In PFAPA patients from our clinic, even between febrile attacks, there is increasing of pro-inflammatory mediators. Our study didn’t confirm previous study data.

Introduction Asthma is chronic disease which in recent years prevalence shows increase rate. In this study we analyze triggers that parents or child will tell as a risk factor for asthma exacerbation in children with asthma.

Aim Presenting cases treated in pulmonology clinic during their exacerbation and triggers that can lead to asthma exacerbation.

Method It is a prospective study, we include 92 children who came with symptoms of asthma exacerbation in pulmonology clinic. Asthma was classified according to GINA classification and evaluate from parent/caregiver or child about risk factors that lead to exacerbation. Factors were listed by GINA.

Results Asthma exacerbation symptoms at children that were examined are cough(100%), difficult breathing(96%) and wheezing(24%) and chest tightness. From all children in our study 34% had one trigger, 16% 2 triggers and the others had more than 3 triggers that lead to asthma exacerbation. Triggers of asthma exacerbation are changing weather(cold air) (36%), viral infection(48%), passive smoking (36%), pollen(16.6%) and 25% of parents don’t know risk factors that lead to asthma exacerbation. Most of the children in the study lives in town (75%).

Conclusion Our study shows that viral infection and cold air are very common triggers of asthma exacerbation especially in small children while in children older than 5 years passive smoking is very present (36%) as risk factor.

Introduction An important characteristic of the herpes simplex virus, is their ability to persist in the tissues of their hosts for many years after initial infection as intracellular viruses. Characteristic life of virus (chronic persistent and cyclic replication) in organisms is often followed by immune dysregulation.

Materials and methods: Clinically manifestations in patients with herpesvirus infections were examined. We analysed: white blood cell count, hemoglobin level, serum immunoglobulins level, enzymes of cell destruction, oxidative metabolism of the peripheral blood phagocytes as ability of NBT reduction, serum level of IFN-γ, IL-4 and DHEAS, cortisol were measured by ELISA test.

Results Our patients had and all of them had positive ELISA test on virus-HSV. Our parameters approved low level of hemoglobin, monocytosis, lymphocytosis, virocystis and leukopenia. Our patients had high level LDL, CKP, low level of NBT reduction. High levels of IFN-γ followed high levels of LDL, CKP, GOT and GPT.

Conclusion Chronic activation of immune system is background of pathogenetic mechanisms during herpes simplex virus infection. Different level of DHEAS and cortisol are part of regulatory mechanisms of immune response across endocrine system. Increase levels of DHEAS in our patients can display chronic inflammation. Absence of increase level of cortisol may suggest that our patients had a little “acute” fase of infection opposite a lot of chronic disorders. Analyse of immunoregulatoral mechanisms is essential to order level and place of damage cells, tissue and organs. It is important for therapy and prognosis of disease.

Introduction CHILDHOOD DURING HERPES SIMPLEX VIRUS INFECTION IN PARAMETERS OF IMMUNE SYSTEM DISREGULATION PARAMETERS OF IMMUNE SYSTEM DISREGULATION DURING HERPES SIMPLEX VIRUS INFECTION IN CHILDHOOD

Material We analyzed a prospective study on 87 patients diagnosed with AID. We analyzed the initial immune status, for all these patients.

For another group of 53 children, diagnosed with selective IgA immunodeficiency, we realized a six year period survey of the level of the T suppressor lymphocytes, the T helper/T suppressor ratio, and of the presence of auto antibodies: Anti DNA, rheumatoid factor (RF).

Results 8 patients (8%), from the group diagnosed with AID, were also identified with selective deficit in IgA at the moment of the initial diagnosis.

In the group of 53 patients with underlying IgA immunodeficiency, 2 patients developed over the 6 years of the survey, a significative titer of anti DNA antibodies. In one patient the presence of the RF was detected, 4 children presented a decrease of the T suppressor level, with a rise of the immune ratio. None of these patients presented clinical signs suggesting an AID.

Conclusions The Ig A immunodeficiency may be a risk factor for subsequent AID. There is a higher risk for AID in patients who develop anti DNA antibodies, RF or a persistent decrease of the T suppressor lymphocytes.

METHODS:

1. To evaluate serum interleukin phenotype between febrile episode in PFAPA patients from our clinic;
2. To establish correlation between C reactive protein (CRP) and pro-inflammatory interleukins: tumor necrosis factor-alpha (TNFα), interleukin-8 (IL-8);
3. To evaluate link between CRP and anti-inflammatory interleukins: interleukin-10 (IL-10);
4. To identify a sensitive biological marker to estimate PFAPA evolution.

