BOLALARDA ATOPIK DERMATITGA OLIB KELADIGAN XAVF OMILLARI

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Annotatsiya. *Pediatriyada allergik kasalliklar bilan kasallangan bolalar muammosi yetakchi o‘rinni egallaydi. Bu allergik kasalliklar orasida Atopik dermatit eng muhim o‘rinda turadi va dunyo bo‘ylab bolalar orasida eng keng tarqalgan surunkali teri kasalliklaridan biri hisoblanadi. Sababi shundaki hozirgi kunda bu kasallikning uzluksiz o‘sishi kuzatilmoqda. Barcha allergik kasalliklarni 40-60%ni allergik dermatozlar egallaydi (M.M.Fedotov, O.S.Fedlrova, U.V.Konovalova,2018). Rossiya davlatini rasmiy statistik ma‘lumotlariga ko‘ra har 100 ming aholini 240-250 nafarida allergik kasalliklar kuzatiladi. JSSTni ma‘lumotlariga ko‘ra AtD allergik kasalliklarning 12,9-32,3% gachani tashkil etgan (dfd.prof.Mavlyanova Sh.Z ma‘lumotlariga ko‘ra atopik dermatit O‘zbekistonda 37,1%ni tashkil etadi) .*

Kalit so‘zlar. *Atopik dermatit, psixosomatik omil, genetik determinantlar, retrospektiv tadqiqot, “AtopikDermabot”, SCORAD indeksi, ijtimoiy va psixologik omillar.*

Abstract. *In pediatric practice, allergic diseases remain one of the leading health concerns among children. Among these, atopic dermatitis (AD) holds a significant position as one of the most common chronic skin conditions in childhood worldwide. The prevalence of AD is steadily increasing, making it a major focus in pediatric allergology. According to studies, allergic dermatoses account for 40–60% of all allergic diseases (M.M. Fedotov, O.S. Fedlrova, U.V. Konovalova, 2018). Official statistics from the Russian Federation indicate that allergic diseases are diagnosed in 240–250 per 100,000 population. According to WHO data, AD constitutes 12.9–32.3% of all allergic diseases, while in Uzbekistan, this figure reaches 37.1% based on data provided by dfd. Prof. Mavlyanova Sh.Z. The high prevalence and the complex pathogenesis of AD, which includes genetic, psychosomatic, and environmental factors, highlight the necessity for timely diagnosis and effective management strategies. This study includes a retrospective analysis and introduces the digital tool “AtopikDermabot” for assessment and monitoring of pediatric AD using the SCORAD index.*

Keywords. *Atopic dermatitis, psychosomatic factors, genetic determinants, retrospective study, “AtopikDermabot”, SCORAD index, social and psychological factors.*

KIRISH

Atopik dermatit (AtD) – polietiologik surunkali qaytalanuvchi dermatoz bo’lib, patogenezi immunologik va noimmunologik mexanizmlar orqali shakllanadi. So’nggi yillarda kasallikning epidemiologik o’sishi kuzatilmoqda, bu esa turli endogen va ekzogen omillar bilan bog’liq bo’lishi mumkin. Kasallikning rivojlanishida genetik determinantlar, immun

tizimdagi disbalans, psixosomatik omillar hamda atrof-muhitning salbiy ta’siri muhim o’rin tutadi. Ushbu retrospektiv tadqiqot bolalarda atopik dermatit rivojlanishiga olib keladigan xavf omillarini tizimli tahlil qilish va ushbu omillarning nisbiy ahamiyatini baholashga qaratilgan. Tadqiqot maqsadi esa bolalarda atopik dermatit rivojlanishiga olib keluvchi asosiy xavf omillarini retrospektiv tahlil qilish, ularning nisbiy hissasini baholash va kasallikning oldini olish bo‘yicha algoritmik yondashuvni ishlab chiqish maqsadida bolalarda atopik dermatitning erta aniqlanishi va profilaktikasi bo’yicha uy sharoitida onalarga telegram bot “AtopikDermabot” orqali kasallik alomatlari haqida ma’lumot berish. Xavf omillari va genetik moyillikni tushuntirish. Ota-onalar va birlamchi bo’g’imda UASh xodimlarini atopik dermatitning rivojlanishiga sabab bo’luvchi omillar bilan tanishtirish. SCORAD indeksi orqali AtD og’irlik darajasini aniqlash va darajasiga qarab individual yondashuvni. profilaktik chora-tadbirlarni targ’ib qilish. Terini to’g’ri parvarishlash, allergenlardan saqlanish va hayot tarzini moslashtirish bo’yicha tavsiyalar berish. Tadqiqot vazifasi esa Atopik Dermatitga moyilligi bo’lgan bolalarda kassallik kelib chiqishini oldini olish. Atopik dermatit bilan kasallangan bolalarni erta tashxislash va reabilitatsiya chora tadbirlarni ishlab chiqish. Atopik dermatitga moyilligi bor bo’lgan bolalarni ota onasiga profilaktik chora tadbirlar to’g’risida tushuncha berish va uy sharoitida onalar balalaridagi Atopik dermatitga moyilligi bor yoki yo’qligini telegram bot “AtopikDermabot” orqali so’rovnomadan o’tishi, Scorad indeksi bo’yicha kasallikning og’irlik darajasini bilishi, farzandini holatini baholashiga va mutaxasissga erta murojat qilish ko’nikmalarini shakillantirish.

