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CLINICAL PARTICULARITIES OF ATOPIC DERMATITIS COURSE AT CHILDREN WITH SOME WORM INVASIONS

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Resume

The article deals with study influence of various parasites on AD course, which damaged 1/3 population of Central Asia by the data of literature. It was revealed that 70% patients with AD had different intestinal parasites (38% enterobiasis, 31,5% lambliaosis, 11,1% ascariasis, 2,8% hymenolepidosis, which in many cases were combined). The activity of skin pathological process at children with AD showed that the highest indices of SCORAD were confirmed at children with associated lambliaosis independently from clinical form of AD (93,9±2.81 scores, ascariidosis was 81,03±2.58, and, at combination ascariidosis with lambliaosis, they were more than 95 scores, which was according to severe course of disease, and, at children of control group it was 66,0±2,72 scores). These data confirmed the high sensibilizing property of lambliaosis "antigens" in patients with AD, that should be taken into account at work out of treatment examination plan for sick children with above mentioned diagnosis.

Key words: atopic dermatitis, helminthosis, children.

ОСОБЕННОСТИ ТЕЧЕНИЯ АТОПИЧЕСКОГО ДЕРМАТИТА У ДЕТЕЙ С НЕКОТОРЫМИ ГЛИСТНЫМИ ИНВАЗИЯМИ

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Резюме

Авторами статьи изучено влияние на течения АД различных кишечных паразитов, с которым по данным литературы поражено 1/3 населения Центральной Азии. Выявлено что, у 70% больных АД встречается различные кишечные паразиты (Энтеробиоз- 38%; лямблиоз 31,5%, аскаридоз –11,1%, геменолипедоз- 2,8%, которые в большинстве случаев сочетались). Активности кожно-патологического процесса у детей АД показало что, самые высокие показатели SCORAD констатировано у детей с сопутствующим лямблиозом независимо от клинической формы АД (93,9±2.81балл, при аскаридозе 81,03±2.58, а при сочетании аскаридоза с лямблезом более 95 баллов, что соответствует тяжёлому течению заболевания, а детей контрольной группы: 66,0±2,72 балла). Эти данные доказывает о высокую сенсбилизирующие свойство лямблиозных "антигенов" у больных АД, что необходимо учитывать при составлении плана лечения и обследования больных детей с названным диагнозом.

Ключевые слова: атопический дерматит, гельминтозы, дети.

БОЛАЛАРДА АТОПИК ДЕРМАТИТ КАСАЛЛИГИНИ КЕЧИШИГА БАЪЗИ ГИЖЖАЛАРНИ ТАЪСИРИ

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Резюме

Адабиёт маълумотларига қараганда марказий осий ҳудудидаги аҳолини 1/3 қисмида турли ичак паразитлари учрайди, ушбу мақола шу паразитларни болалардаги атопик дерматит касаллигини

кечишига таъсири ёритилган. Текиширилганда 70% АД беморларида турли ичак паразитлари аниқланган (Энтробиоз- 38%; лямблиоз 31,5%, аскаридоз –11,1%, геменолипедоз- 2,8% бу паразитлар кўпинча биргалликда учради). Теридаги патологик жараённинг фаёллиги SCORAD бўйича баҳоланганда унинг энг юқори кўрсаткичлари касалликни клиник шаклидан қатий назар лямблияси бор болаларда қайд қилинган ($93,9 \pm 2,81$ балл, аскаридозда $81,03 \pm 2,58$, иккала паразит бирга учраганда 95 баллдан юқори яъни АДни энг оғир кечишига тўғри келади). Бу маълумотлар лямблия “антигенларини” АД бор болаларда юқори сенсбилизацияловчи хусусиятга эга эканлигидан далолат беради. Шунинг учун бу ҳолатни албатта беморларни текишириши ва даволаида ҳисобга олиши керак.

Калит сўзлар: Атопик дерматит, гельминтоз, болалар.

Actuality of a problem

Atopic dermatitis (АД) is actual problem of dermatology and pediatrics as it manifests in early age and has chronic course with often exacerbations, and, then it can lead to formation of psychosomatic disorders and invalidity of children [7,8,11,12,15,22]. In the practice of children dermatologists and pediatricians AD was diagnosed in 1/3 patients at ambulatory consulting hours [1,2].

