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RESPUBLIKA IXTISOSLASHTIRILGAN ALLERGOLOGIYA VA KLINIK IMMUNOLOGIYA ILMIY AMALIY TIBBIYOT MARKAZI

«ATOPIK DERMATIT» NOZOLOGIYASI BO'YICHA MILLIY KLINIK PROTOKOLLAR

TOShKENT 2025

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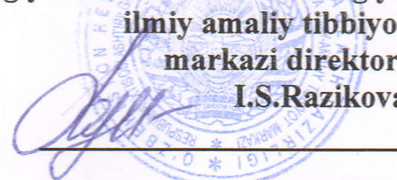

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«ATOPIK DERMATIT» NOZOLOGIYASI BO'YICHA MILLIY KLINIK PROTOKOLLAR

TOShKENT 2025

“ATOPIK DERMATIT ”NOZOLOGIYASINING TASHXISOTI VA DAVOLASH BO‘YICHA MILLIY KLINIK PROTOKOL

1. Kirish qismi

1. Halqaro kasalliklar klassifikatori – HKK(MKB)-10 kodi (lar):

Kod	Nomi
L 20.0	Atopik dermatit
L 20.8	Boshqa atopik dermatitlar
L 20.9	Aniqlamagan atopik dermatit
HKK(MKB)-11	nomi
EA80	Atopik ekzema
EA80.0	Chaqaloqlarda atopik ekzema
EA80.1	Bolalarda atopik ekzema
EA80.2	Kattalardagi atopik ekzema
Yuklab olish (HKK (MKB)dan havola)	https://ssv.uz/ru/diagnosis https://normativ.kontur.ru/document?moduleId=1&documentId=71591 https://classinform.ru/mkb-10.html https://icd.who.int/browse/2025-01/mms/ru#215767047

2. Bayonnomani ishlab chiqish sanasi : 2025 yil

Rejalashtirilgan ko‘rib chiqish sanasi : 2028 yil

Yangi asosiy dalillar paydo bo‘lganda taqdim etilgan tavsiyalarga kiritilgan o‘zgartirishlar tegishli hujjatlarda e'lon qilinadi.

3. Milliy klinik protokolni yaratish bo‘yicha ishchi gurux tarkibi

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5. Klinik bayonnoma OTM professor -o‘qituvchilari, sog‘liqni saqlash tashkilotchilari (RIIAM filiallari direktori va ularning o‘rinbosarlari) hamda viloyat muassasalari allergolog shifokorlari ishtirokidagi ishchi guruhning onlayn shaklda o‘tkazilgan yakuniy yig‘ilishida norasmiy kelishuv orqali muhokama qilindi va 205-yil ______ №__-sonli bayonnomasi bilan tasdiqlandi.

6. Respublika ilmiy ixtisoslashtirilgan allergologiya markazi ilmiy kengashlaridagi muhokamasi bayonnomasidan ko‘chirmalarining __________________- sonli bayonnomasi bilan tasdiqlandi.

MUNDARIJA

ATOPIK DERMATIT SHOK NOZOLOGIYASINING TASHXISOTI VA DAVOLASH BO‘YICHA MILLIY KLINIK PROTOKOL..4

ATOPIK DERMATIT NOZOLOGIYASIDA TIBBIY YONDASHUV BO‘YICHA MILLIY KLINIK PROTOKOL..51

ATOPIK DERMATIT NOZOLOGIYASINING TIBBIY REABILITASIYASI VA PROFILAKTIKASI BO‘YICHA MILLIY KLINIK PROTOKOL.................................58