Materiallar va usullar. Tadqiqot “AtopikDermabot” telegram botining klinik ma’lumotlariga asoslanib olib borildi. Bot orqali 120 nafar bola ma’lumotlari yig’ildi. 80 nafar bola atopik dermatitga moyilligi bor, 40 nafari esa atopik dermatit bilan kasallangan bolalar va qayta ishlash uchun quyidagi parametrlar asosida tahlil qilindi:

Genetik moyillik: ota-onada yoki yaqin qarindoshlarda allergik kasalliklar (AtD, bronxial astma, allergik rinit) mavjudligi

Ekologik omillar: yashash hududining ifloslanish darajasi, xonadonlardagi chang, mog‘or, sigaret tutuni ta’siri

Ovqatlanish xususiyatlari: ona suti bilan oziqlantirish davomiyligi, allergen oziq-ovqat mahsulotlarini iste’mol qilish tarixi

Immun tizimi va infeksion omillar: tez-tez kasallanish, antibiotiklardan ortiqcha foydalanish, perinatal anamnez

Psixosomatik tahlil: bolada stress darajasi, oilaviy muhit (oiladagi ijtimoiy va psixologik omillar), bolada uyqu buzilishlari va nevrotik simptomlar

Klinik baholash: SCORAD indeksi yordamida atopik dermatitning og‘irlik darajasi, qichishish va teri namligini baholash

NATIJALAR:

Tahlil natijalari atopik dermatit rivojlanishida quyidagi asosiy xavf omillarini tasdiqladi:

Genetik moyillik: atopik dermatitga chalingan bolalarning 67% da ota-onada allergik kasalliklar aniqlangan ($p<0.05$).

Ekologik ta’sir: atrof-muhit ifloslanishi yuqori bo‘lgan hududlarda yashovchi bolalarda AtD rivojlanish ehtimoli 1,7 baravar yuqori ekanligi kuzatildi (OR=1.7, 95% CI: 1.3–2.1).

Ovqatlanish xususiyatlari: ona suti bilan oziqlantirish 6 oydan kam bo‘lgan bolalarda kasallik rivojlanish ehtimoli 42% ga yuqori ($p<0.01$).

Psixosomatik omillar: stress darajasi yuqori bo‘lgan bolalarda kasallik kechishi og‘irroq bo‘lib, SCORAD indeksi o‘rtacha 17% ga yuqori ($p<0.01$).

Infeksion omillar: antibiotiklar bilan tez-tez davolangan bolalarda atopik dermatitning og‘ir darajasi 2,3 baravar yuqori aniqlangan (OR=2.3, 95% CI: 1.6–3.0).

Shuningdek, bot orqali berilgan individual profilaktik tavsiyalarni bajargan bolalar guruhida AtD simptomlarining qaytalanish darajasi 21% ga kamaygani qayd etildi ($p<0.05$).

Xulosa. Ushbu retrospektiv tahlil natijalari bolalarda atopik dermatit rivojlanishining ko‘p omilli xususiyatga egaligini yana bir bor tasdiqladi. Kasallikning rivojlanishida genetik moyillik, ekologik va psixosomatik omillar hamda noto‘g‘ri ovqatlanish tartibi hal qiluvchi rol o‘ynaydi. Atopikdermabot platformasi orqali to‘plangan ma’lumotlar shuni ko‘rsatadiki, erta aniqlash va shaxsiylashtirilgan profilaktik yondashuv atopik dermatit simptomlarini yengillashtirishda samarali hisoblanadi. Kelajakdagi tadqiqot yo‘nalishlari: ko’proq bemorlar bilan prospektiv tadqiqot o’tkazish, genetik omillarni chuqurroq o’rganish va polimorfizmlar bilan bog’liqligini tahlil qilish va sun’iy intellekt yordami bilan atopik dermatitni oldindan prognoz qilish tizimini ishlab chiqish.

FOYDALANILGAN ADABIYOTLAR:

1. Атопический дерматит: клинические рекомендации. — 2020. [Atopicheskii dermatit: Clinical guidelines.(InRuss).] Доступно по: https://nrcii.ru/specialistam/klinrecommend/atopic_dermatitis_2020.pdf. Ссылка активна на 24.09.2022.

