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Optimization of Allergodermatosis Treatment

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Abstract: Despite the variety of etiological factors, mechanisms of development of allergic dermatoses, as well as huge clinical differences in localization, morphology of rashes, subjective complaints of the patient, a number of immunological changes are the basis for the implementation of inflammation in the skin. Approaches to the treatment of these diseases are determined by their etiological and pathogenetic mechanisms of development and consist in carrying out elimination measures, the use of both systemic and external pharmacotherapy.

Key words: allergic dermatosis, atopic dermatitis, allergic contact dermatitis, external therapy.

Relevance. In recent years, in most countries of the world there has been a significant increase in allergic diseases. Among them, the leading place is occupied by allergic skin lesions - allergic dermatoses, which are characterized by clinical polymorphism, chronic staged course and the development of concomitant pathological changes in many systems of a growing organism.

Allergodermatosis is a group of diseases of an allergic nature, which are manifested by a variety of skin lesions. In the last decade, the share of this pathology in the structure of general morbidity has been growing. According to world medical statistics, about 20% of the world's population is diagnosed with various forms of allergic dermatosis. The absence of age restrictions, the tendency to a recurrent course and the possibility of the appearance of additional and often severe allergy symptoms - all this makes the problem of diagnosing and treating this pathology very urgent.

According to ICD-10, allergic dermatosis is not a definitive diagnosis. With the development of any skin lesions, it is required to clarify the form of the disease, which corresponds to a certain code. Allergodermatosis is a generic name for all dermatological disorders with a similar pathogenesis. This includes a number of acutely emerging and prone to chronic conditions, regardless of the form of a person's previous contact with an individually significant allergen.

Allergodermatosis is a heterogeneous group of skin diseases, the leading role in the development of which is given to an allergic reaction of an immediate or delayed type.

The reason for the development of allergic dermatosis is the contact of a person with an allergen. It can be one-time or regularly repeated. The development of an abnormal reaction with skin lesions is possible only if a person has a previous sensitization to this allergen. That is, contact with this substance must be repeated, and the prescription of its initial intake in most cases does not matter. Antigens of plants, animals and fungi, microbial agents, drugs and various chemical compounds can act as a sensitizer.

Predisposing factors for the formation of allergic dermatosis are hereditary predisposition, the presence of other diseases of an allergic nature (which may indicate atopy), chronic pathology of the gastrointestinal tract and intestinal dysbiosis. A certain role is assigned to regular contact with animals whose tissues have sufficiently strong antigenic properties. There is evidence that employees of zoo farms, poultry farms, fish breeding and fish processing enterprises have an increased risk of developing allergic skin reactions.

The high level of environmental pollution at the place of permanent work or residence of a person is also important. This explains the prevalence of allergic dermatoses in urban residents, workers in the heavy and oil refining industries. Approximately 1/3 of persons employed in chemical industries, various forms of skin lesions of an allergic nature are detected.

Allergodermatosis in children often occurs against the background of early unsystematic introduction of complementary foods, irrational artificial feeding. Their development is also facilitated by maternal allergization during pregnancy and breastfeeding, and earlier use of antibacterial agents.

Eating foods saturated with artificial additives, the widespread use of various drugs during the cultivation of poultry and livestock, the use of pesticides in agriculture - all this also increases the general background of allergization of the population and increases the risk of developing allergic dermatosis.

It has been established that the frequency of allergic dermatoses ranges from 40% to 80%, and among children of the first years of life, allergic skin diseases are detected in 60-90% of cases (N.P. Toropova, 1993, O.A. Sinyavskaya, 1994, F.A. Zverkova, 1996; Strom B.L. et al., 1991; Roujeau J.C. et al., 1994). Many researchers attribute this phenomenon to the influence of various factors. Among them, the most important are: environmental violations - pollution of the environment, air, food and water; high frequency of artificial feeding of children (up to 80%); abuse of highly allergenic products; growth of pathology of the gastrointestinal tract in children (10 times); uncontrolled and unreasonable use of highly toxic drugs; self-medication associated with a large supply of medicines to the markets (A.D. Ado, 1996; I.I. Balabolkin, 1994, 1995; A.A. Baranov, 1995; B.V. Pinegin et al., 1996; M. Ya Studenikin, 1995; R. M. Khaitov, 1996;

Chan H. L. et al., 1990; Saiag P. et al., 1992; Villada G. et al., 1992; Bastuji-Garin S., 1993; Correia O. et al., 1993; Roujeau J.C. et al., 1995).

The complex of these powerful factors has a significant impact on the quality of health of the adult and child population, leads to a hereditary predisposition to allergic diseases and impaired immune tolerance of the body.

In recent years, the number of allergic skin diseases with a chronic relapsing course, torpid to traditional therapy, has significantly increased, as well as cases of severe forms of allergic dermatoses (I.I. Balabolkin, 1996; O.A. Sinyavskaya, 1996; Ives T.J. et al., 1992 ; Coopman S.A. et al., 1993).

