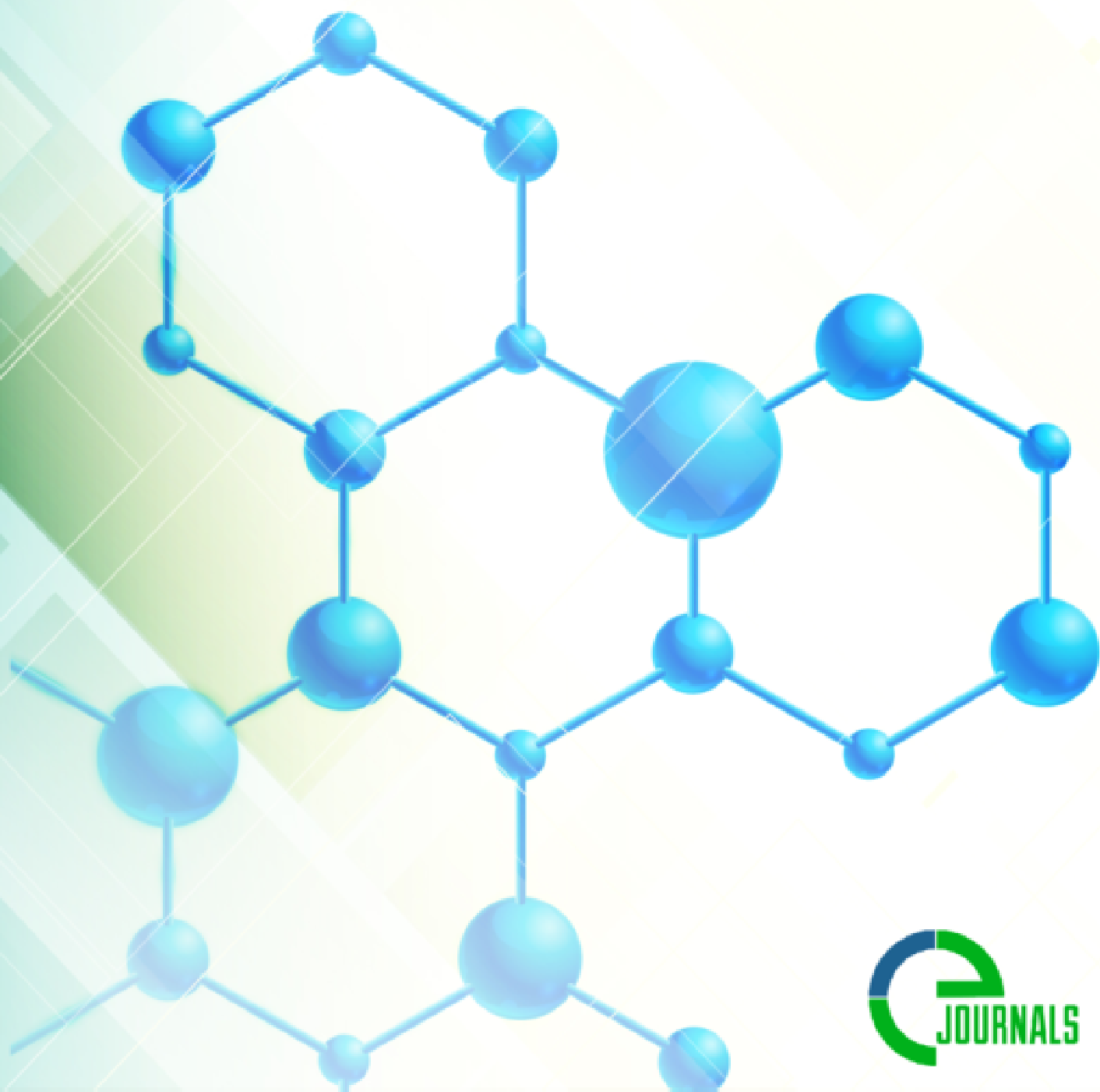


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**DIAGNOSTIC CRITERIA FOR DETERMINING THE IMMUNOLOGICAL STATUS IN FREQUENTLY ILL CHILDREN****Irbutayeva Lola Tashbekovna  
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*Abstract: The problem of chronically ill children is one of the most urgent and unsolved problems in pediatrics. We identified specific abnormalities in certain parts of the immune system and non-specific defense of the organism in FIC, which is the basis for inclusion immunocorrective drugs for the treatment and prevention of diseases. Use as drug immunocorrective Broncho-Munal reduces the incident of disease and improve quality of life of ill children.*

*Keywords: chronically ill children, immune status, immunopotentiator.*

**Relevance.** The problem of frequently ill children is a universal clinical problem, one of the most pressing issues in modern pediatrics and is in the focus of attention of doctors of all specialties. The urgency of the problem is explained by a significant increase in the number of patients, an increase in the number of beds in children's hospitals, long-term care for sick children, for which the state has a huge economic damage [4,9].

