



**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**

**Toshkent**

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## PECULIARITY IN INTESTINAL MICRO FLORA IN CHILDREN WITH ALLERGIC RHINITIS

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**The objective:** to study peculiarities in intestinal micro flora in children with allergic rhinitis (AR).

**Data and research methods.** Forty children, diagnosed with AR at the moment of the first application, were enrolled in the study. Among them 51.7% of the patients had combined allergic lesion of nose and gastrointestinal tract.

In our study children with AR were randomized to two groups. In the basic group children received basic therapy for the main disease with addition of probiotic BIFOLAK ACTIVE (BIOTACT DEUTSCHLAND), while in the control group children received only basic therapy. Twenty-one children applied with the initial manifestations of AR observed at the age of 3-6 years old (average age 5.09 years old) and nineteen children within the period from 6 to 9 years old (average age 7.8 years old). Maximal number of primary applications due to clinical symptoms of AR was registered among the children under 3 (38.6 %), less among the children of 3-6 years old (36.3 %), and the least from 6 to 9 years old (25.1 %). Comparison group included 20 children from 3 to 9 years old with no hereditary atopic pathologies (average age 7.9 years old). Research methods included definition of qualitative and quantitative composition of intestinal micro flora in children, dynamic definition of the number of eosinophiles by means of immersion microscopy of stained smears in compliance with Romanovsky-Gimza's method and definition of total immunoglobulin E (IgE) using enzyme immunoassay according to the recommendations of the manufacturer.

**Results and discussion.** All the children with AR had hereditary predisposition to allergy, most often inherited from mothers (67.6%). Among the relatives of the children in both groups we registered high prevalence rates of intestinal pathologies (27.5%) and helminth-protozoa infections (8.9%). Allergic and somatic diseases in the majority of the mothers conditioned the high rates of morbidity within pregnancy. Every second woman in the basic group was diagnosed with giardiasis (30 % versus 10 % in comparison group,  $p=0.005$ ), which was not treated during the pregnancy. Women from the basic group significantly more often had a risk of miscarriage (40 % versus 15 %,  $p=0.001$ ) and statistically significant number of diagnoses of CMV (25 % in the basic group versus 10 % in the comparison group,  $p = 0.001$ ). Isolation of *Candida albicans* in cervix observed only in 10 women from the basic group ( $p = 0.001$ ) was due to administration of antibacterial agents for the therapy of chronic diseases. Fifty percent of the women from the basic group had preterm birth and 30% had abdominal delivery. In the comparison group these values were equal to 40.0% and 25%, respectively. At the same time dynamics of flatulence was clearly positive. In the control group at the time of therapy in most of the children stomachache, discomfort in stomach, nausea, vomiting, heartburn, diarrhea, flatulence disappeared with complete absence of any changes in constipation. However, at the next hospitalization in fact many symptoms (stomachache, discomfort in abdomen, vomiting) were observed again, while the prevalence of heartburn even increased.

**Conclusion.** Treatment in clinic led to a significant improvement of coprogram parameters and results of ultrasound imaging of digestive organs. Inclusion of BIFOLAK ACTIVE probiotic into the therapy mostly effects intestinal micro flora recovering its misbalance in patients with AR.