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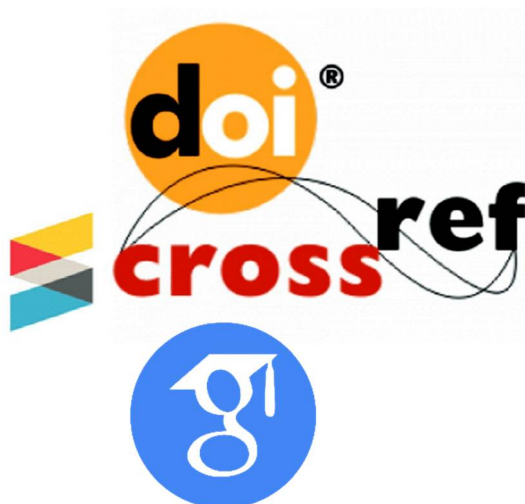
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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ


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ETIOPATHOGENESIS, METHODS OF TREATMENT AND PREVENTION OF FOOD ALLERGIES IN CHILDREN

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ANNOTATION

Allergic diseases are a global public health problem. Among allergic diseases, food allergy is the most complex condition. Nutrition is a major factor determining the development and health status of a child. For normal development, children need a balanced diet containing sufficient proteins, fats, carbohydrates, vitamins and minerals. In children with food allergy, the main treatment is a strict elimination diet with the exclusion of causative foods from the diet, which can lead to the development of nutritional deficiency and deficiency states of varying severity.

Keywords: food allergy, children, etiology, pathogenesis, treatment, prevention, allergens

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ЭТИОПАТОГЕНЕЗ, МЕТОДЫ ЛЕЧЕНИЯ И ПРОФИЛАКТИКИ ПИЩЕВОЙ АЛЛЕРГИИ У ДЕТЕЙ

АННОТАЦИЯ

Аллергические заболевания — глобальная проблема здравоохранения. Из аллергических заболеваний пищевая аллергия — наиболее сложное состояние. Питание — это основной фактор, определяющий развитие и состояние здоровья ребенка. Для нормального развития детям требуется сбалансированное питание, содержащее достаточное количество белков, жиров, углеводов, витаминов и минеральных веществ. У детей с пищевой аллергией основным лечением является строгая элиминационная диета с исключением из рациона питания причинно-значимых продуктов, что может приводить к развитию нутритивной недостаточности и дефицитных состояний различной степени тяжести.

Ключевые слова: пищевая аллергия, дети, этиология, патогенез, лечение, профилактика, аллергены

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ETIOPATOGENEZ, BOLALARDA OZIQ-OVQAT ALLERGIYASINI DAVOLASH VA OLDINI OLISH USULLARI

ANNOTATSIYA

Allergik kasalliklar bugungi kunda global sog'liqni saqlash muammolardan biri hisoblanadi. Allergik kasalliklar orasida oziq — ovqat allergiyalari eng qiyin holat hisoblanadi. Oziqlanish-bu bolaning rivojlanishi va sog'lig'ini belgilovchi asosiy omil. Bolalar normal rivojlanishi uchun etarli miqdordagi oqsillar, yog'lar, uglevodlar, vitaminlar va minerallarni o'z ichiga olgan muvozanatli ovqatlanishni talab qiladi. Oziq-ovqat allergiyasiga chalingan bolalarda asosiy davolash-bu oziq-ovqat yetishmovchiligi va turli darajadagi tanqislik holatlarining rivojlanishiga olib kelishi mumkin bo'lgan sababiy ahamiyatga ega oziq-ovqat mahsulotlarini dietadan chiqarib tashlash bilan qat'iy yo'q qilish diyetasi.

Kalit so'zlar: oziq-ovqat allergiyalari, bolalar, etiologiya, patogenez, davolash, oldini olish, allergenlar

Introduction: Allergic reactions are one of the most common group of diseases worldwide, and food allergies in children make up the majority of hypersensitivity cases. Many parents face this diagnosis, and it is important to know what this phenomenon is and how to deal with it. Food allergy is a specific immune reaction that occurs in response to the ingestion of allergens in the body. It is accompanied by pronounced clinical symptomatology and is the most common problem in pediatric practice. Most often pathology is detected in children in infancy and early years of life, less often in the period from 3 to 7 years. At the same time, there is no connection with gender [1]

Food allergy in children can be provoked by products that belong to one of three groups in terms of allergenicity: high, medium and low.