Due to the data of epidemic researches in different countries from 3 – to 5% children suffer from allergic dermatitis, in general structure of allergic diseases AD takes one of the first places, and, it enters the list of the most common diseases for children’s age [8,3,11,18,21]. At children under one-year old AD occurs from 1 to 4% cases (sometimes from 10 to 15% among all population) [8,10,11,12,22].

Due to modern ideas, AD is considered as chronic disease, being developed at persons with genetic predisposition to atopy, having relapsing course and definite age clinical dynamics, characterizing with itching eczematous and lichenoid eruptions on the skin. For the disease there were usual the high levels of IgE, anomalies of cellular immunity in skin with disregulation of T- cellular chain of immunity and hypersensitivity to allergic and non-allergic stimuli [8, 9, 10, 15, 19, 20].

In AD developing the leading part occupy the endogenic factors which in combination with exogenous ones lead to clinical manifestations of disease [5,8,10,11,22]. Nowadays, to the factors aggravating triggers actions, refer different chronic diseases of organism, intestinal disbacteriosis, fungal sensibilization, psychosomatic disorders and other factors taking to dysbalance from the side of

immune system. One of such factors may be intestinal parasites.

Helminthes occur almost everywhere in all climatic zones. More than one third of the planet was infected with helminthes. The worm invasions were more often occur in the population of tropic and subtropical climate, where our region was referred too (4,13). By the data of literature one parasite, weakening immune reaction of host’s organism on parasitic antigens, creates favorable conditions for infection with another worm, stimulate coexistence of different helminthes and protozoa in one organism. The lamblias form mixed invasion with all helminthes, they have synergetic interaction with whipworm and maws (3,14).

It is well known that helminthes cause allergenicity in being predisposed children. The helminthes antigens are divided into exo–and–endogenous ones. The exogenous antigens are secreted with parasite at the process of its vital activity in pubertal and larva stage, then they enter the host organism sensibilizing and causing the allergic reactions. The endogenous antigens are formed and influence on human after death and parasite decomposition. The most often displays of sensibilization were eosinophiles, skin itching, different kinds of skin rash, bronchial spasm, formation of pulmonary infiltrates. The indirect influence of parasites on the course of allergic diseases was proved in many researches which showed that carry out dehelmintization take to reduce bronchial hyperactivity, decrease allergic inflammation and clinical allergy manifestation (6).The worm antigens are polysaccharids or glycolipids which determine the severe pathology being developed at sensibilization with helminthes antigens (16).

Due to the above mentioned we became interested in study peculiarities of course for

different clinical forms of AD at children with worms.

Materials and methods

There were 108 sick children with AD and its various clinical forms under observation (Table 1). By the planning all patients were undergone to planning common clinical examinations: blood, urine and feces analysis, with IEA (immune enzyme analysis) the presence of specific immune globulin on G. lamblia and Ascaris, with flotation technique the presence of worms eggs were revealed. According to the standard the necessary biochemical and immune analyses were carried out. At presence helminthes the sick children were consulted by the infectionist. The activity of skin pathological process was determined according to index SCORAD (Severity Scoring of Atopic Dermatitis), which was offered by the European group in AD [17].

Taken results

The researches were carried out from 2017 to 2019 on the base of children dermatology clinic in TashPMI, TRSVD (Tashkent regional skin venereal dispensary), microbiological laboratory in private clinic «Diamed».

With the aim of study the occurrence rate of some allergic dermatoses the patients' coming to clinic TRSVD, that is our teaching base, the data for 10 years (from 2009 to 2018 years) were analyzed. The general number of patients being taken by our staff members for these years were 20905 patients, among them 4876 (23.6%) were with allergic dermatoses. Every year the number of addressing ambulatory patient increased (table 1), among the patients the part of skin allergic diseases were: 423(22.1%); 536(25.5%); 573(28.9%); 557(27.6%); 601(28.3%), 525(25.7%), 479(19.3%), 446(23.1%), 337(16.4%), 399(17.7%) from 2009 to 2018 accordingly. At an average the allergic dermatoses were 23,6% patients for the last 10 years.

Table 1.

