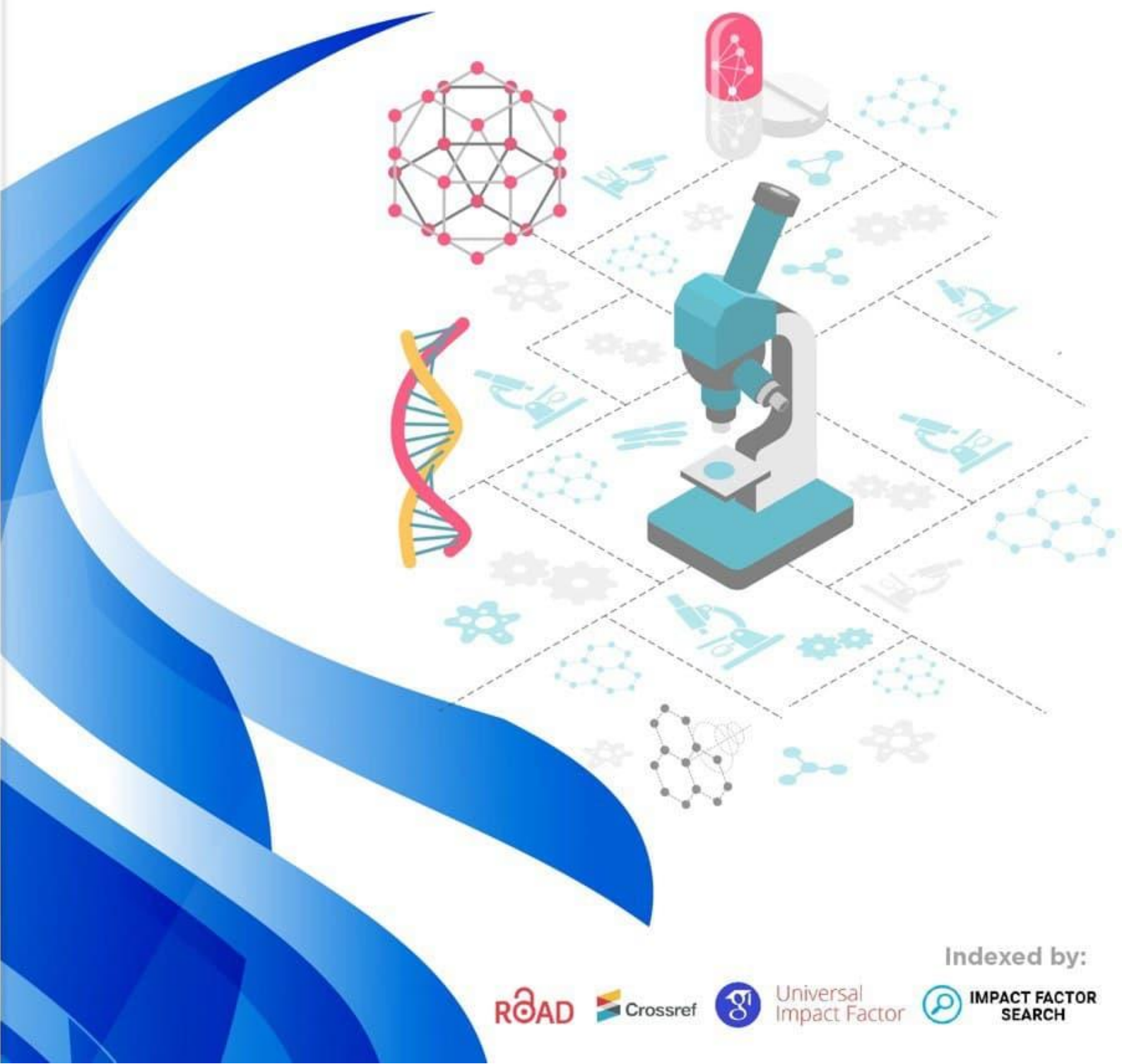


ASIAN JOURNAL OF PHARMACEUTICAL
AND BIOLOGICAL RESEARCH

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FREQUENCY AND STRUCTURE OF RESPIRATORY ORGANS INCIDENCE IN RURAL CHILDREN IN TASHKENT REGION

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Relevance: Rural children have special health, since the environment, the way and quality of life of rural children differs from those of the urban population (Akhmedova D.I. 2010). The health of the child begins to form from the moment of conception and depends on many factors, among which the most important are the health, age and heredity of the parents, their lifestyle and professional activities. In the future, the quality of housing and food, as well as the medical care received, plays an important role.

Keywords: Children, respiratory organs, frequency

The incidence of children is most influenced by socio-hygienic, biological and climatic factors. The corresponding gradations of the listed factors can either shield or potentiate the harmful effects of an unfavorable environment [1,2,3]. Diseases, arising even in preschool age, largely determine human health in subsequent periods of life, affecting physical development, progression of chronic pathology, and also contributing to an increase in the frequency of general and infectious morbidity [4-6]. Various factors are indicated as the causes of pathology in children: hereditary predisposition, congenital anomalies, allergies, nutritional errors. However, with all these factors, a variety of infectious diseases, which are often the main or even the only cause, can serve as a trigger for the emergence and development of the pathology of various organs and systems [4,7]. Childhood has periods of rapid growth up to 18 years, the development and improvement of all body systems plays an important role in shaping the health of an adult [6,8]. According to A.A. Baranov (2004), a number of chronic diseases are formed already at preschool age [4,5,10]. A special category is often and long-term ill children; mainly we are talking about diseases of the respiratory system (ARVI, ENT diseases, bronchitis, bronchiolitis).