The foods with the highest incidence of allergies include:

all citrus fruits and pineapples;

- berries: strawberries are more common, while raspberries, strawberries and blackberries are less common provocateurs;

- vegetables: carrots, tomatoes, bell peppers (especially red);

- protein products: chicken eggs and meat, shellfish and fish, sausages;

- fermented dairy products: milk and cheese, less often - yogurt with various additives;

- drinks: coffee, cocoa, carbonated waters, juices with flavorings and preservatives;

- sweets: chocolate, honey;

- nuts and legumes;

- mushrooms.

But involvement in a certain group is only a reflection of statistics. Each case is different, and a child may not have an allergic reaction to a highly allergenic product, but may have an allergic reaction to a low-allergenic one [2].

Reasons

Food allergies in children occur mainly as a result of a combination of several factors.

-The immaturity of the digestive system, the child's body undergoes a large number of changes from birth to adulthood, as all systems undergo the process of maturation. Because of this, its sensitivity to allergens is higher than that of an adult, and even a small amount of provoking factor can cause severe allergies;

- Irrational introduction of complementary foods - the use of complementary foods directly affects the state of the digestive system, its incorrect or early introduction can provoke a violation of the protective functions of the gastrointestinal tract. This increases susceptibility to allergens.

- Heredity-food allergy in children partly has a genetic link, because if there is hypersensitivity in one of the parents, the chances of a similar reaction to the provocateur product in the child increase significantly[3].

-Environment. The state of the environment directly affects the immune system and health in general. Pollution of the atmosphere and air, sudden change of climatic conditions, lack of greenery in the place of residence, consumption of unnatural food - all this affects the state of the child's body.

- Harmful habits

Often food allergies in children are a consequence of the actions of the mother. The use of alcoholic beverages and drugs during the period of carrying and feeding the child, as well as smoking negatively affect the immunity of the baby[4].

Etiology and pathogenesis

Food allergy in children can both be observed from birth and become acquired in the presence of predisposing factors. In this case, the main type of reaction of the body to the allergen is reactive or atonic, also called a reaction of the immediate type. Allergens are present in foods, for example, glycolipids in some protein products. When ingested, there is an interaction between them and the body's immunoglobulins. This causes the activation of mast cells. Basophils begin to produce histamine and other substances that cause the clinical picture of allergy. A similar reaction can be provoked by the proteins of allergenic products that enter the blood through the intestine when its protective barrier is broken. In such a reaction, symptomatology appears immediately or a maximum of 1-2 hours after consumption of the allergen[5].

In addition to the immediate reaction can be observed delayed sensitivity - the 4th type of hypersensitivity. But this variant in food allergies is quite rare, and the clinical picture itself appears in 1-2 days[6].

Classification

There are three classifications of food allergies. The first is by the number of products: monovalent (to one specific allergen) and polyvalent (to two or more products). The second is by pathogenesis: immunoglobulin E-dependent and independent. The third classification is actively used by pediatricians in practice and includes three types:

A - hypersensitivity reactions in babies from birth to 6 years of age, associated with impaired protective function of the gastrointestinal tract and tolerance of mucous membranes;

B - allergic reaction in persons of primary school age and adolescence, when food allergy is formed in a cross-sectional manner;

C - a rare type of pathology detected in adolescents (predominantly girls) without risk factors.

Symptoms of food allergy in children

Symptomatology is individual and depends on the age of the child and the characteristics of his body. It can form different combinations, but there are three main categories of clinical manifestations by system: cutaneous, respiratory, digestive[6].

Cutaneous reaction

Reddening of the skin occurs in the form of pinkish or red dots, blisters or spots. They may be accompanied by slight or pronounced peeling and itching. It is possible the appearance of scratching, if the itching becomes excruciating. The main localization of phenomena - face and hands (hands and forearms, elbows). All this provokes sleep disorders, the child becomes cranky and eats poorly[7].

Respiratory system

Initially, nasal congestion appears due to swelling of the sinuses. This can be accompanied by a significant discharge of watery type and frequent sneezing. Rarer symptomatology - a sensation of perspiration in the throat, a slight dry cough. With a pronounced reaction, there is dyspnea and swelling of the upper respiratory tract with attacks of suffocation, in such a situation an urgent call for emergency help is required[8]. Food allergy in children has the greatest variability of manifestations on the part of the digestive system and may include a combination of symptoms:

- colic;

- bloating;

- nausea, less commonly vomiting;

- pain, tearing, or heaviness in the abdomen;
unstable or liquid stools that are mucousy, sometimes with flecks of blood.

