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QUALITY OF LIFE OF CHILDREN WITH BRONCHIAL ASTHMA IN THE PRESENCE OF EOSINOPHILE INFLAMMATORY PATTERN

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The aim of the study was to assess the quality of life for children with asthma and their parents, according to the questionnaires PAQLQ and PACQLQ in the period of clinical well-being.

To achieve the goal of work, 165 school-age patients with persistent bronchial asthma (pBA) were examined in the Pulmonology and Allergology Department of Cabinet Regional Children's Clinical Hospital in Chernivtsi. The first (I) clinical group was formed by 65 children in whom the average relative content of eosinophils in sputum exceeded 3% and was equal to 16.2 ± 2.28%, and the average absolute eosinophilic number (AEN) of blood in these patients reached 658.5 ± 45.26 cells/mm3. The second (II) group included 66 sick schoolchildren, in whom the average content of eosinophilic granulocytes in the sputum was only 0.6 ± 0.1% ($p < 0.001$), and the average AEN coincided with the data of the first clinical group and amounted to 638.7 ± 41.92 cells/mm3 ($p > 0.05$). The control group was formed by their peers suffering from pBA, with normal content of acidophilic granulocytes in both blood and sputum.

According to the methodology of quality assessment of life according to the PAQLQ questionnaire and based on the average results of questioning of patients from clinical comparison groups, we may conclude that despite the lack of statistically significant differences, the emotional state in patients with eosinophilic inflammatory pattern showed better self-esteem (5.0 points on average in children of group I; 4.7 points in patients of group II; and 4.2 in patients of the control group, $p>0.05$), and, therefore, children were less worried about fear, frustration, irritability, anxiety due to illness, etc. In the control group, the domain of self-assessment of the symptoms of the disease received the highest score, so that in the opinion of children, the disease had little effect on their quality of life. However, the domain of activity restriction related to games, sports, etc., received the lowest self-esteem, indicating a decrease in quality of life caused by bronchial asthma (4.7, 4.3, and 3.9 points, respectively, $p > 0.05$).

Parental assessments of emotional stress associated with feelings of helplessness, frustration, and irritability on the PACQLQ scale due to childhood asthma were worse in clinical groups I and II compared to the children's self-esteem on the PAQLQ emotional domain. In contrast, the domain of emotional stress of the parents of patients in the control group was evaluated higher compared to the self-esteem of their sick children on the PAQLQ scale.

Thus, even the subjective nature of the responses indicated that, on the one hand, children with eosinophilic allergic inflammation of the mucosa of the respiratory tract underestimate the severity of asthma symptoms. The parents together with their sick children experience the impact of the restricted activity on quality of life. Parents of the control group feel less emotional stress due to the illness of their children, possibly because of higher self-esteem of patients the symptoms of pBA. But we should emphasize, that in all surveyed patients with pBA, the quality of life suffered the most due to limited daily activity.

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FEATURES OF GENEALOGICAL HISTORY IN CHILDREN WITH COMBINED PATHOLOGY OF THE UPPER GASTROINTESTINAL TRACT AND FOOD ALLERGY

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A bibliosemantic study has shown an increase in comorbid pathology in children in recent years, namely an increase in the incidence of patients with diseases of the upper gastrointestinal tract in combination with food allergies (FA).

The aim of our work was to trace the hereditary family burden in children with combined pathology.

Complex on the basis of the gastroenterology department of the regional children's clinical hospital (Chernivtsi) examined 162 patients with inflammatory diseases of upper gastrointestinal tract (IDUGIT) children aged 7-18 years, which are divided into three clinical groups: Group I - 44 children with IDUGIT associated with CagA (+) H.pylori and FA, group II - 90 children with IDUGIT associated with CagA (+) H.pylori without HA, III group - 28 children with IDUGIT, not associated with CagA (-) H.pylori and FA.

The results of the study of genealogical anamnesis showed that family burden of IDUGIT in general occurred in 65.9% of children in group I, which is probably more common compared with group III (39.3%, $\chi2 = 4.91$, $p = 0.027$), but somewhat less frequently than in group II (76.7%, $\chi2 = 1.74$, $p = 0.188$). Statistical probability was found between the indicators of groups II and III ($\chi2 = 13.67$, $p <0.001$).

An analysis of the nature of family burden conducted in relation to IDUGIT in children of comparison groups by line of inheritance. It was found that both in group I (58.6% vs. 27.6%, $\chi2 = 4.99$, $p = 0.034$) and in group II (52.2% vs. 31.9%, $\chi2 = 5.83$, $p = 0.016$) prevailed in the maternal line than the paternal. In the third group, the probable difference between the indicators was not found, both maternally and paternally. In the analysis of the genealogical anamnesis for gastrointestinal diseases among the comparison groups, the genealogical burden index for IDUGIT (GI IDUGIT) was calculated. It was found that in children of group I with a burdened hereditary history was probably less likely to register low (up to 0.1 um.units) - in 10.3% of cases and high (≥ 0.4 um.od.) - in 24.1% persons GI IDUGIT in contrast to the frequency of the average level of the indicator (> 0.1 - <0.4 um.od.) - in 65.5% of patients, $p <0,05$). In children of group II, the high GI IDUGIT index occurred probably more often (50.7%) than the average (33.3%) and low (15.9%), $p <0.05$. Regarding the GI IDUGIT indicator in children of the III group, among them only 1 (9.1%) person had a high GI, medium - in 27.3% of children and low - in other patients (63.6%). Comparison of the frequency of GI IDUGIT between groups of subjects revealed a probable predominance in children of group I relative to groups II and III of persons with a medium genealogical index ($p <0,05$), in group II - with a high ($p <0,05$), in group III - with low ($p <0.05$).

Thus, the analysis of family burden for FA by the line of inheritance showed predominance in all groups of comparison of burden on the maternal line. Thus, in group I in 52.9% of respondents FA was found in relatives of the mother, which is probably higher than in the paternal line (17.7%), $pf <0.05$; both lines of FA were diagnosed in 29.4% of cases. In 58.8% of group II children, maternal relatives indicated the presence of HA, 29.4% - on the paternal line and 11.8% - on both ($pf> 0.05$). In children of group III with the same frequency, FA was registered in relatives on the paternal and both lines (18.2% each), which is probably less than the frequency on the maternal line - 63.6%, $pf <0.05$.

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DYNAMIC ANALYSIS OF BRONCHIAL HYPERSENSITIVITY IN CHILDREN WITH ATOPIC BRONCHIAL ASTHMA

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The aim of the research is to study the dynamics of 5-year follow-up indicators of bronchial hypersensitivity to bronchospasmogenic stimuli in children with atopic bronchial asthma.

To achieve the goal of the work in the pulmonary department of the Regional Children's Clinical Hospital in Chernivtsi, 103 school-age patients with bronchial asthma were examined. The first (I) clinical group consisted of 81 children in which atopic bronchial asthma was verified (average age of patients 10.5 ± 0.39 years, 74.0% of boys, 42.0% of rural residents), and the second (II) group - 22 of their peers with non-atopic form of the disease (mean age of patients 9.6 ± 0.80 years, 82.0% of boys, 41.0% of rural residents). According to clinical characteristics, clinical groups were comparable.

It was found that in patients with non-atopic form of bronchial asthma in the dynamics of the disease there is a decrease in bronchodilator response to inhalation of bronchospasmolytics, and,