

FEATURES OF THE COURSE OF ATOPIC DERMATITIS

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Abstract: Atopic dermatitis (atopic eczema, atopic eczema/dermatitis syndrome) is a chronic inflammatory skin disease accompanied by itching, which typically begins in early childhood, may continue or recur in adulthood and leads to physical and emotional maladjustment of the patient and members his family. Atopic dermatitis in childhood and adulthood seems to be a single disease, despite the fact that in the future, genetic subtypes with different expression variants may be identified.

Keywords: Radioallergosorbent test; MGK, local glucocorticoids; UV - ultraviolet: howl (irradiation).

EPIDEMIOLOGY: The prevalence of the disease has increased over the past 3 decades and in developed countries, according to various authors, is 10:15% in children under 5 years of age and 15:20% in schoolchildren. The reasons for the increase in incidence are unknown. On the other hand, in some agricultural regions of China, Eastern Europe and Africa, the incidence rate remains the same [2]. It has been established that atopic dermatitis develops in 81% of children if both parents are sick, in 59% if only one of the parents is sick and the other has an allergic pathology of the respiratory tract, and in 56% if only one of the parents is sick [5].

PREVENTION: Prescribing a hypoallergenic diet (excluding cow's milk, eggs or other potentially allergenic products from the diet) to pregnant women at risk of having a child with allergic pathology does not reduce the risk of developing atopic diseases in the child; moreover, prescribing such a diet may negatively affect the nutritional status of both pregnant woman and fetus.

Compliance with a hypoallergenic diet by a woman at risk of having a child with allergic diseases during breastfeeding can reduce the risk of developing atopic dermatitis in a child A [5]. Compliance with a hypoallergenic diet during lactation by the mother of a child suffering from atopic dermatitis can reduce the severity of the disease[2].

DIAGNOSTICS: Diagnosis of atopic dermatitis is based primarily on clinical data; There are currently no objective diagnostic tests to confirm the diagnosis. The examination includes a thorough medical history, assessment of the prevalence and severity of the skin process, assessment of the degree of psychological and social maladjustment and the impact of the disease on the patient's family.

Secondary criteria (observed in most cases, necessary for diagnosis):

debut at an early age;

presence of atopy:

- a family history of atopy or the presence of atopic diseases in the patient;
- presence of specific IgE:AT;
- xerosis.

Additional criteria (help to suspect atopic dermatitis, but are nonspecific and cannot be used to establish a diagnosis in scientific or epidemiological studies):

- atypical vascular response (including facial pallor, white dermatographism);
- follicular keratosis, increased skin pattern on the palms, ichthyosis;
- changes in the eyes, periorbital area;

- other focal changes (including perioral, periauricular dermatitis);
- lichenification, prurigo.

Clinical picture The clinical picture depends on the age of the child [2].

In children of the first year of life, there are 2 types of disease.

◆ The seborrheic type is characterized by the presence of scales on the scalp, which appear already in the first weeks of life, or occurs as dermatitis in the area of skin folds. In the future, transformation into erythroderma is possible.

◆ The numular type occurs at the age of 2:6 months and is characterized by the appearance of spotted elements with crusts; Typical localization is the cheeks, buttocks and/or limbs. It also often transforms into erythroderma.

Preschool age: in 50% of children suffering from childhood eczema, skin manifestations disappear by 2 years of age. The remaining half have a characteristic localization of the process - skin folds.

School age: characteristic localization – skin folds. A separate form of atopic dermatitis at this age is juvenile palmoplantar dermatosis, in which the skin pathological process is localized on the palms and soles. This form of atopic dermatitis is characterized by seasonality: exacerbation of symptoms in the cold season and remission in the summer months. If you have dermatitis of the feet, you must remember that dermatophytosis in children is observed very rarely. Atopic dermatitis localized to the buttocks and inner thighs usually appears between the ages of 4 and 6 years and persists into adolescence [4].

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