7. Bayonnoma/Protokolda foydalanilgan qisqartmalar;

AG	Antigistamin vositalar
AK	Allergik kasalliklar
APK	antigen – taqdim etuvchi xujayralar
AR	allergik rinit
ASIT	Maxsus -allergen immunoterapiya
AtD	Atopik dermatit
BA	bronxial astma
DK	Dendrit xujayralar
GKS	glyukokortikosteroidlar
IFA	Immunoferment analiz
KI	Klinik taxlillar
KL	Langergans xujayralari
LS	Dori vositalari
MKB 10	10 koʻruvdagi xalqaro kasalliklar tasnifi
nm	nanometr
RKI	Randomizirlangan nazoratlangan taxlillar
TGKS	Topik glyukokortikosteroidlar
TIK	Topik kalsievrin ingibitorlari
FVD	Tashqi nafas faoliyati
ARA	atopy-relatedauto – antibody – autoantitelo, svyazannoe s atopiey
CD	clusterofdifferentiation – klasterdifferensirovki
Fc?R	IgE ning Fc-fragmentiga yuqoriaffin reseptor
GM-CSF	granulositar-makrofagal koloniestimullovich omil
HBD	humanB defesine – chelovecheskiy ? defenzin
HNP	humanneutrophilspeptide – odam neytrofil peptidi
hCAP18	Odam kationli antimikrob oqsili
ICAM-1 1	Inter-Cellular Adhesion Molecule

IgE	Immunoglobulin E
IgM	immunoglobulin M
IFN	interferon
IL	interleykin
ISAC – ImmunoSolidPhaseAllergyChip	Qatiq fazali immun allergochipda immunoxemilyuminessensiya
LEDGF -lensepithelium-derivedgrowthfactor	lensepithelium-derivedgrowthfactor –epitelial o‘sish faktori
DSF7013	DSF7013 oqsili
Th	T-xelperlar (Th1, Th2)
TSLP– Thymic stromal lymphopoietin	timus-stromal limfopoetin
MnSOD – manganesesuperoxidedismutasae	manganesesuperoxidedismutasae – marganessuperoksiddismutaza
SCORAD – ScoringofAtopicDermatitis	ScoringofAtopicDermatitis – AtD og‘irlik darajasini baxolash shkalasi

8. Mazkur tashxis/nozologiya bo‘yicha protokolning foydalanuvchilari

1. akusher-ginekolog;
2. allergolog-immunolog;
3. anesteziolog-reanimatolog;
4. gastroenterolog;
5. genetik;
6. dermatovenerolog;
7. bolalar jarroxi;
8. infeksionist
9. neonatolog;
10. umumiy amaliyot shifokor
11. ortodont vrach
12. otorinolaringolog;
13. pediatr;
14. plastik jarrox
15. bolalar va o‘smirlar vrachi
16. umumiy gigiena shifokori ;
17. qabul bo‘limi shifokori ;
18. bolalar qabul bo‘limi shifokori ;
19. toksikolog;
20. kombustiolog;
21. tez tibbiy yordam vrachi ;

22. stomatolog;
23. bolalar stomatologi;
24. stomatolog-ortoped;
25. stomatolog-terapevt;
26. stomatolog-jarrox;
27. terapevt;
28. o‘smirlar terapevti;
29. rentgenolog
30. pulmonolog – ftiziatr;
31. transfuziolog shifokor
32. funksional diagnostika shifokori;
33. jarrox
34. yuz jag‘ jarroxi
35. endoskopist vrach;
36. vrach rentgenolog
37. nefrolog
38.urolog

9. Mazkur tashxis/nozologiya bo‘yicha bemorlarning toifasi :

Anafilaktik shok xolatidagi yoki unga shubxa qilingan bolalar va katta yoshdagi bemorlar.

10.Dalillarga asoslangan tibbiyotning, dalillari darajasi shkalasi. (diagnostik aralashuvlar uchun)

Dalillarning ishonchlilik darajasi	
1	Referens usul yordamida nazorat ostida o‘tkazilgan tadqiqotlarning tizimli sharhlari yoki meta-tahlil yordamida randomizasiyalangan klinik tadqiqotlarni tizimli sharhi
2	Referens usul nazorati bilan o‘tkazilgan ayrim tadqiqotlar yoki ayrim randomizasiyalangan klinik tadqiqotlar va har qanday dizayndagi tadqiqotlarni tizimli ravishda ko‘rib chiqilishi, meta-tahlil yordamida randomizasiyalangan klinik tadqiqotlarni tizimli ravishda ko‘rib chiqilishi bundan mustasno
3	Referens usul yordamida izchil nazoratsiz yoki o‘rganilayotgan usuldan mustaqil bo‘lmagan referens usuo yordamida o‘tkazilgan tadqiqotlar yoki randomizasiyalanmagan qiyosiy tadqiqotlar, shu jumladan, kogortli tadqiqotlar
4	Qiyoslanmagan tadqiqotlar, klinik holat tavsifi
5	Muolajaning ta'sir mexanizmi asoslari yoki ekspertlar xulosasi

