

к лечению склероатрофического лишена. Отдельным важным направлением совместной работы мы видим создание единой схемы маршрутизации пациентов с данным заболеванием, что будет способствовать своевременной диагностике, лечению и, следовательно, снижению риска развития плоскоклеточного рака вульвы.

Список литературы

1. Дистрофические болезни промежности в менопаузальном периоде / Т.А. Блбулян [и др.] // Вестник РУДН. Серия: Медицина. – 2016. - № 2. – С. 133-137.
2. Елькин В.Д. Частная дерматоонкология. Часть I. Опухоли, опухолеподобные образования и пороки развития эпидермиса и придатков кожи / В.Д. Елькин, Л.С. Митрюковский, Т.Г. Седова – Пермь: ООО «Пермское книжное издательство», 2017. – С. 120-125.
3. Кац О.О. Место фототерапии и фотодинамической терапии в лечении экстрагенитального склероатрофического лишена / О.О. Кац, Ф.В. Трифонов, В.В. Кузнецов // Исследования и практика в медицине. – 2015. - № 3. – С. 51-58.
4. Семейный случай склероатрофического лишена / И.А. Горланов [и др.] // Вестник дерматологии и венерологии – 2017. - № 3. - С. 58-62.
5. Федеральные клинические рекомендации по ведению больных локализованной склеродермией. Под ред. В.А. Волнухина. – М., 2015. – С. 261-265.
6. Fitzpatrick's Dermatology in General Medicine. Eighth Edition. L.A. GOLDSMITH [et al.]. The McGraw-Hill Companies, Inc. 2012. - P. 702-707.
7. Kirtschig G. Lichen Sclerosus-Presentation, Diagnosis and Management / G. Kirtschig // Dtsch Arztebl Int. – 2016. – 113 (19). – P. 337-343.
8. Nair P.A. Vulvar Lichen Sclerosus et Atrophicus / P.A. Nair // J Midlife Health. – 2017. – 8(2). – P. 55-62.

УДК 616.5-002.2

**Житниковская А.Л., Лепешкова Т.С., Ольшванг О.Ю.
ПИЩЕВАЯ АЛЛЕРГИЯ И АТОПИЧЕСКИЙ ДЕРМАТИТ У ДЕТЕЙ**

Кафедра иностранных языков.
Уральский государственный медицинский университет
Екатеринбург, Российская Федерация

**Zhitnikovskaya A.L., Lepeshkova T.S., Olshvang O.Yu.
FOOD ALLERGY AND ATOPIC DERMATITIS IN CHILDREN**

Department of foreign languages
Ural state medical university
Yekaterinburg, Russian Federation

E-mail: annazh05@gmail.com

Аннотация. В статье рассмотрен спектр современных причинно-значимых пищевых аллергенов, вызывающих обострение атопического дерматита у детей. Исследование позволило составить программу персонафицированных диет.

Annotation. The article describes the range of modern causative food allergens that cause exacerbation of atopic dermatitis in children. The study allowed to develop a program of personalized diets.

Ключевые слова: Атопический дерматит, пищевая аллергия, дети

Key words: Atopic dermatitis, food allergy, children

Introduction

Atopic dermatitis (AD) is a chronic, pruritis skin disease. AD is characterized by an improperly functioning skin barrier and immune dysregulation. It is a part of the «atopic triad», it often precedes asthma and seasonal allergies. [1]

The pathogenesis of AD is complex with multifactorial etiology involving genetic, immunological, and environmental factors leading to disrupted skin barrier and immune system. [3] Environmental factors include microbes, irritants, and extremes of temperature, psychological stress, and food allergens.

There are many studies demonstrating the role of food allergens in triggering or exacerbating of AD. Food allergy can exacerbate atopic dermatitis and hence routine diet elimination would decrease the severity of AD. The purpose of the study is to determine the clinical and immunological features of food allergies in children with atopic dermatitis.

Materials and methods

The study was conducted on the basis of the Children's Hospital 13 of Yekaterinburg. The survey included 60 children with atopic dermatitis and food allergies between the age of 3 months and 5 years.

The criteria for the inclusion of children in this study were: aggravated allergic history, clinical signs characteristic of atopic dermatitis, signs of food allergies, age up to 7 years.

Immunological examination included determination of total IgE in serum using enzyme immunoassay (EIA). Quantitative determination of the levels of specific IgE antibodies in serum to food allergens was carried out using special test systems on Chem Well analyzer, Awareness Technology Inc, USA.

The concentration of specific IgE (IU / ml) antibodies to food allergens was taken into account as follows: from 0.35 to 1.0 - (+); 1.0 to 3.5 - (2+); 3.5-10.0 (3+), 10.0-50.0 (4+).

Statistical data processing was performed using the STATISTICA 10 software.

