FOOD ALLERGIES IN CHILDREN: RISK FACTORS AND CLINICAL FEATURES

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Relevance

According to the position of EAACI, in the coming years, an increase in the prevalence of allergies caused by sensitization to aeroallergens is expected, due to changes not only in sensitizing structures, but also in food preferences (annual replenishment of the diet with exotic fruits and vegetables, long-term transportation and storage of products), entailing the emergence of new, as yet undescribed, cross-reactions [3].

Gastrointestinal symptoms caused by food intake and related to immediate reactions (nausea, vomiting, abdominal pain, diarrhea) occur immediately after consuming a causally significant product or during the first 2 hours (for diarrhea, it is possible a little later). In addition to the above symptoms, isolated signs such as anxiety after eating, copious regurgitation, and refusal to eat are found in young children [2]. Identification of causally significant food allergens is facilitated by the identification of specific IgE antibodies to food proteins.

Despite the fact that gastrointestinal food allergy is becoming an increasingly urgent problem in pediatrics, and, according to various researchers, allergic damage to the gastrointestinal tract occurs in 25-50% of patients with such a common pathology as allergy to cow's milk proteins, these conditions remain a "white spot" for many pediatricians [1].

The purpose of the study: to study the regional peculiarities of the course of food allergy in children living in the Bukhara region of the Republic of Uzbekistan.

Materials and methods: 120 sick children with food allergy (FA) who received inpatient examination and treatment at the BODMPMC were under observation. All patients underwent general blood and urine tests, a coprogram, pre-tests for specific food allergens, elimination tests and biochemical research methods.

Results and their discussion: As a result of scientific research, it was possible to determine some regional features of FA in children: the frequency of PA is significantly higher among rural children 88 (73.3%) of preschool age 92 (76.7%); Cow's milk proteins (BCM) 56 (46.7%), citrus fruits 34 (28.3%), strawberries 17 (14.2%), wheat 13 (10.8%). The clinical picture is dominated by comorbid forms of PA 76 (63.3%); acute urticaria prevails in the structure of clinical manifestations 59 (49.2%); risk factors for the development of FA in children are a burdened family allergic history 64 (53.3%), acute intestinal infections in a child 32 (26.7%) and chronic diseases of the gastrointestinal tract 24 (20.0%) ($P<0.01$).

Conclusion

Consequently, the identification of informative risk factors for the development of FA in children, especially in the period of early childhood, acquires conceptual significance. By improving preventive measures at the stages of breastfeeding, the correct introduction of complementary foods and a food diary in high-risk children, it is possible to achieve a reduction in the frequency of FA, in particular gastrointestinal forms of FA in children.

References

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