ETIOLOGICAL STRUCTURE AND PREVALENCE OF ALLERGIC REACTIONS IN CHILDREN

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Annotation: *A child's predisposition to allergic reactions, or sensitization, is often detected in the womb. Intrauterine sensitization of the fetus can be caused by maternal allergization before or during pregnancy (abuse of drugs, consumption of food products that cause allergies, chronic diseases of infectious-allergic origin, pathological course of pregnancy and childbirth). Often in children who are constitutionally predisposed to allergies, sensitization of the body is caused by irrational feeding. insufficiently justified and uncontrolled use of antibiotics, sulfonamides and other drugs. We set the task to analyze over 4 years (2020-2024) all cases of allergic reactions in children who went through the SamMU Children's Diseases Clinic, to identify the causes (etiological structure), the frequency of distribution and to outline ways to prevent unwanted exo- and endo-allergic effects on the body. 52 children with various types of allergic reactions were identified, of which 31 were boys and 21 were girls. There were 12 children aged from 1 month to a year, 16 from 1 to 3 years, 16 from 4 to 7 years, 8 from 8 to 14 years, i.e. allergic reactions were more common (28%) in young children. Manifestations of exudative-catarrhal diathesis were noted in 23 patients, lymphatic-hypoplastic diathesis in 8, and hereditary allergic predisposition in 14. In 2 families, both parents suffered from bronchial asthma, in 6 - eczema. Consequently, allergic reactions were observed in 44 (84.6%) children with constitutional abnormalities and hereditary predisposition. In the ethnological structure, the first place was occupied by medicinal allegory - 50% of patients, then reaction to the bites of various insects - 25%, to food products - 15.4%; in 7.7% of cases the etiology of allergic reactions could not be established.*

We divided all allergic reactions according to clinical manifestations into 3 forms: mild, moderate and severe. The mild course (6 patients) was characterized by small short-term skin rashes, minor itching, a relatively satisfactory condition and the rapid disappearance of these manifestations after the use of desensitizing and symptomatic agents. In the moderate form (24 children), severe skin rashes, severe itching, fever, abdominal pain, headaches, anxiety, vomiting, and frequent bowel movements were noted. Improvement in the condition occurred more slowly despite intensive therapy with desensitizing, detoxifying, symptomatic drugs and hormonal drugs.

In severe forms (22 patients), angioedema, skin manifestations in the form of urticaria, hemorrhage, hoarseness to aphonia, cough, shortness of breath, vomiting, increased bowel movements or constipation (less frequently), tachycardia, muffled heart sounds, confusion, in some cases were observed. - lethargy, convulsions. An allergic reaction to an insect bite in all (13) patients lasted from 30 minutes to 6 hours. Swelling of the face, tongue, submandibular region, chest, upper and lower extremities was observed, depending on the location of the bite; in 6 children, pinpoint rashes on the body and face were observed. slight itching. Allergic reactions to medications, mainly antibiotics (ampicillin, tetracycline, erythromycin, chloramphenicol, penicillin) 11 amidopyrine were noted in 17 children. Clinical manifestations were detected on days 1-3 in 6 children, on days 3-6 in 9, after 7 days in 2. Children became restless, refused to breastfeed, their temperature rose to 37.8-39°, vomiting appeared, itching, rashes - from small-spotted to large-spotted vesicles with hemorrhagic contents on the skin, oral mucosa, toxicosis, swelling of the upper respiratory tract. In 9 children, allergic reactions to preventive vaccinations were detected: to DPT-u 1, to PSS-u 4, to ADS-u 3, to smallpox in 1. The reactions developed from 1 hour to 3 days. Patients were admitted on the first 2 days of illness, only one on the third day. The children had swelling on the face, multiple large-spotted rashes, confluent in places, and fever. Thus, a mild form of allergic reactions developed in response to insect bites, moderate and severe to taking antibiotics and preventive vaccinations, especially to ADS and measles. The patients were

hospitalized in the intensive care unit. On the first day, 27 children were admitted, on days 2-3 - 11, on days 5-6 and later - 14.

We present a case where Lyell's syndrome was not recognized in a timely manner as an allergic reaction to the administration of drugs. The patient was admitted untimely and, despite urgent measures taken, died.

Lyell's syndrome is a toxic necroepidermolysis bullosa, characterized by extensive damage to the skin and significant changes in other organs; mortality reaches 30-50% [1.2].

Patient Sh., 12 years old (case history No. 7534), was admitted to the clinic with a diagnosis of Henoch-Schönlein disease. Complaints about damage to the skin and mucous membranes of the mouth and eyes.

I fell ill a month before admission. Diagnosed with acute respiratory infections, rubella measles, he was treated at home with penicillin and etazol. The condition did not improve, the temperature increased, a rash appeared on the face, limbs, and swelling in the ankle and foot joints. The dose of penicillin was increased, amidopyrine and analgin were additionally prescribed, after which the rash acquired a large-spotted hemorrhagic character.

In some places it became draining, the body temperature rose above 39, and intoxication intensified. Upon admission to the hospital, the condition was serious, the patient was lethargic and adynamic. Swelling of the lips, ears, and puffiness of the face are pronounced. On the face, torso, upper extremities, skin lesions in the form of diffuse erythema with large-plate peeling (like after a burn). The oral mucosa is swollen, with hemorrhages and a pale gray purulent coating. Diagnosis: drug allergy associated with uncontrolled administration of drugs. All medications were stopped, the patient was examined by an infectious disease specialist and dermatologist. The boy's condition worsened every day: skin manifestations increased, necrotic areas on the oral mucosa increased; lymph nodes, enlarged to the size of beans, are mobile and painful. 70-75% of the skin is affected, bullous rashes with serous contents appear. By the fourth day of stay in the clinic, swelling of the submandibular region appeared, spreading to the face

and neck. It is difficult to open his mouth, his voice is aphonic. The tongue is swollen, with deep necrotic plaques, keratoconjunctivitis. Temperature 39-40°C.

Peripheral blood: leukopenia (4.2-109/l, thrombocytopenia (14.2-10/l), neutrophil shift to the left (pal. 78%), ESR increased (54 mm/h). Treatment with massive doses of prednisolone (3-4 mg/kg) was prescribed. For the purpose of detoxification and rehydration due to the loss of a large amount of fluid by the body, saline solution, hemodez, 5% glucose solution were injected drip into a vein, the affected areas of the skin were treated with hormonal ointments, vinylin solution, and the oral mucosa was treated with Beknazarova's mixture. Despite the fact that the child did not receive any medications other than detoxification medications, acute adrenal insufficiency, pulmonary edema, and false croup developed; death occurred due to symptoms of pulmonary and heart failure. Pathological diagnosis: drug allergy, complicated by toxic allergic dermatitis, serous laryngitis (false croup), pulmonary edema. 1. Patients with an allergic reaction require emergency medical care in a hospital setting. At the slightest manifestation of allergic reactions, you should immediately consult a doctor, as improper treatment can lead to death. 2. Allergic reactions can be caused by irrational feeding of children in the first year of life, preventive vaccinations without individual selection, careless collection of anamnestic data on the course of previously administered preventive vaccinations (temperature reaction to vaccinations, skin rash), irrational use of medications (antibiotics, sulfonamides, amidopyrine). 3. The main measures in the treatment of severe allergic reactions are timely identification of the causes of the allergy, the prescription of desensitizing, detoxifying drugs, as well as glucocorticoid hormones.

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