At the present stage, the frequency of detection of allergic dermatoses is second only to bronchial asthma, and their direct connection with some chronic diseases once again confirms the great practical importance of allergic skin lesions in the clinical practice of doctors of various specialties (Nikitina I.V., Tarasova M.V., 2003). Among allergic dermatoses, chronic idiopathic urticaria (CUI) differs in that in 80-90% of cases the cause of the disease cannot be determined, which creates certain difficulties in the treatment and prevention of this disease (Greaves M.W., 1998; Fineman P.S., 1999). In addition, in recent years, cases of severe chronic urticaria and Quincke's edema have become more frequent, occurring in the form of generalized anaphylactoid reactions, which are potentially fatal (Kalimoldaeva S.B., 2007).

Chronic urticaria significantly affects the well-being of patients, since the leading complaint is pruritus, which is significantly pronounced in the majority (82%) of patients, which leads to sleep disturbances. The low awareness of patients about their illness, the failure to find the causes and, often, the insufficient effectiveness of treatment instill pessimism in patients about the future.

Recently, the interest of clinicians in the problem of combining urticaria with various infectious, parasitic and fungal diseases has increased. Numerous scientific studies have proven that infections are one of the most common causes of chronic urticaria. Most publications on this topic relate to the relationship of urticaria with intestinal dysbacteriosis, chronic viral infections of the respiratory tract, herpes infection, parasitic invasions (enterobiosis, trichocephalosis, trichinosis, strongyloidiasis, schistosomiasis, toxocariasis, diphyllobothriasis, opisthorchiasis, etc.). According to the literature, a certain important role in the occurrence of HC is assigned to such viral diseases as hepatitis, cytomegalovirus infection, infectious mononucleosis, venereal lymphogranuloma and protozoal diseases (Lamblia intestinalis, Trichomonas hominis, Entamoeba histolytica, Plasmodium falciparum, Fasciola hepatica, etc.). A large number of works are devoted to urticaria induced by Helicobacter pylori infection.

In recent years, the incidence of allergic skin diseases has increased, the development of which is associated with exposure to chemical compounds in everyday life and at work, with the frequent use of various drugs and the use of genetically modified foods, which led to the allergization of the body and a torpid course (Skripkin Yu.K., 2001 ; Orlov E.V., 2000; Butov Yu.S., 2002).

The medical and social significance of the problem of allergic dermatoses is enhanced by the annual increase in the number of patients with temporary disability, adverse effects on the psycho-emotional and physical condition of patients and is largely associated with insufficient effectiveness of therapy due to the complexity of the pathogenesis of this group of diseases (Skripkin Yu.K., Kubanova A. .A., 1995, Rambajon Purnimasing, 2003; et al., Voevodin D.A., 2005; Szakos E. et al., 2005).

The group of allergic dermatosis should include eczema, atopic dermatitis, allergic contact dermatitis, characterized by a chronic course, frequent relapses, requiring long-term complex treatment and subsequent rehabilitation (Sergeev Yu.V., 2003).

The study of the etiology, pathogenesis of allergic dermatosis and the improvement of methods of therapy remains one of the most urgent problems of modern dermatology, since the frequency of their occurrence with a severe recurrent course in people of the most able-bodied age in the structure of skin pathology is 30-40% (Skripkin Yu.K., 1999; Kubanova A. A. et al., 1997, Butov Yu. S., 1999; Degtyar Yu. S., 2005; Vartianen E. et al., 2002, Judge M., 2005).

The unfavorable growth dynamics of this group of diseases is due to a number of reasons: constant contact with household chemicals and cosmetics, dyes, building materials, medicines, food additives and fast food. In addition, the increased allergization of the population matters.

Currently, more than 3,000 substances are known that can cause allergic dermatosis, and every year their list is expanding (Eisen M.A., Kaur S.L., Silm H.A., 2001, Antoniev A.A., Prokhorenkov V.I. , Bannikov E.A., 1992, Fedenko E., 2002, Neuber K., Konig W., 1992; Sheiner O., Kraft D., 1995).

Particular importance in the development and course of these diseases is also given to the role of associations of bacteria and fungi on the skin, mucous membranes of the oral cavity, respiratory tract, urogenital tract (Solntseva V.K., 2002; Voevodin D.A., 2005; Cork M.J., 2005).

Normally, the microbial flora of the skin is not only not pathogenic, but also participates in the bacterial protection of the skin by suppressing pathogenic strains with non-pathogenic ones (Degtyar Yu.S., 1998; Solntseva V.K., 2000, Ignatiev V.N., 2004; von Manteuffel L., 2005).