Occurrence rate of skin allergic diseases at children

Years	General number of taken patients	Allergic patients	%	AD	Urticaria	Toxicodermatosis
2009	1915	423	22.1%	237 (56.02%)	20 (4.7%);	166 (39.2%)
2010	2104	536	25.5%	299 (55.68%)	19 (3.5%)	218 (40.8%)
2011	1989	573	28.8%	339 (58.8%)	57 (9.95%)	177 (31.34%)
2012	2018	557	27.6%	317 (56.9%)	86 (15.4%);	154 (2.7%)
2013	2122	601	28.3%,	348 (57.9%)	79 (13.2%)	174 (28.9%)
2014	2044	525	25.7%,	325 (61.9%)	27 (5.1%)	173 (33.0%)
2015	2478	479	19.3%	177 (61.67%)	22 (7.66%)	88 (30.66%)
2016	1928	446	23.1%	205 (58.74%)	33 (9.45%)	111 (31.8%)
2017	2058	337	16.4%	269 (79.82%)	24 (7.1%)	44 (13.1%)
2018	2249	399	17.7%	245 (81.94%)	20 (6.6%)	34 (11.4%)
Bcero:	20905	4876 (100%)	23.56%	1852 (62,7%)	214 (7,2%)	889 (30,1%)

Note: There is % of patients number according to the year in brackets.

As it was seen from the taken data the total number of allergic diseases was various in terms from 17,7% (2018) to 28.8% (2011) from general number of taken patients for these years. It was paid attention that for the last 6 years the coming patients with allergic diseases were decreased; if in 2013 the part of allergic dermatoses was 28,3% from common dermatological patients, and, it was 16,4%, 17,7% accordingly. Averagely for the last 10 years the occurrence rate of allergic dermatoses composed 23,6% from common dermatological patients. If to analyze the allergic dermatoses by

nosology AD took the first place, and, for the last 10 years it was 62,7% at an average (table 1). The part of patients with AD among allergic dermatoses gradually increased: in 2009 it was 56%, in 2018 it was 82%. For the last 10 years the part of patients with urticaria almost didn't changed and it was 7,2% from general patients with allergic dermatosis if didn't take into account the increase of patients from 2012 to 2013 that was 15,4% and 13,2% accordingly. For the researching years the patients with toxidermia gradually decreased: in 2010 it was 40,8%, in 2018 it was 11,4%

accordingly, at an average it was 30,1% from general patients with allergic dermatosis (table 1).

Thus, for the last 10 years the coming patients with skin allergic diseases reduced a little, moreover, the part of children with AD increased on 26%, but patients with toxicodermia, on the contrary, reduced almost on 29%. The increase number of patients with AD can be connected with the following recommendation on International classification of diseases for the 10th review (2000), where eczema, prurigo and neurodermite are also referred to the group of atopic dermatitis[L20], that lead to the benefit of atopic dermatitis.

128 children suffering from allergic skin diseases were under observation. The diagnosis was made on the base of anamnesis data, clinical manifestations, diagnostic criteria being offered by Hanifin J.M. and Rajka G. [169]. The patients were distributed by groups depending on nosology, clinical form of disease (table 1) [Atopic dermatitis was 108 (84,3%), Urticaria was 8 (6,2%), Toxicodermia was 12 (9,3%)] at the age from 1 month to 18 years. Among them boys were 61 (47,7%), girls were 67 (52,3%).

Table 2

Distribution of patients with allergic dermatoses by nosology

№	Allergic dermatosis	Number	In %
1	Atopic dermatitis	108	84,3%
2	Toxicodermia	12	9,3%
3	Urticaria	8	6,2%
4	Total:	128	100%

As its seen from the data of table 2 among allergic skin diseases by the occurrence rate AD took the first place (84,3%).

At coming all patients had complaints on eruption, severe itch and sleep disorder. The personal and family anamnesis were researched, the common clinical examinations were carried

out. At presence of associated pathology the children were consulted by pediatrician, neurologist, ENT-doctor, oculist, dentist, and, if it's necessary by other specialists (Table 3). Medical and prophylactic measures included sanitation of infection foci, treatment associated diseases and carry out sanitation measures.

Table 3

Associated diseases at children suffering from atopic dermatitis (n-108)

Nosology	Number of revealed cases	%
Chronic tonsillitis	23	21,3
Allergic rhinitis	25	23,2
Allergic conjunctivitis	27	25,0
Dental caries	31	28,7
Enterobiasis	41	38,0
Intestinal lamblia	34	31,5
Ascariasis	12	11,1
Tapeworm	3	2,8
Anemia	36	33,3
Chronic colitis	47	43,5
Dyskinesia of biliary tract	23	21,3
Total:128 (100%)	302 cases	161 %

Note: in many cases the associated diseases were combined (on 108 patients were 302 cases).