The aim of the study was to study the frequency and structure of respiratory diseases in children from 1 to 10 years of age in the Tashkent region, Kibray district.

Materials and methods. For the period 2020-2021 We examined 570 children aged 1 to 12 years old, living in the Tashkent region of the Kibray district. Of these, 301 (52.8%) are girls and 239 (41.9%) are boys. The selection of children was carried out by the method of continuous random sampling. The following methods were used to examine children: clinical and anamnestic, assessment of external minor developmental anomalies, parental interviews, and analysis of data from primary medical documents.

When collecting an anamnesis of life, attention was paid to the course of the ante- and perinatal periods (pathological course of pregnancy, the presence of acute and / or chronic diseases in the mother, the use of drugs during pregnancy, as well as the complicated course of childbirth: asphyxia, a long anhydrous period, weakness of labor ; prematurity, large fetus, etc.), height and weight at birth, the features of the course of the neonatal period and the development of the child in the first year of life (dynamics of physical and psychomotor development, past diseases, neurological abnormalities) were clarified. Analysis of the development of the child in subsequent years included: identifying the frequency of colds (corresponding to the age period with the calculation of the infectious index), the presence of concomitant diseases and chronic foci of infection, as well as visiting kindergartens.

Results and discussions. According to our research data, 360 (63.1%) children of the rural population were diagnosed with respiratory diseases with allergic pathologies, 210 (36.8) children had combined pathologies with ENT organs. The children were divided into 3 groups; Group 1 - young children - 153 (27.3%), group 2 - preschool children - 195 (34.2%) and group 3 schoolchildren - 220 (38.5%). Conducted clinical and anamnestic examination of children showed that perinatal burden was recorded in 72% of cases. The pathological course of childbirth was registered in 64%, 36% of cases, children were born prematurely. From comorbid diseases met; in children of early age there was protein-energy malnutrition - 35.7%, rickets was registered in 36%, the presence of exudative-catarrhal and lymphatic diathesis was observed in 47%, anemia versus 38.6% in preschool children, diseases of the gastrointestinal tract-56.9%, allergic pathologies - 52.3%, functional disorders of the musculoskeletal system - 25.6%. Schoolchildren had more diseases of the endocrine system as overweight - 36.2%, obesity of 1-2 degrees - 18.3%, essential hypertension - 25.6%, this was facilitated by the beginning of the study load, a sedentary lifestyle of children. Clinical analysis of cards 025 showed that out of 570 children, diseases of the lower respiratory tract in group 1 - Pneumonia - 35.6%, Obstructive bronchitis - 29.6%, bronchiolitis - 23.3%, recurrent bronchitis - 11.5%, allergic diseases ; Food Allergy 23.1%, Atopic Dermatitis - 56.3%, Allergic Rhinitis - 29.3%, Drug Allergy - 14.4%. In children of the 2nd group - Pneumonia - 29.6%, Obstructive bronchitis - 20.6%, recurrent bronchitis - 49.8%, allergic diseases; Food Allergy 13.1%, Atopic Dermatitis - 26.3%, Allergic Rhinitis - 19.3%, Drug Allergy - 34.4%, Bronchial Asthma - 6.9%. ENT pathology; Chronic tonsillitis - 57.9%, Chronic otitis media - 23.3%, Adenoids of 1-2 degrees - 18.8%. Group 3 - Pneumonia-15.6%, Acute Obstructive Bronchitis -9.6%, Recurrent Bronchitis - 55.5%, Chronic Bronchitis 19.3%, comorbid common pathologies in schoolchildren are Gastritis-36.6%, Gastroduodenitis 23.6%, Peptic ulcer - 18.7%, Chronic enterocolitis - 21.1%. In schoolchildren, allergic pathology occurred in 45%, in the

form of food allergy 13.1%, allergic rhinitis - 39.3%, drug allergy - 44.4%, 35.6% were overweight, Obesity 1-2 degrees - 30.4%, metabolic syndrome - 34%.

Conclusion. Most of the examined children with pathology of the respiratory organs living in rural areas in the Tashkent region had concomitant pathologies, in group 1 the frequency of occurrence of allergic pathologies was 2 times higher than in other groups. In group 2, children have more ENT diseases, in group 3, children suffer from diseases of the gastrointestinal tract and are overweight, metabolic syndrome and obesity. Rural children have features of respiratory disease in each age group, which requires a deeper further study. In the future, it will make it possible to determine the patterns of formation and possible ways to predict the forms of chronic pathology in children in rural areas, which is necessary for the development of strategies and tactics for primary and specialized care for children with various forms of bronchopulmonary pathology and comorbid diseases, the development of new methods of prevention and rehabilitation.

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