The bacterial flora in patients with allergic dermatoses differs significantly from the microflora of healthy people. In healthy people, the number and species composition of autoflora microbes are relatively constant, but even small deviations in the state of health change this balance

due to the suppression of protective factors (Gotovsky Yu.V., 2004; Legesse D.G., 2004; Cork M.J., et al., 2005; Strauch U.G. et al., 2005).

Microbial sensitization is a starting, supporting and aggravating factor in patients with allergic dermatoses.

The greatest attention is paid to the role of opportunistic microorganisms in the development of allergic dermatoses, especially severe forms. Recent studies indicate that microorganisms and fungi are able to enhance or maintain the inflammatory process on the skin of patients with allergic dermatoses, cause sensitization of the body, and suppress the functional activity of cellular immunity.

Multifactorial etiology and pathogenesis, systemic lesions in allergic dermatoses necessitate an integrated approach to its therapy.

The pathogenesis of allergic skin diseases, including allergic contact dermatitis, eczema, and atopic dermatitis, is complex and not fully understood, making their treatment difficult.

At present, there is no doubt that the main role in the occurrence of allergic diseases is played by constitutionally determined, and possibly acquired, failure of the immune system, leading to insufficient elimination of foreign substances from skin tissues and increasing its sensitivity to allergens.

It is believed that congenital or acquired vegetative imbalance is also of no small importance in the development of allergic dermatosis, which leads to dysfunction of many organs and systems, including the endocrine and digestive systems, causes dysregulation of vascular tone and microcirculation disorders, thereby aggravating immune disorders.

The listed pathogenetic mechanisms are undoubtedly accompanied by certain metabolic disorders: on the one hand, insufficiency, which can be caused by malabsorption as a result of gastrointestinal tract dysfunction, on the other hand, by the accumulation of improper metabolic products, toxic substances and antigens as a result of digestive disorders and barrier function of the gastrointestinal tract.

The clinical sign of allergic dermatoses is aseptic (allergic), acute or chronic inflammation of the skin, the manifestations of which depend on the specific circumstances and individual characteristics of the patient, are accompanied by intense itching and scratching, aggravating the dysfunction of the nervous system, and triggering a vicious circle of "itching-scratching-growing clinical symptoms of the disease ".

The similarity of the pathogenetic mechanisms of allergic dermatitis, eczema, and atopic dermatitis is confirmed by the possibility of transforming their clinical manifestations (in the absence of adequate therapy and at certain stages of the disease) and the similarity of

morphological changes in the skin, which also determines the commonality of therapeutic approaches.

One of the mandatory components of the treatment of allergic dermatoses, of course, are elimination measures, namely: a rational diet; elimination of contact with causative allergens; reducing the impact of nonspecific factors that have an adverse effect on the course of the disease; an adequate regimen of water procedures and proper care for dry, easily irritated skin using modern moisturizers.

However, in the vast majority of cases, especially in eczema and atopic dermatitis, these extremely important measures are insufficient, especially since the causative allergens can be very diverse and numerous and are not always easily identified. It is even more difficult, almost impossible, to completely remove them from the patient's environment.

It is also necessary to recognize the limited possibilities of pathogenetic therapy due to the lack of means of a radical impact on the constitutionally caused immune imbalance and autonomic dysfunction. In patients with allergic dermatoses, it is far from always possible to achieve a stable normalization of digestion processes, although this is extremely important.

Decreased immune reactivity and vegetative imbalance, accompanied by weakness of homeostatic systems in patients with allergic dermatosis, dysregulation of vascular tone, and a decrease in the reparative abilities of tissues, lead to a chronic inflammatory process, the inadequacy of which lies in the impossibility of self-completion.

Turning from a defensive reaction into the main manifestation of the disease, such inflammation maintains itself, can continue indefinitely and causes more harm to the body than the factor (antigen) that provoked it, as it exacerbates neurotic and immune disorders.

Therefore, along with the above measures of general non-specific exposure, patients with allergic dermatosis need effective anti-inflammatory treatment, the most important component of which is currently external corticosteroid therapy. Very often, it is the rational use of local glucocorticosteroids (GCS) that initiates a positive change in the course of the disease due to the rapid elimination of itching and triggers the natural mechanisms of sanogenesis.

Everyday experience shows that when prescribing drugs, the instructions for which indicate the need for their application several times a day, the doctor can never be sure that the patient will accurately follow his recommendations, and, accordingly, in the effectiveness of therapy.

Thus, the use of local corticosteroid therapy requires the doctor to be able to navigate the clinical and pharmacological characteristics of modern corticosteroids and choose from them the optimal drug with high efficacy, safety and prolonged action.