2. Amano W, Nakajima S, Kunugi H, et al. The Janus kinase inhibitor JTE-052 improves skin barrier function through suppressing signal transducer and activator of transcription 3 signaling. J Allergy Clin Immunol. 2015;136(3):667–677.e7. doi: https://doi.org/ 10.1016/j.jaci.2015.03.051

3. Wollenberg A, Ehmann LM. Long Term Treatment Concepts and Proactive Therapy for Atopic Eczema. Ann Dermatol. 2012;24(3):253.doi: https://doi.org/10.5021/ad.2012.24.3.253

4. Amat F, Soria A, Tallon P, et al. New insights into the phenotypes of atopic dermatitis linked with allergies and asthma in children: An overview. Clin Exp Allergy. 2018;48(8):919–934. doi: https://doi.org/10.1111/cea.13156

5. Wollenberg A, Barbarot S, Bieber T, et al. Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: part I. J Eur Acad Dermatol Venereol. 2018;32(5):657–682. doi: https://doi.org/10.1111/jdv.14891

6. Egawa G, Kabashima K. Multifactorial skin barrier deficiency and atopic dermatitis: Essential topics to prevent the atopic march. J Allergy Clin Immunol. 2016;138(2):350–358. doi: https://doi.org/10.1016/j.jaci.2016.06.002

7. Granato L. Modulator from fractions of vegetable unsaponifiables.Personal Care. 2012;09:69–72.

8. Mirraximova M. X. et al. Night of atopic dermatitis in children komorbid laboratory-immunological properties //IMRAS. – 2023. – T. 6. – №. 6. – C. 301-306.

9. Kh M. M., Kurbanova D. R., Nishanbaeva N. Y. Identification of clinical and laboratory changes of the gastrointestinal tract in atopic dermatitis in children and improvement of the principles of diagnosis and treatment/ISSN 2181-712X.

10. Čepelak I, Dodig S, Pavić I. Filaggrin and atopic march.Biochem Med (Zagreb). 2019;29(2):214–227. doi: https://doi.org/10.11613/bm.2019.0205

11. Man MQ, Barish GD, Schmuth M, et al. Deficiency of PPARbeta/ delta in the epidermis results in defective cutaneous permeability barrier homeostasis and increased inflammation. J Invest Dermatol. 2008;128(2):370–377. doi: https://doi.org/10.1038/ sj.jid.5701026

12. Tominaga M, Takamori K. Itch and nerve fibers with special reference to atopic dermatitis: Therapeutic implications. J Dermatol. 2014;41(3):205–212. doi: https://doi.org/10.1111/ 1346-8138.12317

13. Kido-Nakahara M, Furue M, Ulzii D, Nakahara T. Itch in Atopic Dermatitis. Immunol Allergy Clin North Am. 2017;37(1):113–122. doi: https://doi.org/10.1016/j.iac.2016.08.007

14. Thyssen JP, Kezic S. Causes of epidermal filaggrin reduction and their role in the pathogenesis of atopic dermatitis. J Allergy Clin Immunol. 2014;134(4):792–799. doi: https://doi.org/10.1016/j.jaci.2014.06.014

15. Dale BA, Presland RB, Lewis SP, et al. Transient Expression of Epidermal Filaggrin in Cultured Cells Causes Collapse of Interme diate Filament Networks with Alteration of Cell Shape and Nuclear Integrity.J Invest Dermatol. 1997;108(2):179–187. doi: https://doi.org/ 10.1111/1523-1747.ep12334205

16. Stout TE, McFarland T, Mitchell JC, et al. Recombinant filaggrin is in - ternalized and processed to correct filaggrin deficiency. J Invest Der ma tol. 2014;134(2):423–429. doi: https://doi.org/10.1038/jid.2013.284

17. Kim JH, Bae HC, Ko NY, et al. Thymic stromal lymphopoietin downregulates filaggrin expression by signal transducer and activator of transcription 3 (STAT3) and extracellular signal-regulated kinase (ERK) phosphorylation in keratinocytes. J Allergy Clin Immunol. 2015;136(1):205–208.e9. doi: https://doi.org/10.1016/j.jaci.2015.04.026

18. Pellerin L, Henry J, Hsu CY, et al. Defects of filaggrin-like proteins in both lesional and nonlesional atopic skin. J Allergy Clin Immunol. 2013;131(4):1094–1102. doi: https://doi.org/10.1016/j.jaci.2012.12.1566

19. Nishanbayeva N. Y. Mirraximova MX Bolalarda atopik dermatitda oshqozon ichak traktidagi klinik laborator o ‘zgarishlarni aniqlash, tashxislash va davolash tamoyillarini takomillashtirish //Tibbiyotda yangi kun. – 2021. – T. 6. – №. 38/1.

20. Mirrakhimova M. K. et al. Characteristics of Allergic Pathologies Progression in Young Children //American Journal of Medicine and Medical Sciences. – 2020. – T. 10. – №. 9. – C. 652-656.

21. Mirrakhimova M. H., Nishanbaeva N. Y. Clinical Manifestations Of Connective Tissue Dysplasia In Children With Glomerulonephritis //Journal of Pharmaceutical Negative Results. – T. 13. – C. 4203-4205.