According to various authors, CBDs make up from 20 to 65% of the child population [1,7] and are characterized by the frequency of repeated infections from 6 to 12-15 times a year. In this regard, there is a clear interest in developing tactics for managing children with repeated infections [8].

Respiratory diseases continue to occupy a leading position in the structure of morbidity, followed by diseases of the digestive organs, blood and hematopoietic organs, infectious diseases of the skin and subcutaneous tissue, kidneys and urinary system, and others [3,6].

It is known that when protecting the body from an infectious agent, non-specific factors of body protection play an important role along with specific factors. These include the complement content, lysozyme and bactericidal activity of serum, the activity and completeness of phagocytosis and the adsorbing ability of erythrocytes. The works devoted to the study of this problem are insignificant and are only justified by the result of a few observations [2,5].

Thus, the reduced immune state of the body of young children leads to the formation of a group of often ill children. It does not require an explanation of the fact that with the weakening of immunity, the body is exposed to the attack of opportunistic microbes.

The aim: to determine the immunological state of the body in frequently ill children, to establish diagnostic criteria for assessing the immunological status and to identify the results of the use of an immunostimulator, along with traditional methods of treatment.

**Material and methods of research:** 62 children with bronchopulmonary diseases aged from 1 month to 6 years, who are part of the group of frequently ill children, were examined. All children were examined in the GDB No. 1 in Samarkand. Of the total number of boys there were 34 (54.8%), girls - 28 (45.1%). The distribution of patients by age showed that mostly children were ill at the age of 3-6 years (41.9%), 1-3 years (33.8%), up to 1 year (24.1%).

The analysis of the premorbid background showed that children often had iron deficiency anemia - 56 (90.3%), rickets - 48 (77.4%), hypotrophy - 22 (35.4%), convulsive

syndrome - 21 (33.8%), chronic tonsillitis - 17 (27.4%), acute rhinopharyngitis - 18 (29%) .

During the clinical examination, all children had frequent diseases such as acute respiratory viral infections (32.2%), focal pneumonia (29%), acute bronchitis (20.9%), obstructive bronchitis (17.7%).

A general examination of the children revealed the following complaints: fever was noted in 62 patients (100%), cough - 57 (91.9%), vomiting - 23 (37%), anxiety - 60 (96.7%), shortness of breath - 18 (29%), convulsions - 21 (33.8%), decreased appetite - 58 (93.5%).

Results and discussions: The premorbid background of CBD has a wide range. Among which chronic tonsillitis, rhinopharyngitis, grade I rickets, grade I hypotrophy and grade I-II anemia are very common. Diarrhea occupies a special place among concomitant syndromes. In EBD, hypotrophy and signs of rickets were not registered in any case.

To study the immunological status, a set of methods reflecting the state of immunity (the number of immunoglobulins A, M, G in blood serum) and non-specific body protection factors (complement content, lysozyme and bacteriostatic activity of serum, activity, index and completeness of phagocytosis and adsorbing abilities of erythrocytes) was used.

High IgG values compared to the norm in CBD prove that upper respiratory tract disease is caused by gram-positive microorganisms. During the disease, their accumulation in the blood serum increases, protection appears. There are high IgM indicators, which is 136,+7.4% compared to the norm - 97.5+4.2% . IgA in CBD were noted in smaller quantities (112.0+10.1 in CBD, 156.8+ 12.0 in EBD, 151.0 +11.0 norm in healthy children), which can suggest the development of a pathological process from the gastrointestinal tract.