Results

The study included 60 children with atopic dermatitis and food allergies between the age of 3 months and 5 years (40 boys, 20 girls). There were 4 children aged from 3 months to 1 year, there were 25 children aged from 1 year to 3 years, and

31 children aged from 3 to 5 years. All children had a manifestation of atopic dermatitis at the age of 6 months.

According to the allergic history, hereditary predisposition was aggravated by atopy in 42 children. The following allergic diseases were reported in close relatives of the examined children: atopic dermatitis in 18 cases, pollen disease in 12, bronchial asthma in 6, allergic rhinitis in 7, and food allergy in 5 cases.

In 26 observed children, the manifestation of atopic dermatitis was associated with the introduction of adapted milk formulas. In one child, the manifestation of the disease was associated with the use of milk by the mother during breastfeeding. Among other nutritional causes of the manifestation of atopic dermatitis there are eggs, wheat flour, gluten, apples, and pears.

In the examined children, an increase in total IgE was observed only in 6 cases.

The observations show that the structure of food allergies to traditional foods is constantly changing. In this regard, it is important to find out the causative food allergens in children with atopic dermatitis.

The results of the study of allergen-specific IgE antibodies in the blood serum showed that in children the most common hypersensitivity was detected to cow's milk (44 cases), to the chicken egg protein (19 cases), to yolk (12 cases), to wheat (14 cases), to gluten (11 cases).

The main allergens of cow's milk include casein and whey proteins: α -lactoalbumin, β -lactoglobulin. Cow's milk proteins are quite stable and they can retain their allergenic properties even after processing.

Requirements for the administration of specialized therapeutic formulas in children with lactic allergies include the study of not only the whole allergen but also its individual fractions. This will allow to develop personalized diets in children with atopic dermatitis who are allergic to milk.

If there is an allergy to cow's milk proteins, cross-allergy to the milk of other mammals is possible. Cross sensitization between cow, goat and sheep milk is possible. Therefore, goat milk can be recommended for children who are allergic to milk only after a special allergological examination.

Conclusions

1. In children with food allergies, atopic dermatitis has an early manifestation (up to 6 months of life).
2. Elucidation of the nature of food allergies in children with atopic dermatitis is fundamental in determining rational diet therapy.
3. Elimination of causative allergens reduces the severity of atopic dermatitis.

A comprehensive allergological examination is needed in children with atopic dermatitis.

References

1. Bergmann MM. Evaluation of food allergy in patients with atopic dermatitis / Bergmann MM, Caubet JC, Boguniewicz M, Eigenmann PA // J Allergy Clin Immunol: In Practice -2013. - №1. - P. 22-28.

2. Dhar S. Food Allergy in Atopic Dermatitis / Dhar S, Srinivas SM // Indian J Dermatol - 2016 Nov-Dec. - №61(6) – P. 645-648.

3. Ring J. Guidelines for treatment of atopic eczema (atopic dermatitis) part I / Ring J, Alomar A, Bieber T, Deleuran M, Fink-Wagner A, Gelmetti C, et al. // J Eur Acad Dermatol Venereol – 2012. - № 26. – P. 1045-1060.

УДК 616.5-002.828

Жунисова Д.С., Антонова С.Б.

СЛУЧАЙ МИКРОСПОРИИ У РЕБЕНКА ГРУДНОГО ВОЗРАСТА

Кафедра дерматовенерологии и безопасности жизнедеятельности
Уральский государственный медицинский университет
Екатеринбург, Российская Федерация

Zhunisoova D.S., Antonova S.B.

CASE OF MICROSPORUM IN INFANT

Department of dermatovenereology and life safety
Ural state medical university
Yekaterinburg, Russian Federation

E-mail: dinara2690dvk@mail.ru

Аннотация. В статье представлены клинико-эпидемиологические особенности проявления микроспории у детей, описание клинического случая данного заболевания у ребенка грудного возраста.

Annotation. The article describes the clinical and epidemiological features of manifestation of microsporia in children, a description of clinical case of this disease in infant.

Ключевые слова: Microsporum canis, микроспория, ребенок грудного возраста.

Key words: Microsporum canis, microsporum, infant.

Введение

Микроспория – самое распространенное высококонтагиозное микотическое заболевание детского возраста, вызываемое грибами рода Microsporum. Известно более 20 видов гриба Microsporum, которые в зависимости от ареала обитания и способа передачи инфекции разделяют на три группы – зоофильные (M.canis, M.distortum), антропофильные (M.audouinii, M.ferrugineum), геофильные (M.gypseum, M. nanum) [1].

До середины минувшего столетия преимущественно регистрируемыми возбудителями на территории Европы и в ряде регионов России были антропофильные грибы (M. ferrugineum). В начале 60-х годов XX века основным возбудителем микроспории в нашей стране стал зоофильный гриб