Dalillarning ishonchlilik darajasini baholash shkalasi (profilaktik, davolash, reabilitasion aralashuvlar uchun)

Dalillarning ishonchlilik darajasi	
1	Meta-tahlil yordamida randomizasiyalangan klinik tadqiqotlarni tizimli ravishda ko‘rib chiqilishi
2	Ayrim randomizasiyalangan klinik tadqiqotlar va har qanday dizayndagi tadqiqotlarni tizimli ravishda ko‘rib chiqilishi, meta-tahlil yordamida randomizasiyalangan klinik tadqiqotlarni tizimli ravishda ko‘rib chiqilishi

	bundan mustasno
3	Randomizasiyalanmagan qiyosiy tadqiqotlar, shu jumladan kogortli tadqiqotlar
4	Qiyoslanmagan tadqiqotlar, klinik holat yoki holatlar seriyasi tavsifi, "holat-nazorat" tadqiqoti
5	Muolajaning ta'sir mexanizmi asoslari (klinika oldi tadqiqotlar) yoki ekspertlar xulosasi

Tavsiyalarning ishonchlilik darajasini baholash shkalasi

Tavsiyalarning ishonchlilik darajasi	
A	Kuchli tavsiya (barcha ko'rib chiqilgan samaradorlik mezonlari (natijalar) muhim o'rinni egallaydi, barcha tadqiqotlarning metodologik sifati yuqori yoki qoniqarli va qiziqtirayotgan natijalar bo'yicha xulosalari kelishilgan)
V	Shartli tavsiya (ayrim ko'rib chiqilgan samaradorlik mezonlari (natijalar) muhim o'rinni egallaydi, ayrim tadqiqotlarning metodologik sifati yuqori yoki qoniqarli va/yoki qiziqtirayotgan natijalar bo'yicha xulosalari kelishilmagan)
S	Kuchsiz tavsiya (sifatli dalillar keltirilmagan (ko'rib chiqilgan samaradorlik mezonlari (natijalar) muhim o'rinni egallamaydi, barcha tadqiqotlarning metodologik sifati past va qiziqtirayotgan natijalar bo'yicha xulosalari kelishilmagan

2. Asosiy qism.

2.1 Kirish:

Atopik dermatit (AtD)

Ushbu AtD chalingan bemorlarga tibbiy yordam ko'rsatuvchi mutaxassislar uchun mo'ljallangan protokolda klinik amaliyotga oid klinik tasdig'ini topgan ma'lumotlar va ekspertlar xulosalari keltirilgan. Maxalliy sharoitga adaptasiya o'tkazilib, AtDga chalingan bemorlarda qo'llaniladigan dori vositalarning mavjudligi va xususiyatlari inobatga olingan.

Protokol tuzilishiga asosiy talab bu eng samarali dunyo malakalari, bu mavzuda eng yaxshi uslubiy qo'llanmalardan foyalanish bo'lgan, bular Rossiya allergolog va klinik immunologlar assosiasiyasi (RAAKI) , Belorussiya allergolog va klinik immunologlar assosiasiyasi (BAAKA), Evropa allergolog va klinik immunologlar akademiyasi (EAACI), Xalqaro allergiya tashkiloti (WAO). bo'yicha eng yaxshi qo'llanma materiallarini hamda ilmiy ma'lumotlarni qat'iy tanlash metodikasidan foydalanilgan.

