

ATOPIC REACTIVITY IN CHILDREN WITH BRONCHIAL ASTHMA

Despite numerous studies of the pathogenesis, diagnosis and treatment of asthma in children, the prevalence of this disease in the world continues to grow. According to the WHO in 2019, 334 million people suffer from asthma, including 14% of children. In spite of a clear understanding of the pathogenesis of the disease, phenotypic heterogeneity and the availability of standardized treatment in most children, it is not possible to achieve optimal control of the disease, which significantly reduces the quality of life of young patients and can lead to disability in the future.

Timely identification of a reliably significant allergic trigger, based on the concentration of specific IgE, will make it possible to individualize BA treatment and, thereby, increase the level of disease control and the quality of life of patients.

Purpose of the study to reveal the influencing factors on the manifestations of atopic reactivity in children with bronchial asthma at the alternative level of ige specific to house dust antigens in the blood serum, in order to optimize the management of the disease.

Methods and materials. 79 school-age children were examined. The first clinical group examined 55 patients with significant concentrations of specific Ig E to house dust (> 3.5 kU / l). The second clinical group examined 24 patients in whom the concentration of specific Ig E to house dust is below 3.5 kU / l. The first clinical group consisted of 69.1% of boys and 30.9% of girls, and the average age of patients was 11.2 years. The second group was formed by 75.0% ($P_{\phi} > 0.05$) of boys and 25.0% of girls ($P_{\phi} > 0.05$), and the mean age of patients was 12.2 years ($P > 0.05$). The first clinical group included 47.3% of urban and 51.7% of rural residents. The second group was formed by 58.3% of residents of cities and urban settlements and 41.7% of patients ($P_{\phi} > 0.05$) living in villages.

The results of that discussion. The percentage of patients with both parents who smoke in group I turned out to be higher than in the second and amounted to $7.3 \pm 3.5\%$ and $4.1 \pm 4.0\%$, respectively ($P_{\phi} > 0.05$). Children with hyperreactivity to house dust are more likely to have a combination of BA with atopic dermatitis (7.3 ± 3.5 and $4.2 \pm 4.0\%$ ($P_{\phi} > 0.05$)). In patients of group II, on the other hand, Allergic rhinitis was more often observed (58.3 ± 6.6 and $56.4 \pm 10.1\%$ ($P_{\phi} > 0.05$)).

Extremely high concentration of Ig E (more than 100 kU / l) to *D. pteronissinus* mite was observed in $27.3 \pm 6.0\%$ of patients of the first group and in $16.6 \pm 7.6\%$ of the second ($P > 0.05$).

Very high concentration of Ig E (from 50 to 100 kU / l) to *D. Farinae* mite was detected in every second ($52.7 \pm 6.7\%$) patient of the main group despite $41.7 \pm 10.0\%$ of children in the comparison group ($P > 0.05$).

In the group of patients with hyperreactivity to house dust, a reliably greater number of children with a significant concentration of antibodies to down / feather (concentration of specific Ig E more than 17.5 kU / l) $16.4 \pm 4.9\%$ and $4.2 \pm 4.1\%$ ($P < 0.05$), respectively was identified.

Conclusions. Patients with both parents who smoke significantly increase the risk of developing atopic hyperreactivity to house dust. Patients with hyperreactivity to house dust are more likely to have a combination of BA with atopic dermatitis with OR of 1.8. In children of the first clinical group, the phenotype of late onset (OR - 3.5) and exercise-induced phenotype (OR - 2.4) BA were more often determined.

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DIAGNOSTIC VALUE OF THE CLINICAL SIGNS IN THE VERIFICATION OF ACUTE COMMUNITY PNEUMONIA IN CHILDREN OF DIFFERENT AGE

In respect that the inflammatory processes of the bronchial tree and alveolar tissue, due to the anatomical and physiological features of the respiratory system in children, more often than not overlap with similar clinical symptoms, the problem of differential diagnosis of acute infectious-associated inflammatory diseases of the lower respiratory tract in children [appears to be rather currently important](#), however, unresolved.

The aim of the survey was to study diagnostic value of the clinical symptoms in the verification of acute community pneumonia in children of different age in order to optimize the treatment of the acute pathology of the respiratory system.

Material and methods. A cohort of patients with acute respiratory pathology of children with different ages (75 patients) who received inpatient treatment at the