

## ATOPIC DERMATITIS - EARLY DIAGNOSIS AND PREVENTION

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Atopic dermatitis is a chronic, relapsing skin disease characterized by itching, dry skin, and eczematous inflammation. The main characteristics of atopic dermatitis are severe itching, a recurrent course, and typically early onset. The prevalence of the disease in children is 15–30%, with 45% of patients developing the condition within the first 6 months of life [1]. Despite the fact that today quite detailed recommendations for patient management have been developed, some patients (5–10%) experience a continuously recurring course of the disease, which is the cause of significant material costs for treatment and can also lead to disability and a sharp decline in the quality of life of children [2]. Atopic dermatitis (AD) has been known as a skin disease since ancient times and is mentioned in many historical chronicles of various civilizations around the world. Atopic dermatitis is characterized by a chronic, relapsing course, age-related evolution, and a wide variety of clinical symptoms and signs. The earliest mention of atopic dermatitis was made by the Roman historian Suetonius (69–140 AD). In his work "The Lives of the Twelve Caesars," he describes the manifestations of the disease in Emperor Augustus, emphasizing dry skin, intense itching, and the seasonality of its manifestations. Most dermatologists of the past, encountering the varied manifestations of atopic dermatitis, which varied significantly in the same patient at different ages, considered these manifestations to be independent diseases. It was only in 1892 that E. Besnier combined disparate skin diseases into a single disorder that "changes" its clinical picture with age. He named the new disease "eczematolichenoid form of diathetic prurigo" [6, 7]. In 1923, Arthur F. Koka and Robert A. Cook first used the term "atopy" to describe allergic rhinitis, urticaria, and asthma. A decade later, in 1933, Marion B. Sulzberger and his mentor Fred Wise were the first to use the term "atypical dermatitis" in a scientific article for the Year Book of Dermatology and Syphilology [3]. An allergy is a chronic condition characterized by a hypersensitivity reaction of the body's immune system to repeated exposure to an allergen. Allergic reactions manifest themselves in a variety of symptoms. These symptoms typically include a runny nose, itchy eyes, swelling, hives, coughing, sneezing, and so on. These days, it's unlikely you'll find anyone who hasn't experienced some form of allergy. Children are primarily susceptible to allergic reactions. The prevalence of allergies is growing daily, and their severity is also increasing due to environmental pollution and the introduction of new chemical allergens into everyday life. [4]. In developed countries, 15-30% of the population suffers from various

allergic diseases, which poses a major social and economic problem. According to the WHO, atopic dermatitis currently accounts for 25-30% of all allergic dermatoses. Some authors believe that atopic dermatitis affects up to 15% of the world's population, affecting women more often (65%) and men more often (35%) [5]. The mechanisms involved in the development of the pathological process in atopic dermatitis are diverse. Hereditary predisposition plays a leading role in the etiology and pathogenesis of the disease. M. Uehara and S. Kimura showed that atopic dermatitis develops in 81% of children if both parents suffer from the disease, and in 56% of children if only one parent is affected. The risk increases if the mother has neurodermatitis. In patients with atopic dermatitis, 28% of relatives suffer from respiratory atopy. [6] Sergei Petrovich Botkin said: "Preventing the development of diseases and reducing the number of those who become ill will be even more important than curing the sick." With this statement, he emphasized the importance of preventive measures in medical practice. A large number of dermatological diseases have a hereditary predisposition and a chronic course, therefore, when treating patients with skin pathology, the main efforts should be aimed at preventing the development of another exacerbation and reducing the severity of symptoms. The mechanisms involved in the development of the pathological process in atopic dermatitis are diverse. Hereditary predisposition plays a leading role in the etiology and pathogenesis of the disease. M. Uehara and S. Kimura showed that atopic dermatitis develops in 81% of children if both parents suffer from this disease, and in 56% of children if only one of the parents is sick, and the risk increases if the mother has neurodermatitis. Disease prevention is divided into primary, secondary, and tertiary. Primary prevention typically refers to interventions before health consequences occur. Secondary prevention involves identifying the disease early to prevent exacerbations, while tertiary prevention involves reducing symptoms or improving the quality of life of individuals with an established condition. For patients with atopic dermatitis, secondary and tertiary prevention are important. Most studies investigating preventive measures for this disease focus on high-risk patients, such as children born to parents with this disease or atopic diseases. The advantage of this approach is that parents who have suffered from atopic dermatitis themselves or have witnessed it in other family members are often motivated to take measures that could prevent the disease in their child. The disadvantage is that if the sample size is too small, the impact on the general population may be limited. A crucial step in preventing any disease is a thorough understanding of the risk factors that can be modified. For example, mutations in the filaggrin gene currently cannot be corrected, whereas reducing the number of house dust mites or eliminating allergenic foods from the diet are achievable [7]. The development of interventions aimed at preventing atopic dermatitis remains a promising area requiring further study. An analysis of research conducted over the past several decades on the prevention of this disease has

revealed a lack of simple and safe interventions that are likely to be effective at the population level.

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