As it's seen from the indices of table 3, every patient had almost 2-3 associated pathology, many children revealed the chronic foci of infections as chronic tonsillitis (21%), dental caries (28,7%). It was relatively high the number of children with parasitic diseases of gastrointestinal tract (enterobiasis was 38%; lambliasis was 31,5%, ascariasis was 11,1%, haemolipidosis was 2,8%). Moreover, 47 (43,5%) patients were marked the signs of colitis (flatulence, unstable stool, painfulness in abdomen, constipation, abdominal murmur, eructation and others). Irrespective of their character, in all cases the associated diseases

noticeably burdened the course of skin pathological process.

Then the peculiarities of AD courses were analyzed in the age aspect at children.

For the base of distribution patients on clinical forms of atopic dermatitis was used the classification, being offered by Grebenuk V.N. and Mannanov A.M. [1987r.].

The age distribution of children was carried out by the next way (A.A.Mazurina and I.M. Varantsova, 1986): from 1 month to 3 years were 29 (26,9%) children, from 4 to 7 years were 40 (37,0%), from 7 to 11 years were 28 (25,9%) and from 11 to 18 years were 11 (10,2%) children (Table 4).

Table 4

Distribution of children with atopic dermatitis by the age and clinical forms by (V.N. Grebenuk and A.M.Mannanov 1987r.).

Clinical forms	From 1 month to 3 years	From 4 to 7 years	From 7 to 11 years	From 11 to 18 years	Total:
	abs	abs	abs	abs	abs(%)
Exudative	11	9	2	-	22(20,4)
Erythematous and squamous	15	21	8	-	44(40,7)
Erythematous and squamous form with lichenification	3	9	14	3	29(26,8)
Lichenoid form	-	1	3	6	10(9,2)
Pruriginous form	-	-	1	2	3(2,8)
Total:	29 (26,9%)	40 (37,0%)	28 (25,9%)	11 (10,2%)	108 (100%)

Note: There is % from general number of patients in brackets(108).

As it's seen from the data of table 4 22 (20,4%) patients proved the exudative form of disease, 44 (40,7%) were erythematous and squamous, 29 (26,8%) were erythematous and squamous with lichenification, 10 (9,2%) were lichenoid and 3 (2,8%) had pruriginous form. The diseases more often occurred in age group from 4 to 7 years (37%). In this age group the erythematous and squamous forms of AD were more occurred (21), were less per 9 patients had exudative, erythematous and squamous forms with lichenification. The patients with lichenoid and pruriginous forms of disease in these age groups almost didn't occur. In the first age group (from 1 month to 3 years) AD was confirmed in 29 patients, among them 15 were erythematose and squamous, 11 were exudative form of diseases, in all 3 were erythematous and squamous forms with lichenification. In the third age group (from 7 to 11 years) from 28 patients 14 (50%) had erythematous and squamous form with lichenification, 8 had erythematous and squamous form, 3 had lichenoid form and only 2 were exudative and 1 was pruriginous form of disease. In the fourth age group (from 11 to 18 years) AD was confirmed only in 11 patients, among them 6 (54,5%) were lichenoid, 2 were pruriginous and 3 were erythematous and squamous forms with lichenification. On the base of taken data it can be concluded that at the youngest children mainly occur exudative forms of disease, the junior schoolchildren had erythematous and squamous form with lichenification, and senior age group had lichenoid and pruriginous forms of AD. These data were according to the results of clinical observation of other authors [8, 10, 11, 21, 22]. It can be explained by the anatomic and physiological features of children skin in different age groups, the increased quantity and quality of sensibilizing factors with increase age of patients and remoteness of disease. Poor

therapy, absence of secondary prophylactic measures or partially elimination of sensibilizing factors (domestic, food, medicine and others) with passing time it led to occurrence and chronization of skin process on the account of strengthening and enlargement of immunologic "memory".

As it was above mentioned the products of vital activity for various helminthes can be one of the causes of allergic diseases. In connection with it due to the given subject the helminthes occurrence rate at children with AD was analyzed in our region. As showed the data of table 5 at purposeful examination 90 (71%) children with atopic dermatitis revealed various intestinal parasites.

