

DIAGNOSIS OF IRRITABLE BOWEL SYNDROME IN ADOLESCENTS USING IMMUNOLOGICAL ANALYSIS

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Annotation: Irritable bowel syndrome is a serious and underestimated problem in childhood. This the topic is not well studied in pediatrics compared to adult practice, and pediatricians often make this diagnosis in young children without proper justification. In the thesis diagnosis of irritable bowel syndrome in adolescent school children using immunological assays is talked about.

Keywords: IBS, Ig A, Ig E, immunology, constipation, diarrhea, school, adulthood.

Purpose of work. Bdevelopment of a method for differentiating irritable bowel syndrome in school children using immunological analyses.

Materials and methods. A questionnaire survey was conducted among school children in 4 districts and the city of Bukhara. 1016 adult school children participated in the survey, of which girls are slightly more than boys - 571 (56.2%) - 445 (43.8%). The age structure consists of 433 (42.6%) children aged 12-13, 405 (39.8%) aged 14-15 and 178 (17.6%) aged 16-17.

In order to develop an algorithm for differentiating IBS depending on the spectrum of allergic sensitization, a study was conducted to study the parameters of humoral immunity. Patients were selected according to the clinical presentation of TIS for the convenience and accuracy of calculating blood and saliva parameters. And to compare the results of the study, healthy schoolchildren were examined. Distributed as follows (91 children in total):

- the group with diarrhea consists of 30 sick children;
- group with constipation - 31 sick children;
- the comparison group consisted of 30 healthy schoolchildren.

The average age of patients with diarrhea was 14.97 ± 0.32 years, the average age of children with constipation was 15.16 ± 0.31 years. The average age of control children was 15.1 ± 0.31 formed the age.

The results of the study showed an increase in the synthesis of secretory IgA:

- 3.4 times in children with diarrhea;
- Constipation in TIS is 4.1 times higher than in healthy children ($P < 0.05$).

Also, an increase in the level of IgE in the blood is observed in patients:

- 3.0 times with diarrhea;

- with constipation 7.39 times ($P < 0.05$), compared to the indicators of healthy children.

Summary. It should be noted that the appearance of IgE in healthy children made it possible to suspect the presence of parasitic or fungal infections in them without a clear clinical picture, so the health group consisted of children without IBS. Thus, the results indicate a comorbid course of IBS in schoolchildren of puberty. In IBS with constipation, secretory C IgA in saliva and IgE in blood are increased. IgA in the blood with IBS did not show clear changes in the concentration of the general, it was at the control level, and there was no dependence on the clinical appearance of IBS in adolescents.

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