RISK FACTORS FOR THE DEVELOPMENT OF RECURRENCES OF OBSTRUCTIVE BRONCHITIS IN CHILDREN

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Introduction. Recently, the development of a new field of medicine, riskology, the study of risk factors for disease development, has become increasingly important. Research papers have described risk factors for acute obstructive bronchitis in children, including a complicated premorbid background: perinatal pathology, a history of allergies, malnutrition, early artificial feeding, and respiratory diseases experienced at the age of 6-12 months. Genealogical risk factors for recurrent obstructive bronchitis in children, depending on the degree of kinship of the proband, remain poorly understood. Studying these factors is crucial for identifying risk groups for recurrent obstructive bronchitis in children and improving preventive measures and clinical monitoring.

Objective: To identify risk factors for the development of recurrent obstructive bronchitis in children.

Study Material and Methods: The study included 40 children with obstructive bronchitis who were treated in the pediatric departments of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care. Along with clinical and laboratory data, their family history was carefully assessed using the proband method. To identify the number of first-degree relatives with bronchopulmonary diseases, specifically obstructive bronchitis, we examined the family histories of the children studied by asking their parents a questionnaire.

Among the identified diseases in mothers, anemia was the most common, accounting for 75.2%. Next in frequency were pyelonephritis (11.06%), hypertension (26.7%), and chronic bronchitis (2.6%). A hereditary study of the children studied revealed that atopic diseases occurred in 12.4% of relatives of the children. An analysis of the allergy histories of the examined children revealed that the most common allergies were food allergies (2.7%) and bronchial asthma (7.3%). Drug allergies were less common (2.4%). Given the presence of an aggravated allergy history, the possibility of a reaginic mechanism in the pathogenesis of obstructive bronchitis in this category of children cannot be completely ruled out, as supported by literature data. During the observation period of the patients examined, certain patterns in the course of the disease were identified. Some patients (17.5%) did not experience any respiratory illnesses after acute obstructive bronchitis. In the majority of children

(41.2%), recurrent bronchitis resolved, but acute respiratory viral infections were observed.

Conclusions: The genealogical risk factors for relapses of obstructive bronchitis in children depending on the degree of kinship of the proband remain poorly studied. The study of these factors is of great importance, allowing us to identify a risk group for relapses of obstructive bronchitis in children and improve the range of preventive measures and dispensary records.