REFERENCES

1. General allergology T.1. Under. edited by G.B. Fedoseev.–St. Petersburg, 2001, pp.42–382
2. Atopic dermatitis: A guide for doctors / Under. ed. Yu.V. Sergeeva.–M.: Medicine for everyone.2002.–183p.
3. Fitzpatrick D.E., Eling D.L. Secrets of dermatology. M., "Binom". 1999, p.64, p.385–393.
4. Miner I.Ya., Shimanovsky N.L. New possibilities in the treatment of inflammatory and allergic dermatoses with external drugs of a glucocorticoid nature. Intern. honey. journal, 1999, No. 3, pp. 59–61
5. Belousova T.A., Kochergin N.G., Krivda A.Yu. Corticosteroid preparations for external use. Ros. magazine leather and veins. Bol., 1998, No. 3., pp. 78–79
6. Kochergin N.G., Belousova T.A. To the question of local corticosteroid therapy. Ros. magazine leather and veins. Bol., 2001, No. 2., p. 28–31
7. Belousova T.A. Modern approaches to external therapy of allergic dermatoses. Materia Medica, 2002, no. 3–4. pp. 60–73
8. Ponamarev V.N. Topical corticosteroids in dermatology. Rus. honey. journal, 1999, v.7, No.19, pp.1–5
9. Sergeev Yu.V. Effective approaches to maintenance external therapy of atopic dermatitis. Vestnik derm. and venerol., 2003, No. 4, pp. 43–46
10. Samgin M.A. Sevidova L.Yu. Efficacy of laticort in steroid-sensitive dermatoses. Ross. magazine leather and veins. Bol., 1998, No. 1, pp. 37–39.
11. Samgin M.A., Monakhov S.A. Local corticosteroid agents of the Polish Pharmaceutical Plant "Elfa A.O.". Russian medical journal, 2003, vol. 11, No. 17, pp. 964–969
12. Miller J.A., Munro D.D. Drugs, 1999, p.119–134.
13. Barnes P.J. Optimizing the anti-inflammatory effects of corticosteroids. Eur Resp Rev 2001;11:78:15
14. Karimova F. R., Muminova A. Yu. Acute allergic conditions in children living in an ecologically unfavorable region of the city of Bukhara //Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk region. – 2017. – T. 1. – №. 1 (16). – Pp. 6-9.
15. Karimova F.R., Muminova A.Yu. Acute allergic conditions in children living in an ecologically unfavorable area of the city of Bukhara // Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk region 1 (1 (16)), 6-9 [in Russian]
16. Karimova F. R. Etiological factors of acute allergic conditions in children living in the conditions of the city of Bukhara // New day in medicine.- 2020/5.- Vol.5.- No. 43.-p.246-253
17. Karimova F. R. Acute allergic conditions in children living in an ecologically unfavorable region // Young scientist.-2019.-No.22.- p.-247-248

18. Karimova F., Muminova A. Features of etiology, clinical course of acute allergic conditions in children living in an ecologically unfavorable region of the city of Bukhara // Journal of Problems of Biology and Medicine.- 2018/5/14.- № 2.1 (101).- Pp.34-37
19. Karimova F. R., Saidov A. A., Turdiev M. R. The significance of the mathematical modeling method for the recognition of acute allergic diseases and conditions in children //Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk region. – 2017. – T. 3. – №. 2 (17). – PP. 47-54.
20. Karimova F. R. Clinical forms of acute allergic conditions in children //Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk region. – 2017. – Vol. 3. – No. 2. – pp. 40-46.
21. Karimova F. R., Nuritov A. I. Features of the etiology of acute allergic conditions in children living in the bukhara region //BBK 5l0 FROM 56. – 2014. – P. 80.
22. Karimova F.R. Zhuraeva B.U. Rakhimov B. A. Organization of work to determine the characteristics of acute allergic conditions in children // Young organizer Health care.Collection of scientific articles by students and young scientists dedicated to the memory of Prof. V.K.Sologub. 2009.- p.105-110
23. Karimova F.R. The appeal of children to emergency medical care (SMP) of the city of Bukhara for bronchial asthma // Actual problems of respiratory diseases in children. Collection of abstracts. –Tashkent, 2005.-pp.84-85
24. Karimova F.R. Acute allergic conditions in children living in an ecologically unfavorable region // Young Scientist, No. 22, pp. 247-248.
25. Karimova F.R., Muminova A.Yu. Features of etiology, clinical course of acute allergic conditions in children living in an ecologically unfavorable area of the city of Bukhara // Journal of Problems of Biology and Medicine, Iss. 2. No. 1(101) pp. 34-37.
26. Karimova F.R. Regional aspects of acute allergic conditions in children living in an ecologically unfavorable region // Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk region. No. 1. No. 2(21) pp. 26-28.
27. Karimova F.R., Saidov A.A., Turdiev M.R. The significance of the mathematical modeling method for the recognition of acute allergic diseases and conditions in children // Bulletin of the Council of Young Scientists and Specialists of the Chelyabinsk Region Iss. 3. No. 2(17) pp. 47-54 [in Russian]