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GENEALOGICAL RISK FACTORS FOR THE DEVELOPMENT OF RECURRENT OBSTRUCTIVE BRONCHITIS IN CHILDREN.

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Abstract The study material included 80 children with broncho-obstructive syndrome, in whom, along with clinical and laboratory data, the genealogical history was carefully studied using the proband method. Among the identified diseases in mothers, the first place in frequency was anemia - 163 (75.12%). Further in frequency, pyelonephritis predominated - 24 (11.06%), hypertension - 57 (26.27%), chronic bronchitis - 6 (2.76%). When studying heredity in the examined children, it was revealed that atopic diseases occurred in relatives of children in 27 (12.44%) cases. Analyzing the allergy anamnesis of the examined children, it was revealed that the most common symptoms observed in patients were food allergies - 6 (2.76%) and bronchial asthma - 17 (7.83%). Drug allergies were less common – 5 (2.3%).

Keywords: relapses of obstructive bronchitis, genealogy, atopy.

Relevance. Recently, the development of a new branch of medicine “riskology”, the study of risk factors for the development of diseases, has become increasingly important [1,2,6]. There are scientific works devoted to the description of risk factors for acute obstructive bronchitis in children, such as burdened premorbid background: perinatal pathology, burdened allergic history, malnutrition, early artificial feeding, previous respiratory diseases at the age of 6–12 months [1,3]. Genealogical risk factors for relapses of obstructive bronchitis in children, depending on the degree of relationship of the proband, remain poorly studied, the study of which is of great importance in identifying a risk group for relapses of obstructive bronchitis in children and improving the complex of preventive measures and dispensary registration.

Target. To identify genetic risk factors for the development of relapses of obstructive bronchitis in children.

Material and research methods. The study material included 80 children with broncho-obstructive syndrome who underwent inpatient treatment in the children's departments of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, in whom, along with clinical and laboratory data, the genealogical history was carefully studied using the proband method.

To identify the number of sick relatives of the first degree of kinship in the bronchopulmonary system, in particular, obstructive bronchitis, we studied the genealogical history of the examined children by questioning the children's parents using a questionnaire.

A total of 217 first-degree relatives were identified, of whom 59 (27.18%) suffered obstructive bronchitis. Among the identified diseases in mothers, the first place in frequency was anemia - 163 (75.12%). Further in frequency, pyelonephritis predominated - 24 (11.06%), hypertension - 57 (26.27%), chronic bronchitis - 6 (2.76%). When studying heredity in the examined children, it was revealed that atopic diseases occurred in relatives of children in 27 (12.44%) cases. Analyzing the allergy anamnesis of the examined children, it was revealed that the most common symptoms observed in patients were food allergies - 6 (2.76%) and bronchial asthma - 17 (7.83%). Drug allergies were less common – 5 (2.3%). Considering the presence of a burdened allergic history, in this category of children it is impossible to completely exclude the reagin mechanism in the pathogenesis of obstructive bronchitis, which is confirmed by literature data [4,5].

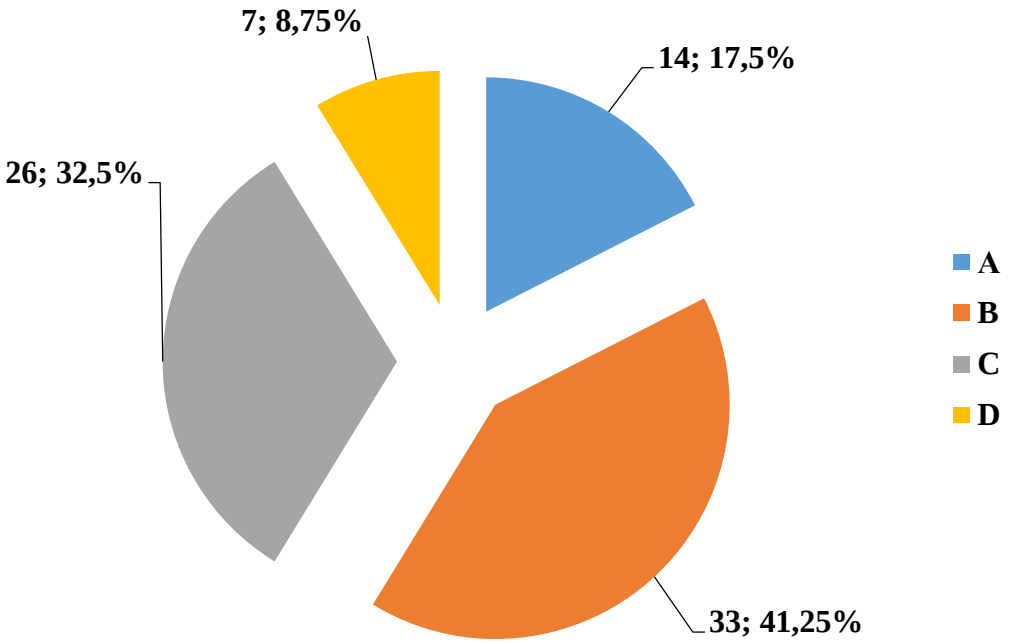

Fig. 1. Distribution by outcome of disease development at follow-up in children.

Note: A - the patients did not have any respiratory diseases; B - relapses of bronchitis stopped, but acute respiratory viral diseases were noted; C - patients had relapses of obstructive bronchitis; D - transformation of relapses of obstructive bronchitis into asthmatic bronchitis.

During the period of observation of the examined patients (Fig. 1), some patterns of the course of the disease were revealed. Some patients - 14 (17.5%) did not experience any respiratory diseases after suffering acute obstructive bronchitis. In the majority of children - 33 (41.25%), relapses of bronchitis stopped, but acute respiratory viral diseases were noted. Approximately one third of patients - 26 (32.5%) had relapses of obstructive bronchitis. The variant of recurrent course of bronchitis that we identified deserves special attention - its transformation into asthmatic bronchitis - 7 (8.75%).

Conclusions: Genealogical risk factors for relapses of obstructive bronchitis in children, depending on the degree of relationship of the proband, remain poorly studied, the study of which is of great importance, allowing us to identify a risk group for relapses of obstructive bronchitis in children and improve the complex of preventive measures and dispensary registration.

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