

## ANALYSIS OF GROUPS WITH HIGH RISK FACTOR FOR DEVELOPING BRONCHIAL ASTHMA IN CHILDREN WHO HAVE EXPERIENCED BRONCHO-OBSTRUCTIVE SYNDROME

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Considering the high annual growth rate of asthma prevalence in children, which reaches 20%, the study of issues devoted to establishing risk factors for the development of BOS and identifying their impact on the development of asthma in children remains relevant at present. In this regard, it is necessary to search for a prognosis for the course and outcome of AOB and implement them in the practical activities of doctors, in order to select tactics for examining patients and optimizing treatment and rehabilitation measures.

It is important to note that in recent years, bronchial asthma has been increasingly registered in children of the first years of life. Wheezing in preschool age, as a predictor of the further development of bronchial asthma, is a common problem throughout the world. The issues of predicting bronchial asthma in children are noted by most researchers [4], and have been and remain very relevant at present. A differentiated approach to the choice of rehabilitation methods and anti-relapse treatment for children with a recurrent course of acute obstructive pulmonary disease would help to resolve these issues. In addition, this would make it possible to identify a risk group among children with the first episode of BOS, who are at risk of relapses of acute obstructive pulmonary disease and subsequently lead to the development of bronchial asthma.

Prediction of asthma in early childhood still causes difficulties. In some studies, up to two thirds of children with asthma had no symptoms of BOS at an early age [6,7] and, accordingly, these children had a late diagnosis of BA [7,8,9]. According to Mizernitsky Yu.L. , 4-8 years after hospitalization for BOS in ARI, more than 50% of these children suffered from BA that was not recognized at an early age [2,9].

Identification of such children from risk groups for asthma will allow effective control of the course and, possibly, reduce morbidity and mortality. Therefore, it is important to identify young children with a high risk of developing asthma in the future, for the purpose of early diagnosis and management of asthma symptoms [1,7].

In order to form a high-risk group for the development of BA in children who have had BOS, we studied the influence of the main, predisposing and possible risk factors for the development of BOS in children with acute obstructive pulmonary disease on the prognosis of the disease; follow-up observation was conducted for patients over the course of a year who were treated in hospital and then discharged.

As was emphasized in the previous chapter, we selected the following main risk factors: older age of children, male gender, atopic dermatitis, use of folk remedies for self-medication, winter and spring seasons, aggravated allergy history, thymomegaly, paratrophy, LGD, food allergy, passive smoking in families, early transfer to artificial feeding.

We have included the following signs among the predisposing risk factors: frequent acute respiratory infections, frequent episodes of biofeedback, rickets, prematurity, unfavorable living conditions and environmental conditions at the place of residence, complicated pregnancy manifested by gestosis of pregnant women, and bad habits of parents.

Continuing to distribute the signs of the disease according to the Pearson  $\chi^2$  criteria, we selected the following as possible risk factors: living in a rural area, summer and autumn seasons, HIE, foreign bodies in the respiratory tract, muscle hypotension, deformation of the chest and spine associated with previous rickets, and others.

It is appropriate to note here that in this chapter we have generalized the identified criteria of the main and predisposing risk factors into a group of high-risk factors for the development of asthma.

The study included 35 patients with acute obstructive pulmonary disease who had a history of BOS and were divided into 2 groups:

Group 1 - 18 patients who had increased risk factors, group 2 - 17 patients with possible risk factors for the development of BOS.

Patients were monitored once a quarter for a year.

The conducted work showed that during the year in the 1st group, repeated episodes of BOS were observed 3 times more often compared to the second group (59.2% versus 14.3% in the second group) (Fig. 1). Moreover, in 3 cases, the patients were diagnosed with bronchial asthma.

Thus, in group 1, the following negative factors mainly prevailed: frequent episodes of BOS, frequent ARIs in the anamnesis, atopic dermatitis, the presence of allergy pathology, male gender, self-medication and late admission to hospital.

As an illustration, we provide the following extract from the medical history.

In summary, it can be noted that based on the conducted follow-up observation, in patients with acute obstructive pulmonary disease, who had a history of BOS, with the main and predisposing risk factors, identified by us as factors of increased risk for the development of bronchial asthma, frequent relapse and progression of the underlying disease were noted. It should be noted that in a number of cases we observed the transmission of acute obstructive pulmonary disease with BOS phenomena to bronchial asthma. Thus, high prognostic risk factors that are of significant importance for the development of acute obstructive pulmonary disease with BOS, leading to the further development of bronchial asthma include frequent acute respiratory infections,

severe course of the disease, late hospitalization, the presence of allergopathology , older age, male gender.

All this dictates the need to carry out preventive work in families, as well as in the conditions of SVP and SP with patients who have controllable risk factors, to prevent asthma.

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