Nonspecific protection factors play an important role in protecting the body of young children from an infectious agent. The results of the study of cellular factors of protection of the body, in healthy children, in EBD and CBD show the immunodeficiency state in CBD. The phagocytic activity of leukocytes in normal healthy children is 49.8+2.7%, in EBD - 52.8+3.8% and in CBD - 58.8+2.9%. High AF indicators show that the body mobilizes all its forces against pathogenic microbes and the number of active leukocytes increases. But their digesting ability - the phagocytosis index drops sharply. If, normally, in children from one month to 7 years of age, the IF is 5.1 + 0.7, then in BPD - 1.6 + 0.6%. Each active white blood cell can absorb only 1 microbial cell. Accordingly, ZF (norm -4-6 points, EBD - 4-6 points, CBD - 7-8 points).

In our observations, it was noted that there is no quantitative change in erythrocytes in CBD compared to the norm. However, their adsorbing abilities are sharply reduced. Normally, the adhesive ability of erythrocytes, microbial cells is - 18 -20%, in BCD - 12 - 13%, which shows that under the influence of prolonged intoxication, erythrocytes lose their receptors. EBD RIP indicators do not change. The low rates of RIP in CBD compared to healthy ones, once again indicate that this phenomenon is one of the factors of natural immunity and actively participates with all links of immunity in a unified fight against infection.

Similar data were obtained in the study of humoral factors. The level of complement in CBD was 50% low compared to the norm. The norm is -0.62 - 0.76 units, EBD - 0.58 - 0.70 units, CBD - 0.32 - 0.38 units. The bacteriostatic activity of serum (BAS) in relation to staphylococcus culture was detected in healthy individuals in dilutions of 1:10-1:640, in EBD 1:10 -1:160 and in CBD - 1:10 - 1:80. The content of lysozyme, respectively 1:10 - 1:160, 1:10 - 1:80 and 1:10 - 1:20.

Analyzing the data obtained, it can be concluded that humoral protection factors in

episodically and often ill children are suppressed. The identified specific disorders in certain parts of the immune system and non-specific protection factors are the main reason for the inclusion of immunocorrecting drugs in the treatment and prevention of the disease in CBD.

To confirm the above, a group of CBD was examined. They were treated with the traditional method - 32 children, the traditional method and Bronchomunal - 10 children. Immunological parameters were determined before and after treatment. The results obtained indicate the effectiveness of the use of Bronchomunal along with traditional methods of treatment, which is expressed by an increase in immunity and the rapid disappearance of clinical symptoms of the disease. The level of immunoglobulin A with the traditional method is  $112.0 \pm 10.1$  mg / l, the traditional method + Bronchomunal increases from  $112,0 \pm 10,1$  -  $125,0 \pm 10,1$  mg/l. Similar indicators of immunoglobulins M and G.

Under the operation of Broncho-Munala in part of the sickly children undernourished and urogenic non-specific factorov protection. AF from  $58.8 \pm 2.9$  to  $67.5 \pm 3.1\%$ , AF from  $1.6 \pm 0.6$  to  $5.2 \pm 0.7$ , AF from 7 - 8 ballov to 4-6 ballov. Rip 12-13% to 19-20%. Complement 0.32 - 0.37 Ed. up to 0.65-0.72 Ed., Bass from 1:10 - 1:80 to 1:10 - 1:640, Las from 1:10 - 1:20 to 1: 10-160.

The clinical effectiveness of the use of immunocorrecting drugs was manifested in the disappearance of clinical symptoms and relapses of the disease. So, if in the treatment with the traditional method, cough, shortness of breath, convulsive symptoms, high fever disappeared on 6-7 days after the treatment, then in the treatment with the traditional method and with the use of Bronchomunal for 4-5 days. Repeated relapses of 32 patients who were treated with traditional methods were observed after 1.5 - 2 months in 15 children. Out of 10 patients who used the traditional method and Bronchomunal, 2 times were treated for upper respiratory tract disease after 4-5 months. The first group was hospitalized with a relapse, the second group received outpatient treatment.

Thus, we have identified specific disorders in certain parts of the immune system and non-specific factors of the body's protection in CBD, which is the basis for the inclusion of immunocorrecting drugs for the treatment and prevention of the disease in CBD.

Conclusion: thus, the treatment and prevention of diseases in CBD can be successfully carried out along with the traditional method, in a complex of immunocorrecting drugs Broncho-Munal.

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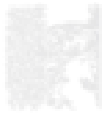
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