Table 5

Occurrence rate of various parasites in children suffering from AD

Clinical forms	Entrobiosis (1)		Lambliasis(2)		Ascaridosis (3)		Heminolipidosis (4)		General number of patients 108 (100%)
	Abs	%	Abs	%	Abs	%	Abs	%	
Exudative	4 (2)		2 (2)		-		-		226 (27,3%)
Erythematous and squamose	22 (7/5)		9(7)		8 (5/3)		-		44(40,7) 39 (89,5)
Erythematous and squamose form with lichenification	21 (12/5/3)		14 (12)		6 (5/3/1)		3 (2/1/0)		29(26,8) 44 (151,7)
Lichenoid form	2 (2/2/1)		6 (2/1)		3 (2/1/1)		4 (2/2/0)		10(9,2) 13(130)
Pruriginous form	-		3 (1/1)		1(1/1)		1 (1/1/0)		3(2,8) 5(166,6)
Total with helminthoses	49 (23/12/4)		34 (24/32)		18 (13/8/3)		8 (5/4/0)		90 (71,0%)

Note: there are number of patients with the above-mentioned parasites out of brackets, and, the number of combined cases of patients with the above-mentioned parasites are in the brackets in according columns.

As it's seen from the data of table 5 from 108 general examined children with AD 90 (71,0%) patients revealed various intestinal parasites. Moreover, they often combined, their skin process course was more severe and it had more character that is common.

From 22 patients with exudative form of AD 6 (27,3%) revealed intestinal parasites: 4 had enterobiasis two of them (age 5 and 7 years) also revealed lambliasis, their skin process had more common character and course had acute expressed exudation.

Patients with erythematous and squamous forms of AD [44 (40,7%) patients] 22 (50%) revealed enterobiasis, moreover, 7 cases were combined with lambliasis, 5 were with ascariasis, and, at three patients (age was 5, 7 and 8 years) combined all three parasites. The skin pathological process in patients with lambliasis, especially when it was combined with enterobiasis had more character that is common and xerosis display was more expressed.

The erythematous and squamous form with lichenification was revealed at 29 (26,8%) children, the taken necessary analyses showed that 21 (72%) of them confirmed the presence of enterobiasis which in 12 cases was combined with lambliasis 5 were with ascariasis and 3 were with hymenolepidosis. 6 patients (age was from 8 to 16 years) revealed ascariasis, and, moreover, it was always combined with another intestinal parasites (in cases only with enterobiasis, in 3 cases with lambliasis and enterobiasis, in one case with hymenolepidosis, enterobiasis and lambliasis). In all patients of that group the skin pathological process had common character, but the level of inflammation in patients with combined helminthes, especially when they were with lambliasis it was more expressed, and, it often associated with exudation and severe itching.

10 (9,2%) patients with AD confirmed lichenoid form of disease, at examination they all revealed intestinal parasites. Moreover, the intestinal lambliasis prevailed, which occurred in 6 patients and was combined with 2 cases of enterobiasis, and one had ascariasis. Moreover, three cases on the background of ascariasis the enterobiasis and lambliasis were revealed. 4 cases of hymenolepidosis were combined with

entriobiasis. At these groups of patients mainly prevailed infiltrative elements over exudative ones, and, they localized on bending surface of upper and lower limbs (mainly cubital and popliteal fossas), back and side cervical surface, lateral surface of body, and, they less were in other areas. Moreover, more common process was confirmed in patients who revealed lamblias and pinworm, and, there were less patients with hymenolepidosis.

The pruriginous form of AD occurred at 3(2,8%) patients. All patients with skin pathological process had common character, it took it's course persistently, covered almost all

skin coverings and associated with severe itching. The age of patients was 11,14 and 17 years. At all purposeful study everybody revealed lamblialis 3), ascariasis(1) and hymenolepidosis.

Then with the purpose of revealing what kind of worm invasion influence negatively on AD course, the indices of SCORAD (scores) were analyzed in every researching group (Table 6). According to this index the mild course of disease was considered when SCORAD index was to 40 scores, average level of severity was from 40 to 70 scores and severe course was from 70 to 103 scores.

Table 6
SCORAD indices in patients with atopic dermatitis depending from kind of worm invasion

Clinical forms of AD	Control group (n – 59)	Enterobiasis (n – 49)	Lambliasis(n – 34)	Ascariasis (n – 18)	hymenolepidosis (n – 8)
Exudative (n – 22) (20,4%)	67.4±2.31	76.1±3.13*	97,3±2,18**	-	-
Erythematous and squamous -44) (40,7%)	57.15±2.92	68,8±2,8**	81.32±3.35**	66.4±2.31**	-
Erythematous and squamous form with lichenification (n -29) (26,8%)	68,05±2,73	76.1±3.13*	94.6±2.86**	86.4±3.1**	72.4±4.3
Lichenoid form (n -10) (9,2%)	71,35±3,6	82.8±3.36**	99.4±3.03**	90.32±2.35**	82.8±4.04*
Pruriginous form (n -3) (2,8%)	66,05±3,06	-	97.1±2.64**	99.0	86,0
Total (n -108) (100%)	66,0±2,72	76,0±3.1**	93,9±2.81**	81,03±2.58**	77,6±3.67*

Note: 1. *P<0,05; **P<0,001 are authenticity indices in relation with indices of control group (patients with AD without worm invasion).