2.2 Umumiy ta'rifi.

Atopik dermatit – terining allergik kasalligi bo‘lib odatda erta bolalik davrida atopik kasalliklarga irsiy moyilligi bo‘lgan insonlarda uchrab, surunkali qaytalovich kechuviga ega, yallig‘lanish lokalizasiyasi va morfologiyasi yoshga bog‘liq xususiyatga ega, teri qichishishi va allergen, qichishish omillarga yuqori sezuvchanlik bilan kechadi. [1]. **Etiologiya va patogenezi**

https://raaci.ru/dat/pdf/atopikdermatit.pdf
https://elib.vsmu.by/handle/123/17826

AtD rivojlanishi va kechishiga ta'sir etuvchi omillar 1-jadvalda keltirilgan

1 jadval. AtD rivojlanishi va kechishiga ta'sir etuvchi omillar [21]

Omillar	Ta'rifi
Ichki omillar	➢ Atopiyaga genetik moyillik ➢ Bronxial giperreaktivlikka genetik moyillik ➢ Jins (AtD bolalik davrda o‘g‘il bolalarda, o‘smirlik davrda – ayollarda rivojlanadi) ➢ Semizlik
Tashqi muxit omillari	➢ Allergenlar: uy changi kanachalari, xonaki xayvonlar allergenlari, suvaraklar allergenlari, zamburug‘ allergenlari, o‘simlik gul changchilari, oziq-ovqatlar (masalan sut, er yong‘oq, baliq) ➢ Infeksion omillar (asosan viruslar) ➢ Kasb omillari ➢ Aeropollyutantlar: ozon, oltingugurt va azot dioksidlari, dizel enilg‘i yonish maxsulotlari, tamaki tutuni (faol va passiv chekish) ➢ Parxez: yuqori darajada ishlov berilgan maxsulotlar iste'moli, omega-6 polito‘yinmagan yog‘ kislotasi miqdori ortib ketishi va antioksidantlar kamayishi (meva va sabzavot ko‘rinishida) v a o mega-3 polito‘yinmagan yog‘ kislotasi nenasishennoy jirnoy kisloti (baliqning yog‘li turlari tarkibida)

AtD patogenezining multifaktorialligi qator omillarga bog‘liq – genetik – irsiyat, va epigenetik ko‘plab eksposomal ta'sirga rivojlanadi.

Atopik dermatit patogenezi

AtD patogenezi – immunbog‘liq kasallik bo‘lib, irsiy moyillik va murakkab immun rivojlanish mexanizmlarga ega. Bugungi kunda AtD asosiy genetiu va etiologik omillari ma'lum bo‘lib, immun tizimi axamiyati isbotlangan, uy changi kanachalari, yaltiroq stafilokokk enterotoksinlari, mog‘or zamburug‘lariga allergiya,

kasallik rivojlanishi mexanizmlarida IgE-autoreaktivlik yotadi. So‘nggi o‘n yillikda filaggrin geni ochiligan va AtDda epidermal barer faoliyati funksiyasi buzilishida axamiyati ko‘rsatilgan [2].

