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# ***БИОЛОГИЯ ВА ТИББИЁТ МУАММОЛАРИ***

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САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ  
МЕДИЦИНСКИЙ ИНСТИТУТ

## **БИОЛОГИЯ ВА ТИББИЁТ МУАММОЛАРИ**

## **PROBLEMS OF BIOLOGY AND MEDICINE**

## **ПРОБЛЕМЫ БИОЛОГИИ И МЕДИЦИНЫ**

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## **МАТЕРИАЛЫ**

*71-й научно-практической конференции  
студентов и молодых ученых  
с международным участием*

**«АКТУАЛЬНЫЕ ПРОБЛЕМЫ  
СОВРЕМЕННОЙ МЕДИЦИНЫ»**

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**GENDER-SPECIFIC PSYCHOLOGICAL PECULIARITIES IN CHILDREN WITH BRONCHIAL ASTHMA BEFORE AND AFTER PUBERTY ONSET**

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Purpose of the scientific work was to study the psychological peculiarities (anxiety level, alexithymia) and risk of hospitalization to emergency department of patients with bronchial asthma (BA) in relation to sex and puberty status. Material and methods: One hundred twenty children of 6-18 years old of both sexes (80 males and 40 females) with at least one year duration of persistent BA were examined. According to the puberty status and gender two clinical groups and subgroups of monitoring have been formed. The first (I) group included 49 patients with persistent BA before puberty, the second (II) clinical group was formed of 71 patients with diagnosis of persistent BA after puberty onset. Puberty onset both in males and females was considered in children with any Tanner stage II and more. Males predominated in both groups: 67,3±6,7% and 66,2±5,6% (p>0,05) in group I and II correspondingly. Average age of children was 9,7±1,7 and 14,9±1,3 years (p<0,05) in group I and II correspondingly. Male: female ratio in both clinical groups from general cohort was 2:1 with significant predominance of boys which correspond to other studies data. The subjects of research were questionnaire answers (the Alexithymia Questionnaire for Children and the Toronto Alexithymia Scale; to measure anxiety: The Spielberger State-Trait Anxiety Inventory), disease anamnesis, Tanner scale score. Anxiety is present if score exceeds 30 points, alexithymia is present if score exceeds 73 points. Results. Alexithymia is a personality trait of an impaired ability to build mental representations of emotions, which is considered to be a risk factor for a variety of psychosomatic conditions, including BA. In asthmatic patients, the presence of alexithymia leads to more serious negative consequences, affecting physical, psychological and social life. Alexithymia personal construct ( $\geq 74$  points) significantly associated in asthmatic children with pre-puberty period regardless of gender (68,8% alexithymic versus 31,2% non-alexithymic girls (p<0,04) and 63,6% alexithymic versus 36,4% non-alexithymic boys (p<0,04) correspondingly). But in post-puberty alexithymic and non-alexithymic personal constructs prevalence is characterized in both genders by opposite association as compared to pre-puberty (37,5% alexithymic versus 62,5% non-alexithymic girls (p<0,04) and 42,6% alexithymic versus 57,4% non-alexithymic boys (p<0,04) correspondingly). After puberty risk of hospitalization to emergency department due to BA exacerbation in males significantly decreased as compared to pre-puberty period (RR=0,6; 95%CI:0,4-0,8) and in females such risk slightly increased in post-puberty (RR=1,4; 95%CI:0,7-2,7). Gender differences of state or trait anxiety level were not revealed in groups of comparison (state anxiety, average score: 40,0±10,9 versus 34,0±13,6 points in pre-puberty males and females correspondingly (p=0,32); 41,8±9,9 versus 44,6±10,2 points in post-puberty males and females correspondingly (p=0,44); trait anxiety, average score: 43,5±5,5 versus 41,6±5,5 points in pre-puberty males and females correspondingly (p=0,57); 41,2±6,9 versus 39,7±6,2 points in post-puberty males and females correspondingly (p=0,55). Nevertheless, while in boys level of anxiety was not puberty dependent, transition from pre- to post-puberty in females was accompanied by significant rise of state (p<0,04) but not trait anxiety (p>0,05). Conclusion. Awareness of the gender and puberty-dependent differences in psychological peculiarities of children with BA are important for diagnosis and preventive strategies during childhood and adolescence.

