

MODERN METHODS OF DIAGNOSTIC AND TREATMENT OF ATOPIC DERMATITIS

Diliyeva Shahnoza Ibrogim qizi

Student of the Faculty of Pediatrics of Samarkand State Medical University

shaxnozadiliyeva@gmail.com +998999423337

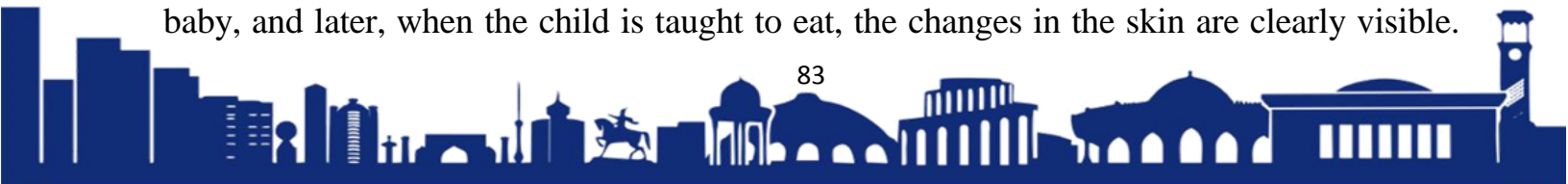
Masharipova Dilfuza G'ofurjon qizi

Student of the Faculty of Pediatrics of Samarkand State Medical University

mashsaripovhaydar@gmail.com +998979131676

The purpose of the study: to study the causes of atopic dermatitis, clinical symptoms, methods of diagnosis and treatment currently used.

Research materials and methods: Atopic dermatitis is a disease with multifactorial chronic skin inflammation, characterized by severe skin itching, vesiculo-papular rashes and signs of lichenification. The causes and course of the disease have not been fully determined. Heredity plays a big role in the origin of atopic dermatitis. The existing genetic information in the organism ensures the preservation of the sign of generations, the specificity of the signs and qualities in it, and the influence of the external environment ensures the manifestation of the existing genetic information in accordance with this environment, and the individual difference of the organism. In atypical dermatitis, under the influence of strong factors of the external environment, genes are mutated, and the resulting symptoms are passed from generation to generation. Children with atopic dermatitis have been found to have an increased innate sensitivity to various substances and, in response, to the appearance of reagin antibodies (Ig E). The disease is transmitted by an autosomal dominant type. Atopic dermatitis is characterized by immunological reactivity of the body (atopy and immunodeficiency), vegetative-vascular and neuroendocrine disorders. 50-70% of patients with atopy have atopic dermatitis in their family anamnesis. One of the important factors in the development of atopic dermatitis is the destruction of the immune system. In addition to the genetic factors mentioned above, the main cause of atopic dermatitis can be a disordered diet, improper nutrition of a woman during pregnancy, mental and psychological changes, and allergic diseases. According to statistics, atopic dermatitis is more common in people with asthenic body structure, diseases related to the gastrointestinal system, people with low enzyme activity, dyskinesia and dysbacteriosis. In infancy - the skin of a child changes as a baby, and later, when the child is taught to eat, the changes in the skin are clearly visible.



Initially, the child's hairy part of the head and the face appear yellowish, scaly light red erythema. The child's face is very itchy, small bubbles with thin skin appear on the surface of the erythema, and in more severe cases, the crusts increase. The blisters burst quickly, and a clear serous fluid comes out of them. Even if the child is properly cared for, the skin is wet. Atopic dermatitis is characterized by a strong exudative process in infancy. The childhood period of atopic dermatitis is chronic. Recurrence of the disease occurs in autumn and spring. The exudative process decreases and the infiltrative process occurs. Flat multifaceted papules and later papules appear in the elbow joints, knee sockets, and back of the neck. When the disease develops, blisters, bloody crusts, coins, cracks, erosions appear on the surface of the erythema. The boundaries of pathological foci are unclear, they are often located in large folds (elbows and knees), neck, wrist-paw areas. At the end of this stage, diffuse small scales, excoriations, lichenifications are formed on the skin of most patients. These signs are often noticeable in red lips, around the mouth, and at the corners. The trigger factor and clinical signs alone are sometimes enough to make a diagnosis of dermatitis. Laboratory tests include blood analysis (eosinophil count increases), increased immunoglobulin concentration in the blood, and skin allergy test. In addition, examinations by a gastroenterologist, therapist, allergist and other specialists are necessary. Treatment consists of moisturizing agents, limiting contact with allergens and irritants, and often using local glucocorticosteroids or immunomodulators. Atopic dermatitis, which developed in childhood, often significantly decreases or decreases in adulthood.

Research results: The causes of atopic dermatitis, diagnosis of clinical symptoms, current treatment methods were written.

Conclusion: The investigations showed that atopic dermatitis is not only a disease of the skin, but a disease of the whole body, and its treatment must take into account the causes, stages, form, and severity of the disease. In addition, exogenous and endogenous (toxico-allergic, infectious, immune pathologies observed in the patient's body) factors should be taken into account when carrying out treatment measures.

Reference:

1. Гостищева Е.В. Функциональные изменения иммунологического статуса у детей при атопическом дерматите / Е.В. Гостищева // Материалы ежегодной науч.-практ. конференции с международным участием. 7-й выпуск. Барнаул. 2013.- С.123-128.
2. Маланичева Т.Г. Атопический дерматит у детей современные особенности течения и диагностика / Т.Г. Маланичева, С.Н. Денисова, С.Н.

Вахрамеева // Российский вестник перинатологии и педиатрии. - 2012. - № 2. - С.109-117.

3. Баранов А.А. Аллергология и иммунология: клинические рекомендации для педиатров / А.А.Баранов, Р.М.Хайтов. М.: Союз педиатров России. 2011. - 248с.

4. Olimova D.V. A complex approach to glossalgia treatment based on the current data on the specificity of its etiopathogenesis. // "Bilig ilmiy faoliyat" nashri

5. <http://bilig.academiascience.or> В. 141-146 5.

6. Олимова Д. В. Use of modern methods in the treatment of glossalgia // Analytical Journal of Education and Development,

7. <https://sciencebox.uz/index.php/jars/issue/view/45> P.-197-200 6. Novak N. Atopic dermatitis: from new pathophysiologic insights to individualized therapy/N.Novak, D.Simon // Allergy.2011. Vol.66, № 7. - P.830-839. 7. Beikert F.C. Willingness to pay and quality of life in patients with atopic dermatitis.

8. /F.C.Beikert, A.K.Langenbruch, M.A.Radtke [et al.] // Arch. Dermatol Res. 2014:306:279-286.