As the data of table 6 showed at sick children with AD who didn't reveal helminthes(59 patients) the average index of SCORAD was 66,0±2,72 scores which was according average level of disease severity, but the activity of of skin process was higher than at patients suffering from lichenoid and exudative forms of diseases.

At patients with AD who revealed associated enterobiasis (49 patients) the activity of skin process averagely was 76,0±3.1scores which was according to severe course of disease, and, in comparison with data of control group the results were authentic (P<0,001). The highest activity of

skin pathological process was marked at patients with lichenoid forms of disease.

Intestinal lambliasis was revealed in 49 patients with atopic dermatitis, their activity of skin pathological process averagely was 93,9±2.81, and, authentically it was high in comparison with control data (P<0,001) and other comparative groups, that proved the high sensibilizing property of lambliasis “antigens” at patients with AD.

18 patients with AD revealed ascariasis their activity of skin pathological process was 81,03±2.58 which was according to severe course of disease , and authentically (P<0,001) was high at comparison with data of control group. It is necessary to mark that, moreover, the ascariasis was always combined with other helminthes (in 13 cases with enterobiasis, in 8 cases with lambliasis, in 3 cases with hymenolepidosis).

The highest indices of SCORAD (more than 95 scores) were marked at combination with intestinal lambliasis.

In total 8 children with AD determined hymenolepidosis, their activity of skin pathological process averagely was $77,6 \pm 3.67$ scores, that was according to severe course of disease. In all 8 cases the combination of helminthes was marked: 5 children were with enterobiasis, 4 cases were with lambliasis (including all three helminthes were combined in one case). The highest index SCORAD composed $88,7 \pm 2,72$ scores was confirmed at combination hymenolepidosis with lambliasis.

Thus, among allergic diseases of skin AD by the occurrence rate take the first place (84,3%), and, number of patients increases simultaneously to their age. It can be explained with anatomical and physiological peculiarities of children skin in different age groups, increase quantity and quality of sensibilizing factors of age increase for patients and disease remoteness. Besides, not full timely therapy, absence of measure for secondary

prophylaxis or not full elimination of sensibilizing factors (domestic, food, medicine etc.) with time lead to spread and chronization of skin process on the account of strengthening and enlargement of immune “memory” and this predisposition to atopy passes to offsprings. The taken study shows that in manifestation of skin pathological process at children, except different exogenous and endogenous trigger factors the important significance have various intestinal parasites (especially lambliasis and enterobiasis) which occur in more than 70% patients with AD, and they noticeable burden the course of skin pathological process. In our region with subtropical climate where the occurrence rate of intestinal parasites is high the representatives of public health must take it into account as one of the main etiological factor in occurrence of various diseases including allergic ones. The work out of effective measures in prophylaxis and treatment of sick children with AD and intestinal parasites have not only scientific but also practical significance.

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THE CHANGE OF CEREBRAL BIOTOXES UNDER CONDITIONS OF COMBINED INHALATION ANESTHESIA IN OPHTHALMOLOGICAL OPERATIONS CARRIED OUT IN CHILDREN

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Resume

By the purpose of research was: to characterize klinik and encephalografic a picture of current ingalation anesthesia with sevoflurane in a combination with fentanile. For maintenance of anesthesiological protection in 42 patients of children at ofthalmosurgery operations. The combination fenthaniule with sevoflurane was used. During the anesthesia in parallel with EEG the clinical attributes of current of a method combined ingalathion of anesthesia were studied.

The registered changes of biocurrents of a head brain till influence of ingalathion anesthetics of sevoflurane and narcotic analgethic fentanile showed prevalence of alfa-waves, at depression of beta-making rhythms on a background of increase of energy of slow tetra-waves, these changes apparently, underlies effective suppression psychoemotional stress.

Key words: *ofthalmosurgery operations, electroencephalografy, anesthesia, sevoflurane, fentanile.*