

LYMPHATIC DIATHESIS AS A RISK FACTOR FOR SECONDARY IMMUNODEFICIENCY IN CHILDREN

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Relevance. The main symptoms are lymphatism and immune disorders, water-salt metabolism disorders, cardiovascular failure. The high relevance of lymphatic diathesis (LD) is due to its not fully understood nature and severe complications in the form of thymomegaly and acute adrenal insufficiency, which can lead to sudden infant death.

The aim of the study: to study of immunity in children with lymphatic diathesis.

Materials and methods. We observed 30 children aged 7 to 14 years living in the Aral Sea region and suffering from LDs. The control group consisted of 30 practically healthy children of the same age. The clinical diagnosis was based on clinical laboratory, instrumental studies, and LD markers. The immune status (C3, C4 complement components, phagocytic activity of neutrophils (PAN), an increase in antigen-binding lymphocytes (ABL) of the kidneys and ABL of the lun) of children was studied.

Results and discussion. When studying clinical markers of LD, the following was revealed: pathological course of pregnancy is 95.0%, the presence of chronic foci of infection is 100.0%, lymphoproliferative syndrome (persistent enlargement of peripheral lymph nodes) is 88.0%, sympathoadrenal syndrome (high birth weight) is 76.0%, body disproportion is 66.0%, endocrinopathic syndrome (hypoplasia of the thyroid gland, testicles, ovaries) is 64%, (thymomegaly at birth) is 56.0%, which is consistent with the literature data.

Comparison of the results of immunological studies showed pronounced immunopathological changes, in the form of a decrease in PAN ($P < 0.001$), C3, C4 complement components ($P < 0.001-0,01$), an increase in ABL of the kidneys and ABL of the lungs ($P < 0.001-0,01$) in the blood.

Conclusion. The state of immunity in children with lymphatic diathesis, which is inhabited in the conditions of the Aral Sea region, is characterized by pronounced immunopathological shifts, which are manifested in the form of a decrease in FAN, C3, C4 complement components, an increase in ASL of the kidneys and ASL of the lungs. Immunopathological changes persist even during the period of clinical remission of lymphatic diathesis, requiring monitoring of the immune status and immunocorrection in the management of such patients.