Methods Authors analyzed 2 groups: “PFAPA group” represented by 6 patients and “control group” containing 4 no-PFAPA patients. Inclusion criteria: patients up to 10 years of age that fulfilled PFAPA diagnosis criteria; patients between febrile attacks; negative procalcitonin (PCT) blood value in order to exclude bacterial infections for diagnosis criteria; patients between febrile attacks; negative procalcitonin (PCT) blood value in order to exclude bacterial infections for diagnosis criteria; children in the study lives in town (75%).

Conclusions The Ig A immunodeficiency may be a risk factor for subsequent AID. There is a higher risk for AID in patients who develop anti DNA antibodies, RF or a persistent decrease of the T suppressor lymphocytes.
Introduction Atopic dermatitis and obstructive bronchitis are very often in our doctor’s office and these diseases require strong commitments, frequent examinations and allergy tests. 

Objective Association of atopic dermatitis and obstructive bronchitis in children at age of 0–3 years.

Material and Methods We processed the data for 476 children treated during the period of 3 years. We used the data from childrens medical records, laboratory tests and reports of pulmo-allergy examinations. For processing the data we used analytic and descriptive method.

Results We processed the data for 476 children at age of 0–3 years for the period from 2009–2011. We found atopic dermatitis in 141 children (29.6%), atopic dermatitis associated with obstructive bronchitis in 63 children (44.6%). Family anamnesis was positive in 86 children (60.9%). The results from laboratory tests showed that the total IgE had increased in 54 children (67 children were tested). Eosinophiles were increased in all of them and we found positive specific IgE in 23 children (42 children were tested). We put 35 children on antihistaminic prevention. We used bronchodilators in the treatment of acute attacks. All of the children who have increased IgE and positive specific IgE are examined regularly, not only from the family physicians, but also from pediatric pulmonologists. So, the percentage of hospitalized children is about 1.5.

Conclusion Early diagnosis and laboratory detection of atopic dermatitis and obstructive bronchial diseases as well, are of great importance for normal growth and development of children.

INFLUENCE OF HALOTHERAPY ON OXIDANT-ANTIOXIDANT PROCESSES IN CHILDREN WITH DERMATO-RESPIRATORY SYNDROME AT THE PERIOD OF EXACERBATION OF ATOPIC DERMATITIS

Methods 69 children aged from 2 to 15 years old with DRS. The group was made of 35 children with DRS, received traditional complex of medicinal measures with included halotherapy - treatment under the conditions of artificial microclimate of saline caves.

Results of investigation and conclusions The analysis of the data obtained allowed to reveal that children in the period of atopic dermatitis exacerbation manifest a considerable increase in the intensity of oxidant processes on admission relatively-DK1,31±0,015, MDA-2,02±0,023, OMP/% of protein 55±0,120, OMP Units of optic density/1 gr protein - 0.52±0,025 OMP/1 ml serum - 3.50±0.41, MMF-1 0.59±0,047, MMP 2-0.60±0.016 (p<0,005) and decrease antioxidant processes KAT- 16.21±0.67 kmolk/ml, AABS- 0.52±0.83 mmol/ml. On discharge the indexes in both groups of children receiving halotherapy relatively DK-0.78±0.015, OMP/% protein - 48±0.087, OMP Units of optic density/1 gr protein - 0.459±0.015, OMP/1 ml serum - 2.94±0.12, MMF-1 0.25±0.015, MMP 2-0.25±0.008, KAT- 36.57±0.37 mmolk/ml, AABS- 0.66±0.78 mmol/ml (p<0.005). Halotherapy possesses antioxidant action and we recommend to include it into the complex of medicinal measures with included halotherapy - treatment under the conditions of artificial microclimate of saline caves.

Conclusion Early diagnosis and laboratory detection of atopic dermatitis and obstructive bronchial diseases as well, are of great importance for normal growth and development of children.

MATERIAL AND ENDOGENOUS IGA PROTECTION IN INFANTS WITH RESPIRATORY TRACT INFECTIONS

Methods We have evaluated 40 pairs mother- infant, healthy mothers, infants with respiratory tract infections. Human milk samples were analysed for physical and chemical properties on an ultrasonic infra red spectrometric analyser (rh, temperature, density, conductivity, fat composition, lactose levels). Ig A, Ig M, IgG levels and protein profiles from human milk were measured after centrifugation by immunoturbidimetry method on a spectrophotometer and by protein electrophoresis with cellulose acetate membrane respectively. Serum Ig A, Ig M, IgG levels from infants were determined using the same immunoturbidimetry method. Pearson correlations were studied in accordance to study’s objectives. 

Results Positive correlations statistically significant (p<0.05) were found both between serum IgA and Ig G and human milk IgG.