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ETIOLOGY AND DIAGNOSIS AND DRUG — INDUCED DERMATITIS

Annotation: Drug — induced dermatitis is an inflammatory change in the skin that occurs with the external, internal or parenteral use of a particular medication. Such dermatitis is most often caused by an allergic reaction to a drug. It is manifested by the appearance of areas of hyperemia, swelling, peeling; itching, burning and wetting of the affected skin areas. To make a diagnosis of drug-induced dermatitis, it is possible to clearly trace the dependence of the occurrence of dermatitis symptoms when taking a certain drug and their disappearance when it is canceled. Treatment is reduced to the elimination of the drug that caused the phenomena of drug-induced dermatitis, and speeding up its elimination from the body.

Key words: dermatology, hyperemia, drug-induced dermatitis.

In modern dermatology, drug-induced dermatitis is also called drug-induced dermatitis. Most often, it occurs when any pharmacological agents are applied on the skin, but it is also possible to develop manifestations with systemic administration. It occurs in people of any age and gender, as a rule, with an allergic predisposition. Medicinal dermatitis can occur both after a single use of a medicinal product, and against the background of its long-term use. After stopping contact with the drug, the manifestations of dermatitis disappear.

Medicinal dermatitis can be caused by the external use of medications, for example, tincture of iodine, mercury ointments, sulfur preparations, turpentine, etc. Of the medications used orally and parenterally, most often drug-induced dermatitis occurs when novocaine, sulfonamides, amidopyrine, antibiotics, aminazine, arsenic preparations and barbiturates are used in the treatment.

A predisposing factor in the occurrence of drug-induced dermatitis is the body's sensitization to various medications. It can develop as a result of prolonged and frequent use of medications or constant contact with medications (among pharmacists, pharmacists, and medical professionals). The risk of developing dermatitis due to medication is increased in people with a hereditary predisposition, food allergies, allergic diseases (bronchial asthma, atopic dermatitis, pollinosis), fungal diseases.

Symptoms of drug-induced dermatitis

With the development of drug-induced dermatitis, areas of redness, swelling or peeling appear on the skin, bubbles, nodules, and wetness may appear. Rashes may be accompanied by a feeling of discomfort in the affected areas of the skin, itching or burning. With external use of medications, drug-induced dermatitis develops in the type of contact dermatitis, i.e. only on those areas of the skin where the drug was applied.

When taking medications orally or intramuscularly, so-called fixed drug-induced dermatitis can occur, when after a new application of the drug, changes occur on the same skin areas as before. However, with each recurrence of dermatitis, the foci of skin damage become more extensive and new areas of damage appear. Dermatitis caused by intravenous administration of the drug is most severe. In these cases, the skin lesion is more common, the inflammatory reaction is more pronounced, and the general condition of the patient is disturbed.

Diagnostics

The characteristic clinical picture of dermatitis and its association with the use of a particular drug allow a dermatologist to assume the diagnosis of drug-induced dermatitis already at the first consultation. Differentiate such dermatitis primarily from other types of dermatitis and from eczema.

Treatment of drug-induced dermatitis

The basis of treatment is the urgent cancellation of the drug that caused it. For faster elimination of the drug from the body, heavy drinking, diuretics and laxatives are prescribed. To remove signs of inflammation, 10% calcium chloride is administered intravenously.

The patient should clearly remember which drug caused the appearance of dermatitis and be sure to warn the doctor about this. Otherwise, with repeated administration and use of the drug, the symptoms of dermatitis will occur again.

Literature:

1. Dermatovenereology. National guidelines. Short edition/ edited by Yu. S. Butov, Yu. K. Skripkin, O. L. Ivanov. — 2013.
2. Nozimjon o'g'li, S. S., & Ilhomjon o'g'li, A. N. (2024). INFORMATION ABOUT THE STRUCTURE OF THE MEMBRANE OF EPITHELIAL TISSUE AND GLANDS. *International journal of medical sciences*, 4(07), 22-27.
3. Soliyev, I., TIZIMIDA, B. S. M. T. L., & PEDAGOGIK, I. Y. U. A. V. (2023). SHART-SHAROITLARI.
4. Саломов, Ш. Н., & Хакбердев, Ш. М. (2024). Причины Сердечно-Сосудистых Заболеваний И Важность Их Профилактики. *Periodica Journal of Modern Philosophy, Social Sciences and Humanities*, 27, 76-80.
5. qizi Boymirzayeva, S. O. (2024). MAKTABGACHA TA'LIM TASHKILOTIDA BO 'LAJAK TARBIYACHINING KREATIVLIGINI RIVOJLANTIRISH. *GOLDEN BRAIN*, 2(7), 41-47.
6. Sobirjonovich, S. I. (2023). Systemic Organization of Professional Competence, Creativity and Innovative Activity of A Future Kindergartener. *Journal of Pedagogical Inventions and Practices*, 19, 108-112.
7. Kizi, E. N. I., & Ogli, S. S. N. (2024). EVALUATION OF THE RESULTS OF PRIMARY CHEILOPLASTY IN CHILDREN WITH CONGENITAL BILATERAL CLEFT OF UPPER LIP AND PALATE. *International Journal of Medical Sciences And Clinical Research*, 4(02), 52-58.
8. qizi Turdaliyeva, N. A. (2024). MAKTABGACHA YOSHDA GI BOLALAR IJODIY QOBILIYATLARNI RIVOJLANTIRISHNING NAZARIY ASOSLARI. *GOLDEN BRAIN*, 2(7), 48-52.
9. Abdurashidov, A., & Turdaliyeva, N. (2023). DEVELOPMENT OF MANUAL WORK IN PRE-SCHOOL EDUCATION. *Science and innovation*, 2(B2), 282-286.
10. Atopic dermatitis: new approaches to prevention and external therapy. Recommendations for doctors/ Edited by Yu. V. Sergeev-2005.