically in children with PAR from the 2nd group ($p < 0.05$).

Results: Positive results were observed in 14 children (87.5%) with intermittent allergic rhinitis from the 1st group and 13 children (86.6%) with persisting allergic rhinitis from the 2nd group after ASIT sublingual courses ($p < 0.05$). Complete clinical remission in 100% of the children in the 1st group with intermittent allergic rhinitis was confirmed by positive dynamics observed after the 2nd and 3rd courses of ASIT; a very strong correlation $r = 0.946$ was determined, $p < 0.01$. Among the patients of the 2nd group with persisting allergic rhinitis we did not observe complete clinic remission, though 11 (73.3%) of them had a positive tendency (partial clinic remission) after ASIT.

Conclusion. Step-by-step three-course ASIT in children with IAR and PAR provides clear and continuous efficacy of the treatment.