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BRONCHIAL ASTHMA IN CHILDREN UNDER CONDITIONS CORONAVIRUS INFECTION

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Relevance. The scientific work presents the results of studies on various aspects of the combination of bronchial asthma and COVID-19. Symptoms of COVID-19, such as dry cough and shortness of breath, can also be present during an exacerbation of asthma, which leads to diagnostic difficulties. However, the presence of a high temperature can help differentiate it from an exacerbation of asthma, although a high temperature may be present in virus-induced asthma. The study of the history, the presence of close contact with infected COVID-19 and the absence of a previous atopic history in the child can also help in the differential diagnosis [1-5].

Key words: *Bronchial asthma, children, retrospective analysis, Covid - 19.*

Purpose of the study – to study the features of the course of asthma in children who underwent COVID-19.

Material and methods. We carried out a retrospective assessment of 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. The comparison group consisted of 44 children without BA who underwent COVID-19 (mean age 10.6 ± 1.3 years).

Results and discussions. In 76.3% of cases, children were in contact with patients with the corona virus in the family. In children with BA, the course of COVID-19 was mild and was not accompanied by a clinically significant exacerbation of the underlying disease. All children followed the recommendations for the basic therapy of BA. The initial symptoms of COVID-19 developed

subacutely and proceeded as an acute respiratory infection. The study of the main symptoms of COVID-19 in children, depending on the presence of BA, showed a slight difference in the study groups.

The most pronounced difference was noted with a symptom such as cough. in 75.8% of children with BA with COVID-19, the cough was prolonged and remained dry for a long time, while in children without BA, the cough was short-lived and quickly turned into a wet cough. Gastrointestinal manifestations in the form of dyspepsia and moderate abdominal pain were observed in 15.9% of children without BA and significantly more often in the group of children with BA (22.8%) ($p<0.05$).

A third of children during COVID-19 had symptoms of asthenia: weakness, episodes of dizziness, aggravated or occurring when changing body position from horizontal to vertical, fatigue, decreased concentration of varying severity. It is noteworthy that the decrease in tolerance to physical and emotional stress found in almost all patients with BA persisted even 3 months after suffering COVID-19. These data confirm the need for observation, examination and prolonged rehabilitation of children with asthma who have had a coronavirus infection.

During the COVID-19 period, all children with BA were prescribed basic therapy. 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 13 (15.6%) patients of the main group, which may indicate an exacerbation of asthma against the background of SARS-CoV-2 infection. The reason for this exacerbation was the lack of proper control and adequate basic therapy in these children. Deterioration of external respiration function (RF) according to peak flow measurements during this period was observed in 17 (20.1%) patients of the main group. In these children, asthma symptoms such as cough and shortness of breath persisted even after the elimination of the main manifestations of COVID-19.

A severe course of coronavirus infection against the background of BA was noted in only 1 patient who did not receive appropriate basic therapy before infection with COVID-19. The severity of the course was due to bilateral lung damage.

Conclusion. Our data are consistent with published results from other studies from different countries, indicating a rare exacerbation of asthma due to COVID-19. 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. It should be noted that children with asthma with COVID-19 were prescribed systemic corticosteroids, although ICS could have been dispensed with. Recovery was observed after 12-14 days.

Thus, the study of case histories and outpatient records of children who had COVID-19 against the background of asthma showed that if the child received basic therapy regularly, then the coronavirus infection proceeded in a mild form, with moderately severe clinical symptoms.

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