

## External Therapy in Sick Children with Itchy Dermatoses

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**ABSTRACT:** the scientific search for new technologies for the restorative treatment of patients with itchy dermatoses is associated with their etiopathogenetic factors that have not yet been sufficiently studied, determining the polymorphism of clinical manifestations of this pathology, where domestic and foreign researchers include contact dermatitis (L 23), eczema (L 20.8), prurigo (L 28.1, i.e. nodular pruritus; L 28.2, i.e. papular urticaria); allergodermatitis caused by substances taken orally, as well as other nosological forms of dermatoses, united by a single category of diseases of the XII class according to the ICD-X. The problem of innovation of existing standard approaches is actualized by the fact that the level of allergization of various social groups of the population "is in direct correlation with the increasing environmental pollution of the environment. This not only makes the clinical picture of the course of itchy dermatoses heavier, but also provokes their recurrent nature, lengthening the period of disability of patients with this skin pathology, and in 9-11% leading to disability.

**KEYWORDS:** Itchy dermatoses, treatment, elokom, beta gam.

**Introduction:** Itching is a special unpleasant subjective sensation that occurs as a result of stimulation of the skin or mucous membranes by some irritant (pruritogen) and causes a reflex of combing, rubbing or dropping the stimulus. A skin pathological process accompanied by itching changes the psychosocial portrait of the patient: insomnia, irritability, dysmorphic phobia, a significant decrease in the quality of life leading to the formation of nosogenic depression — these are typical signs of a patient suffering from itchy dermatosis with a chronic course. Being one of the important symptoms in clinical dermatological practice, it is often itching that makes the patient consult a doctor. As a rule, skin itching is a consequence of an inflammatory process developing in the skin, but it can also exist independently, without changes in the skin, as a result of selective irritation of nerve endings by some internal and external substances. In some cases, itching occurs as a result of any internal disorders — in these cases, impulses from sympathetic nerves are transmitted to sensitive skin receptors. With itching of central origin, the patient's sensations persist for more or less a long time after the elimination of the cause that caused it. The etiological aspects of itching are diverse, in this regard, the following types of itching are distinguished: psychogenic (in some people, just talking about lice, for example, causes an uncontrollable desire to itch); accompanying various skin diseases (irritant dermatitis, eczema, urticaria, atopic dermatitis, pruritus, psoriasis, lichen planus, herpetiform dermatitis of Dering, etc.); provoked, resulting from contact with sensitive skin of various substances to which the subject has hypersensitivity; toxic, developing as a result of the action of various drugs (caffeine, arsenic, etc.) in people with hypersensitivity to these medications; autotoxic, formed as a result of irritation of skin receptors with toxic substances formed in the body itself in certain diseases and conditions (jaundice, chronic renal and hepatic insufficiency, menopause, blood diseases, endocrine disorders, helminthiasis, etc.). The pathogenesis of itching has not been definitively studied. Nervous, humoral, and vascular mechanisms are involved in its formation. In some cases, itching is chronic, being the only symptom of skin disease. In this case, itching of the skin indicates a nosological form of dermatosis. There are generalized and localized (limited) skin itching. It is generally accepted that diffusing mediators are a necessary link between the effect of pruritogens on the skin and the excitation of nerve impulses in nerve endings. The released mediators in the chronic inflammatory process in the skin change the microenvironment of receptors, which in turn affect the change in the structure and functioning of the blood vessels of the dermis, mast cells, connective tissue fibers through a tree-like network of free nerve endings. Recent studies have demonstrated a wide range of pruritogenic biologically active substances (serotonin, enkephalins, substance P, neuropeptides, vasoactive intestinal peptides, opiates, peptidases, prostaglandins, etc.), however, the role of one of the most powerful promoters of itching is still assigned to histamine.

**Aim:** was to study the effectiveness of itching relief and local manifestations of the disease in patients suffering from dermatoses with a chronic course by including various types of external therapy in patients with itchy dermatoses in complex therapy of these conditions.