Dastlab AtD faqat Th2-bog‘liq jarayon xisoblanib, keyinchalik Thl-xujayralar axamiyati isbotlangan. AtD umumqabul qilingan Th1/Th2 limfositlar dixotomiyasi konsepsiyasi ikki fazalik immunologik modelida xam Th2-, xam Thl- xujayralar faolligi ustun bo‘ladi. Th2 – limfositlar AtD o‘tkir fazasining effektor xujayralari bo‘lib, kasallik surunkali kechishida Th2- immun javobi Th1 javobga o‘tib qoladi. Kasallikning o‘tkir davrida bemorning terisiga sababchi allergen ta'sir qilganida antigentaqdim etuvchi xujayralar (APK), xususan epidermisni infiltrlovchi va yuzasida Fc?R1 reseptorlar (IgE ga yuqoriaffin bo‘lgan reseptorlar) tashuvchi Langergans xujayralar (KL) va dendrit xujayralar (DK) faollashuvi yuzaga keladi. Faollashgan Langergans xujayralar xemokinlar ajralishi va dendrit xujayralarning limfatik tugunlariga migrasiyasiga olib keladi va u erda o‘z navbatida terida allergik yallig‘lanish yallig‘lanisholdi sitokinlarni IL 4, IL5, IL13 sekretirlovchi Th2-limfositlarni faollashtiradi. Bular immunoglobulinlar sintezini IgE javobga o‘tishi uchun zarur bo‘lib, xujayralararo adgeziya molekulalari (ICAM-1) eozinofillar va mononuklearlarning yallig‘lanish o‘chog‘iga migrasiyasi va ekspressiyasiga olib keladi. AtDga chalingan bemorlarda mononuklearlar sAMR- fosfodiesterazaning yuqori faolligi bilan farqlanib IL4, IL10, E2 prostaglandinlari ishlab chiqilishiga zamin yaratadi. Bundan tashqari, AtD da keratinositlar IL7 – ga o‘xshash timus-stromal limfopoetin (TSLP) ishlab chiqishi mumkin, bular esa o‘z navbatida dendrit xujayralarga signal berib, T xujayralarni Th 2 yo‘nalishda faollashtiradi. Bu barcha omillar Th2- immun javob rivojlanishi va V-xujayralardan maxsus IgE ishlab chiqilishini ta'minlaydi. IgE antitanachalar sintezi faollashuvi – AtD klinik belgilari paydo bo‘lishida etakchi patogenetik bo‘g‘im xisoblanadi. AtD surunkali kechuvida ekzogen omillarning doimiy ta'sirida, teri qatlamlarining surunkali zararlanishida (qichishish, qashib tashlash), autoantigen sifatida ta'sir etuvchi xujayraichi oqsillar ajralishi natijasida yallig‘lanish jarayoni surunkali kechib, Th1—javob faolligi ustun kelib, Th2- sitokinlar keskin kamayib ketadi. Bu bosqichga makrofaglar va eozinofillardan IL12 sintezi ortib, terining surunkali yallig‘lanish markerlari bo‘lmish IL5, IL8 va IFN? miqdori xam ortadi, davomiy allergik jarayonda shuningdek IL3 va GM - CSF ortib ketadi. Surnkali bosqichda makrofag va eozinofillar faollashuvi ustun keladi va ular IL12 ishlab chiqaradi. IFN? ishlab chiqilishi ortishi 80 % bemorlarda kuzatiladi, bu esa kasallik og‘irlik darajasi bilan

bog‘liq bo‘lib, muvafaqiyatli davoda kamayib keadi. [3].

Antimikrob peptidlar (AMP) – ? – defenzinlar 2 va 3(HBD-2 i HBD-3), katelisidin hCAP18/LL-37 (S-oxirli odamfragmentli kationli antimikrob oqsil - 37 aminokislotalar) ni va mikrobga karshi ximoyadagi axamiyatini o‘rganishga katta axamiyat qaratilmoqda.Barcha AMP keng spektrli faollikka ega: HBD-2 Escherichia coli, Pseudomonas aeruginosa kabi gram-manfiy bakteriyalarga qarshi faol, HBD-3 va HBD-3 gram-musbat va gram-manfiy bakteriyalar, shuningdek Candidaalbicans ga qarshi kuchli antibakterial faollik ko‘rsatadi.AtD da terida Pri AtD AMP ekspressiyasi keskin pasaygan bo‘lib, AtD ga chalingan bemorlarda mikrobli asoratlarga sabab bo‘ladi. [4,5].

AtD rivojlanishida autoimmun mexanizmlar ishtiroki isbotlangan. Ayniqsa bu kasallikning og‘ir shakllariga taalluqli, bunda autoallergenlarga IgE javob rivojlanadi. Bular oqsil guruxlari – ekzoallergenlar gomologlari bilan namoyon bo‘lib, ularga qarshi IgE antitanachalar ishlab chiqariladi. Bunday autoallergenlarga trankripsion omil LEDGF/DSF7013, keratinositlarda ishlab chiqariladigan atopiya - atopy-relatedauto-antigens (ARA) HomS1-S5autoantigenlar va marganes superoksid dismutaza – manganese superoxide dismutase (MnSOD) kiradi. Achitqi zamburug‘i Malasseziasympodialis, AtD ga chalingan bemorlar terisida koloniyalar xosil qilib, odam MnSODga sensibilizasiyani bu moddaga o‘xshashligi sabab keltirib chiqaradi. Bunday kross-sensibilizasiya AtD chalingan bemorlarda Malasseziasympodialis koloniyalashgan bosh, bo‘yin zararlanishida kuzatiladi. IgE-autoreaktivlik xayotning ilk yillarida rivojlanishi ko‘rsatilgan [6] va aralash umumiy genetik, epigenetik, metabolik, neyrogen va remodelirlovchi sifatlarga ega. [1].