Diagnosis

The treatment of food allergies in children should correspond to the child's condition and the form of hypersensitivity reaction. For this, appropriate diagnosis is necessary. Detection of food allergies in a child starts with a survey of the parents and the baby, if his age allows it[9]. The doctor collects a detailed anamnesis, finds out what caused signs of hypersensitivity, what clinic was observed. He then selects a combination of investigations, which may include:

-skin tests;

-hemograms;

-general and biochemical blood tests;

-immunologic studies to detect levels of immunoglobulin E and specific antibodies to it. If there is no information about what could cause signs of allergy, an elimination method is used. For this purpose, some products are removed from the child's diet one by one and his condition is recorded. Improvement or worsening of the condition helps to determine the product-provocateur[10].

Treatment of food allergies in children is the prerogative of the work of the allergist and pediatrician. But they can appoint the child consultations with a gastroenterologist, pulmonologist and dermatologist, who will select their methods of additional examination.

Treatment of food allergies in children. The therapeutic approach consists in a combination of dietary nutrition with the use of medication.

Diet therapy

Limit the consumption of the product with the allergen. Along with this, a balanced diet is prepared, taking into account the age and sex characteristics of the organism. Products with a sufficient amount of vitamins and trace elements are necessarily added to the menu.

If hypersensitivity is observed in a breastfed child, the mother's diet is edited according to the same principles[11].

Conservative therapy

Treatment of food allergies with the use of medications is selected by a specialist, focusing on the age and condition of the child, as well as the symptoms present in him. Use drugs from the -groups:

-antihistamines;

-sorbents;

-anticongestants (anti-edema);

-glucocorticosteroids;

-inhibitors of leukotrienes production.

Topically can be prescribed creams and ointments against itching and peeling. Additionally, anti-inflammatory agents and probiotics are used. A unique technique in the treatment of food allergies is immunotherapy. It is based on the gradual adaptation of the body to the allergen through regular injections with a consistent increase in dose. This contributes to a decrease in sensitivity to the provoking allergy factor[12].

Possible complications

The danger of food allergy is associated with the “allergic march”, which implies the alternate development of chronic recurrent pathologies: atopic dermatitis, allergic rhinitis and bronchial asthma. The last stage is accompanied by the highest risks to health and life, up to the possibility of disability. Untimely diagnosis and therapy can also serve as the basis for joint damage and the development of rheumatoid arthritis. But the most severe complication is anaphylactic shock. It develops within a few minutes of interaction with an allergic agent. It provokes bronchial spasm, swelling of the larynx and can be fatal.

Prognosis and prevention

If food allergy in children is detected in the early stages and appropriate therapy is initiated, the child will be able to lead a healthy lifestyle and no complications are expected. With untimely diagnosis, the chance of progression of pathology depends on the stage at which therapy was started.

To prevent allergic reactions of this type, it is necessary to exclude the impact of provoking factors. During pregnancy, a woman should eat a balanced diet and do not use products from the group of highly allergenic. After the birth of the child, the mother also needs to maintain a similar diet and timely introduce complementary foods.

Conclusions: Food allergy in children requires the prescription of a balanced elimination diet with the exclusion of causative allergens and the mandatory inclusion of therapeutic formulae in the child's dietary therapy. For children of the first year of life it is recommended to prescribe mixtures based on amino acids or high-hydrolyzed (HHC), and it is important to know that if HHC did not fit or the child does not want to use it, it is not necessary to change the types of HHC, it is necessary to switch to a mixture based on amino acids. For children over a year old up to 10 years old with polyvalent food allergy to correct nutritional status it is advisable to prescribe a mixture based on amino acids, which serves as a source of protein, fat, carbohydrates, vitamins, minerals and energy. The mixture consists of 100% free amino acids, which eliminates allergic reactions. It should be noted the improved taste of the mixture and the reduced osmolality for better tolerance of the product due to the adjusted chemical composition of the mixture. This product can be used not only in food allergy to milk proteins (cow, goat, soy, etc.), polyvalent food allergy, eosinophilic esophagitis, but also in short intestine syndrome, malabsorption and other pathological conditions of the gastrointestinal tract, when a diet with nutritional, vitamin, macro- and microelements is necessary. The formula can be used as a sole source of nutrition or as a supplement to the child's basic diet.

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