**Materials and methods.** The study involved 68 patients with itchy dermatoses: atopic dermatitis (n=22), contact dermatitis (n=20), true eczema (n=26). The patients were divided into the main and control groups: the main group (atopic dermatitis (n=10), allergic contact dermatitis (n=9), true eczema (n=14) received external therapy with elok ointment (Mometasone furoate) on the skin of the face once a day, betogam cream (betamethasone, clotrimazole, gentamicin) at the risk of infection on the affected areas of the body twice a day. Patients from the control group received standard therapy. The evaluation of the effectiveness of treatment was carried out on 7,14,28 days of treatment.

**Results and discussion.** In both groups, on the 7th day of treatment, there was a decrease in the inflammatory process and subjective sensations. On the 14th day of treatment, out of 33 patients, 5 patients had a clinical recovery. There was no clinical recovery in the control group. On the 28th day of treatment, 100% clinical recovery was observed in the main group, in the control group for a period of 28 days, clinical recovery was observed in 12 patients who make up 48% in the control group, complete clinical recovery was observed on the 42nd day. In addition, the frequency of side effects (erythema) in the main group was recorded less than in the control group.

**Conclusions.** Thus, pharmacological features, high therapeutic efficacy and safety, a wide range of indications for use, economic accessibility, as well as experience of use in clinical practice allow us to recommend as the drug of choice for local therapy of allergic skin diseases. Therapy with elok (Mometasone furoate), cream with concrete (betamethasone, clotrimazole, gentamicin). Drugs in a short time can minimize the subjective symptoms of diseases, the severity of the inflammatory process and reduce the area of the lesion without causing addiction, side effects and complications. Thanks to the additional moisturizing components of the base. The above medicines may be the drug of choice in the treatment of chronic skin diseases accompanied by itching.

#### Literature:

1. Бабюк А. И., Куценко И. В. Зудящие дерматозы и проблема экологического загрязнения окружающей среды // Экология и мир. – 2010. – № 2. – С. 39–42.
2. Кубанова А. А. Системный анализ заболеваемости дерматозами // Рос. журн. кожн. и венер. болезней. – 2011. – № 7. – С. 8–11.
3. Суворова К. Н. Атопический дерматит: иммунопатогенез и стратегия иммунотерапии // Рус. мед. журн. – 1998. – № 6/6. – С. 363–367.
4. Pabst R., Rohkoffer H. J. Lymphocyte migration: an essential step in understanding of vaccination // Behring Inst. Mitt. – 2010. – № 8. – P. 56–62.
5. Salmun L.M. Antihistamines in late-phase clinical development for allergic disease. Expert Opin Invest Drugs 2002; 11: 259–73.
6. Гребенченко Е.И., Гушин К., Феденко Е.С. Механизм кожного зуда при атопическом дерматите. Рос. аллергол. журн. 2009; 3: 3–11.
7. Эбаноидзе Т., Беридзе Л., Твалиашвили Г. Нейроанатомические и нейрофизиологические аспекты зуда в лечении атопического дерматита. Аллергология и иммунология, 2010; 11: 2: 92–93. 8. Свирщевская Е.В., Матушевская Е.В., Матушевская Ю.И. Патофизиология зуда при некоторых дерматозах. Росс. журн. кожн. венерич. болезней. 2009; 1: 19–23.
8. Chen C. Physicochemical, pharmacological and pharmacokinetic properties of the zwitterionic antihistamines cetirizine and levocetirizine. Curr Med Chem 2008; 15 (21): 2173–2191.
9. Львов А.Н., Грундманн С., Штендер С. Хронический зуд: старые проблемы, новые решения. Росс. журн. кожн. венерич. болезней, 2010; 4: 7–12.
10. Klimek L. Levocetirizine: from scientific evidence to a potent modern-day treatment of today's allergic patients. Drugs Today (Barc) 2009 (Mar); 45 (3): 213–225.