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OBSTRUCTIVE BRONCHITIS WITH BRONCHIAL ASTHMA IN CHILDREN

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Abstract: This article examines the manifestations of recurrent obstructive bronchitis with a seizure of bronchial asthma

Key words: Obstructive, bronchitis, asthma, bronchospasm.

Recurrent obstructive bronchitis occupies one of the leading places among diseases of the respiratory system.

Recurrent obstructive bronchitis, isolated as an independent clinical variant of recurrent bronchitis in 1981 A.Ya. Aspen and JI.A. Matveyeva, is considered as a variant with allergic bronchial lesions, documented hyperproduction of IgE (PD Novikov, 1998) and frequent relapses occurring with the presence of latent or clinically pronounced bronchospasm. In 1992, R.G. Artamonov, and in 1997 J.M. Come made a clarification in the definition of this variant of bronchitis.

The authors suggested that under relapsing obstructive bronchitis, bronchitis with recurrent episodes of bronchial obstruction should be understood against the background of acute respiratory infections. This variant of recurrent bronchitis occurs most often in young children, i.e. that period of life in which there are certain morphological features of the bronchial tree and increased reactivity of the bronchi to various environmental factors.

The generality of the clinical manifestations of recurrent obstructive bronchitis with a seizure of bronchial asthma and hyperproduction of IgE, taking place in these diseases, creates great difficulties in the diagnosis of each of them. Recently, taking into account the criteria for diagnosis of bronchial asthma, proposed by the International Consensus in 1992 and the National Program for Asthma in Children in 1997-2004, the existence of a diagnosis of recurrent obstructive bronchitis becomes questionable. In this regard, the search for diagnostic criteria for recurrent obstructive bronchitis and differential diagnostic criteria for recurrent obstructive bronchitis with bronchial asthma in young children is one of the topical problems.

Recurrent obstructive bronchitis was more common in children from 6 months of age. up to 2 years. Before the year of the ROB, more boys were sick, after a year the number of girls and boys did not differ significantly. AD was more common in children aged 2 years and more, and more often in boys.

More than 2/3 of the children suffering from asthma and asthma were born from the first and second pregnancies. With regard to the peculiarities of the course of the antenatal period of children with AD and ROB, its complications due to early and late toxicosis, nephropathy, anemia, the threat of abortion, were met with the same frequency. 85% of the children of both compared groups were born on the 38th - 40th week of gestation, 15% of the 36-37 weeks of gestation.

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Operative delivery (Caesarean section, imposition of output forceps) occurred in 26% of children with asthma and 30% with ROB. Of the group of children born promptly, 10% in the group with asthma and 17% in the group with ROB had asphyxia in childbirth. In 8% of children with asthma and 13% with ROB, intrauterine hypoxia was observed. In general, the complications of the intranatal period in the groups of children with ROB and BA did not have a statistically significant difference, but were more common than in the children in both compared groups. Asphyxia in childbirth, both with ROB and with BA, was more common in children born with surgical delivery, 5% of children with asthma and 8% with ROB had a respiratory distress syndrome, 10% of children with BA and 12% with ROB - Aspiration pneumonia took place. 53% of children with BA and 62% with ROB during the newborn period underwent ARI. There was no statistically significant difference in the incidence of these pathological conditions and diseases in patients with ROB and asthma.

Analyzing the results obtained from the frequency of occurrence of signs, we found some differences in the frequency of occurrence of certain criteria. In children suffering from bronchial asthma associated with ARI, relatives of the first and / or second line of kinship, suffering from bronchial asthma and allergic dermatosis, were more likely than children with relapsing obstructive bronchitis; acute (within a few hours) development of asthma attacks; presence of concomitant atopic dermatitis; clinically pronounced emphysema of the lungs (bloated thorax), perioral cyanosis, severity of tachypnea, prolonged exhalation, lack of clinical manifestations of laryngitis and pharyngitis; eosinophilia (more than 10%) in the peripheral blood, the presence of mixed acidosis or alkolosis, a significant excess of the normal concentration of total IgE in the blood (10 times or more).

For children suffering from ROH associated with ARI, a gradual onset of an attack of suffocation with a culmination in a few days is characteristic; presence of concomitant manifestations of pharyngitis (less laryngitis); the presence of pronounced rooting of the roots on chest radiographs; the normal content of eosinophils and leukocytosis in the peripheral blood, normal (or slightly increased

- not more than 2 times), the concentration of total IgE in the blood, increased level of lymphocytes with the phenotype CD8, more often children with the presence of IgM antibodies to M. pneumoniae , M. hominis, Chi. pneumoniae, and anti-cytomegalovirus IgG antibodies.

Together with this, it is possible to diagnose one of the two diseases-ROB. or B A - with the help of these criteria, it was practically impossible, because they were found in both cases, and with another disease or were not found in every patient. In order to make a decision about the diagnosis, we came to the need to use some mathematical techniques; and, c. In particular, the use of a sequential diagnostic procedure, which is based on the method of sequential analysis A '. Valda (1960), grounded, for the diagnosis of diseases AA. Genkin and E.V. Gubler, with the definition of the significance of the diagnostic coefficients required for * decision-making. These coefficients in the performance of this work we have been developed and proposed for differential diagnosis of ROB and BA.

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