COMBINATION OF IRRITABLE BOWEL SYNDROME AND BRONCHIAL ASTHMA ON THE BACKGROUND OF CONNECTIVE TISSUE DYSPLASIA IN CHILDREN

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SUMMARY

This article is a clinical study that revealed the commonality of phenotypic features characteristic of bronchial astma and connective tissue dysplasia. We studied 112 children aged 5 to 18 years with bronchial asthma with connective tissue dysplasia: 43 of them had disorders of the gastrointestinal tract. Among the sick children we observed, it was noted that children are often exposed to various stressful situations both at home and in public groups (kindergartens, private and regular schools): misunderstanding of the lesson, failure to complete the assigned task, stress before exams, excessive susceptibility to the comments of the educator or teacher, conflicts among peers. At the heart of the pathogenesis of bronchial asthma and irritable bowel syndrome, one of the factors that causes a significant trigger is a violation of the psychosomatic status.

Keywords: bronchial asthma, children, irritable bowel syndrome, connective tissue dysplasia, psychosomatics.

Relevance

CTD against the background of connective tissue dysplasia remains an urgent problem, characterized by a variety of clinical symptoms. Numerous attempts to identify the mechanisms of influence of connective tissue dysplasia on the development of the pathology of the digestive tract in children made it possible to decipher their individual links, but many problematic issues remain unresolved. The lack of a holistic picture of pathogenesis, the complex mechanisms of damage to the digestive tract and bronchial asthma in CTD dictate the need for further research in this area. [1,5]. Recently, the problem of CTD has also been of great interest to practitioners due to an increase in the detection of patients with this pathology [18]. The frequency of detection of CTD syndrome is quite high from 26 to 80%, depending on the study group [4,5]. In the development of the pathologies we are studying, one of the important factors is the child's psyche itself. Experiences in the pubertal period often lead to a violation of the psycho-emotional state, which is a trigger for the development of irritable bowel syndrome (CTD) and some phenotypes of bronchial asthma. [1,2] Appeal to a pediatrician with this pathology is up to 12% among all patients, and 28% of patients observed by a specialist gastroenterologist [3].

The causes of functional disorders are organ regulation disorders, caused by "extra-organ" (psychoemotional, stress, endocrine, etc.) factors [1, 2, 5].

According to the classic definition of D. A. Drossman (1994), functional disorders of the gastrointestinal tract are a variety of combinations of gastrointestinal symptoms without structural and biochemical disorders.

We used the classification adopted in the Rome III criteria proposed by the Committee and the International Working Group on the Development of Criteria for Functional Disorders in 2006.

The frequent detection of signs of connective tissue dysplasia (CTD) in children with gastroenterological diseases (from 30 to 72%) and, conversely, the high incidence of digestive tract pathology against the background of this syndrome (57–88%) prove their relationship [8].

In children suffering from CTD and BA against the background of CTD, the lesion of the gastrointestinal tract in children is often expressed in microanomalies of the gallbladder, neuroemotional disorders and astheno-neurotic reactions, there is a tendency to inflammatory diseases of the stomach and intestines, often complicated by perforations and bleeding; biliary dyskinesia (23%), gallbladder constriction (13%), duodenogastric reflux (9%), gastroesophageal reflux (7%), cellular gallbladder (3%) are noted. [9].

Purpose:

To reveal the features of the clinical course of bronchial asthma and irritable bowel syndrome in children against the background of connective tissue dysplasia.

Materials and methods: In the multidisciplinary clinic of the Tashkent Medical Academy in Tashkent, in the department of allergology, under our supervision there were 112 children aged 5 to 18 years with bronchial asthma with connective tissue dysplasia: 43 of them had disorders of the gastrointestinal tract.

(group 1) amounted to 18 (41.8%) children with CTD - with a predominance of constipation;(group 2) - in 9 (20.9%) children with a predominance of diarrhea;

(group 3) - 16 (37.2%) children with a predominance of diarrhea;

group 1		2 group		3 group	
children with CTD - with a		children	with a	children	with a
predominance of		predominance of diarrhea;		predominance of diarrhea;	
constipation;					
Girls	Boys	Girls	Boys	Girls	Boys
12 (66,6%)	6 (33,3%)	7 (77,7%)	2 (22,2%)	11 (68,7%)	5 (31,2%)

As follows from the table, among the children we observed, a significant percentage (69.7%) were girls, which is consistent with the literature data.

All observed patients underwent the following clinical and laboratory studies (general blood count, urine, feces, bacteriological examination of feces). Functional studies were carried out according to indications (spirography, peak flowmetry, ultrasound of the abdominal organs; FGDGS).

Survey Results

among the sick children we observed, it was noted that children are often exposed to various stressful situations both at home and in public groups (kindergartens, private and regular schools): misunderstanding of the lesson, failure to complete the assigned task, stress before exams, excessive susceptibility to the comments of the educator or teacher, conflicts among peers. According to the literature, a number of authors of the above factors lead to the development of such symptoms as: stuttering, tics, urinary and fecal incontinence, frequent colds, headaches, other pronounced or

causeless pain, functional strabismus. These factors result in the following diseases: tonsillitis, chronic tonsillitis, otitis media, chronic nasal congestion, fever of unknown origin, various dysfunctions of the gastrointestinal tract (chronic gastritis, gastric and duodenal ulcers, irritable bowel syndrome), skin diseases (neurodermatitis, eczema, psoriasis, dermatitis), diseases of the respiratory system (bronchial asthma, hyperventilation syndrome, causeless cough, chronic bronchitis), eating disorders (anorexia nervosa, bulimia, craving for overeating and, as a result, obesity. [10].

Among the patients we observed, each case was individual, and therefore we could not give a percentage of the frequency of occurrence of certain symptoms.

In children with a combined course of bronchial asthma and irritable bowel syndrome, the following external phenotypic signs of CTD were identified:

- thin hyperelastic skin 30 (69%);
- anomalies of bite and growth of teeth 6 (13.9%);
- high sky 5 (11.6%);
- dolichocephalic shape of the skull 3 (6.9%),
- sandal gap -11 (25.5%),
- flat feet -13 (30.2%),
- violation of posture 18 (41.8%);
- joint hypermobility 15 (34.8%);

- deformed and low-lying auricles - 7 (16.2%). [nine].

When identifying the most significant external phenotypic signs of connective tissue dysplasia, a high rate in 30 (69.7%) was observed in children with thin hyperelastic skin.

Less significant signs were revealed in the following numbers: flat feet - 13 (30.2%), posture disorder - 18 (41.8%), joint hypermobility - 15 (34.8%);

In addition, stigmas of dysembryogenesis from the gastrointestinal tract were detected in 43 children examined by us:

- biliary dyskinesia 4 (9.3%);
- constriction of the gallbladder 2 (4.6%);
- duodenogastric and gastroesophageal reflux 5 (11.6%);
- microanomalies of the gallbladder 3 (6.9%).
- chronic gastritis and gastroduodenitis 12 (27.9%)

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