**TREATMENT OF SEVERE EXERCISE-INDUCED BRONCHIAL ASTHMA IN SCHOOL-AGE CHILDREN**

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The aim of the study: To increase efficiency of treatment of severe exercise-induced asthma in school children due to the analysis of the attack dynamics and achieve disease control according to main inflammatory and spirometric indices. Material and methods: We examined 15 schoolchildren suffering from severe exercise-induced asthma, the second clinical group (comparison one) consisted of 31 children suffering from severe type of the disease, with no signs of exercise-induced bronchoconstriction. Basic therapy effectiveness was performed prospectively by assessing the disease control using AST-test with an interval of 3 months. The severity of bronchial obstruction syndrome in patients on admission to hospital during exacerbation was assessed by score scale. Airway hyperresponsiveness was assessed according to the results of bronchoprovocation testing with histamine. Results: Children of 1st clinical group had more expressive manifestations of bronchial obstruction during the week inpatient treatment than the comparison group of patients, including significantly more severe manifestations bronchial obstruction verified on 1st and 7th day of hospitalization. Due to analyze of basic therapy effectiveness only a quarter of I clinical group patients and a larger part of schoolchildren in comparison group achieved the partial control after a 3-month course of anti-inflammatory treatment. Eosinophilic inflammation take place in most children with severe exercise-induced asthma (60,1%) and in 47,2% patients of the comparison group. Expressive bronchial hyperresponsiveness in schoolchildren suffering from severe exercise-induced asthma confirmed significantly bigger part of patients with severe airway hypersensitivity to histamine (PC20H<0,5 mg/ml) in 1st clinical group (87.5%) than children with no signs of exercise-induced bronchoconstriction (54,5% p>0,05). Conclusion: Lower effectiveness of relief therapy and basic treatment of severe asthma in schoolchildren with symptoms of exercise-induced bronchoconstriction can be explained by significantly bigger part of schoolchildren with hypereosinophilia in induced sputum and more severe airway hypersensitivity to histamine.

**HE DIAGNOSTIC VALUE OF SONOGRAPHY IN CHILDREN WITH PNEUMONIA**

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The aim of the study is to optimize the diagnosis of pneumonia and its complications in children by the use of ultrasound scanning in system of complex examination of patients. Material and methods. This paper is based on the results of a complex standard examination of 80 children at the age of 1 - 18 years (50 children with pneumonia and 30 healthy children of the control group). Integrated clinical-laboratory and instrumental examination included a detailed medical history, physical examination blood tests, a comprehensive ultrasound scan of lungs with Doppler, X-ray examinations in clinic of Tashkent Pediatric Medical Institute. Results: 50 children had various of clinical forms of acute pneumonia and pulmonary complications, and for 30 children pathology of the lung have not been identified (control group). There were 28 boys, and 22 girls. The distribution of examined children by age, in accordance with the classification of A.A Baranov (2007). 30 healthy children were studied especially in relation to ultrasound anatomy of the chest wall, pleura, lungs, mediastinum and diaphragm. 44 (88%) of children enrolled in the clinic with different clinical forms of uncomplicated pneumonia, and 6 (12%) patients had the disease associated with pulmonary complications. 44 (71.3%) of 50 patients with various forms of pneumonia had uncomplicated pneumonia. In the vast majority of cases lung lesion was bilateral - 26 (59%) patients. 15 (34%) of children had right-sided pneumonia and 3 (6.8%) - left-sided pneumonia. Plan radiography of chest determined darkening lung fields for 50 patients, the size of the fields depended on the prevalence of lesions. In order to determine its nature ultrasound of the chest

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