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FACTORS ON THE FORMATION OF ASTHMA IN CHILDREN

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Asthma continues to occupy a leading position among the world's medical problems. The number of asthma patients is increasing every year, especially among children. Asthma is considered one of the 14 most important diseases in the world in terms of severity and duration of disability.

But not every person who has encountered an allergen has asthma. Who is guilty? Scientists around the world are working not only to find markers of asthma severity, but also to determine the degree of influence of genetic, hereditary and social factors on this disease.

The purpose of the study: to identify anamnestic risk factors for the development of asthma in children.

Materials and methods. An analysis of the clinical data of 94 children (56 boys and 38 girls) aged 5 to 17 years with persistent asthma who underwent examination and treatment at a children's hospital was carried out.

All patients underwent a full examination according to the protocol for the treatment of children with asthma № 868 dated October 8, 2013 "On the approval and implementation of medical and technological documents on the standardization of medical care for asthma".

Statistical analysis of data was carried out using statistical packages "EXCELL FOR WINDOWS" and "STATISTICA 8.0. FOR WINDOWS”.

Groups of patients were formed depending on the degree of asthma: group 1 — mild persistent asthma (n = 72), group 2 — moderate persistent asthma (n = 10), group 3 — severe persistent asthma (n = 12).

Research results. Statistically significant factors regarding the formation of asthma were identified among the studied anamnestic data.

The distribution of children by gender revealed that among patients of all groups, boys predominated: boys – 59.5 %, girls – 40.5% (p = 0,0099).

Among the patients, only 49% (46/94) had a positive family history, but 75% (9/12) of this number belonged to children with severe asthma. Of 46 patients with a compromised allergic history, 72% (33/46) had asthma among close relatives, 35% (16/46) had other allergic manifestations, and in 13% (6/46) these 2 risk factors were combined.

Despite the fact that boys predominated among the examined patients, the allergic "heritage" prevailed on the maternal side - 56%.

When collecting the history, it was found that the asthma debut started with signs of atopic dermatitis or allergic rhinitis. Atopic dermatitis occurred in 72% (58/94) of asthma patients, and allergic rhinitis in 45% (42/94). In addition, 40.5% (38/94) of children had symptoms of both diseases. It should be noted that the percentage of concomitant allergic pathology probably increases in relation to the severity of asthma: atopic dermatitis $p_{1-3} = 0.02$; allergic rhinitis $p_{1-3}=0.01$. Manifestations of atopic dermatitis in 100% of children in groups 2 and 3 occurred before the age of one year.

Conclusions.

1. The established data can be auxiliary indicators in the algorithm for examining frequently ill children to identify risk groups for the development of asthma.
2. Careful collection of history (Careful history taking) and identification of these risk factors can be used to predict the development of asthma in children.

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NECROSIS OF NEUTROPHIL GRANULOCYTES IN CHILDREN WITH ASTHMA

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Asthma remains one of the global and urgent problems of our time.

Asthma is characterized by chronic airway inflammation that is associated with airway hyperresponsiveness and leads to airway damage and remodeling.

Macrophages, mast cells, lymphocytes, eosinophils and/or neutrophils are the main cellular elements of inflammation. Neutrophil granulocytes (NG) are one of the first

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