2.2 Kasallik yoki xolat tasnifi (kasalliklar yoki xolatlar guruxlari)

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A AtD tasnifi

Tasnifi

Xozirgi vaqtda AtD umumlashgan tasnifi mavjud emas.

Shartli quyidagilar ajratiladi:

- Ekzogen (allergik)AtD, respirator allergiya va aeroallergenlarga sensibilizasiya bilan bog‘liq;
- Endogen (noallergik AtD, respirator allergiya va allergenlarga sensibilizasiya bilan bog‘liq bo‘lmagan.

Izoxlar: *AtD ga chalingan bemorlarda turli ma'lumotlarga ko'ra respirator allergiya xavfi 30-80 %; AtD 60 % bronxial astma rivojlanishiga latent moyilligi bo'lib, 30-40 % BA ga chalinadi [1].*

Allergologiyada qayta ko'rib chiqilgan nomenklatura" hujjatiga muvofiq, allergik va allergik bo'lmagan tabiatning atopik ekzema / dermatit sindromini ajratish taklif etiladi. AD ning allergik bo'lmagan tabiati AD bilan og'rigan barcha bemorlarning 10-20 foizida uchraydi, ammo so'nggi ma'lumotlarga ko'ra, kasallikning bu shakli faqat 5,4% hollarda uchraydi. [9,10].

Mahalliy mualliflar tomonidan taklif qilingan AD ning ishchi tasnifi yosh davrlarini, kasallikning bosqichlarini, teri jarayonining og'irligini va tarqalishini ajratib turadi. [1].

AD ning ishchi tasnifi

Kasallikning yoshga oid bosqichlari.

- I yosh davri — chaqaloqlik (2 yoshgacha).
- II yosh davri — bolalik (2 yoshdan 13gacha).
- III yosh davri — o'smirlik va kattalar (13 yoshdan kattalar).

Kasallik bosqichlari.

- Xuruj bosqichi:
  - Yaqqol klinik belgilar fazasi;
  - o'rtacha klinik ko'rinishlarning bosqichi.
- Remissiya bosqichi:
  - Noto'liq remissiya;
  - To'liq remissiya.
- Jarayon tarqoqligi:
  - Lokal-chegaralangan;
  - tarqoq;
  - diffuz.

Jarayon og'irlik darajasi:

1. engil kechishi;
2. o'rta og'ir kechishi;
3. og'ir kechishi.

1-jadval – Atopik dermatitning klinik shakllari (morfologik elementlarning nisbatiga qarab kasallikning 5 ta klinik shakli ajratiladi).

Klinik shakllari	Yoshga oid davri	Morfologik tasnif
Ekssudativ	I	eritema, shish, oqish rivojlanishi bilan mikrovezikulyasiya va qobiq shakllanishi

Klinik shakllari	Yoshga oid davri	Morfologik tasnif
		ustunlik qiladi.
Eritemato-skvamoz	I va II	Noaniq chegaralar, mayda papulalar, tirnalgan bir biriga qo‘shilib ketgan jarohatlar shaklida eritema, qichishish izlari
Eritemato-skvamoz lixenizasiya bilan	II, kam xollarda III	Qo‘shilib ketuvchi papulalar bilan lixenifikasiya va eritematoz-skvamoz manzarasi
Lixenoid	II va III	Och kulrang papulalarning po‘stli qipiqlanishi, qichishish izlari, ekskoriasiya o‘rinlarida sero-gemorragik qatqaloqlar
Prurigosimon	II va III (bu shakli kam uchraydi)	Pruriginoz papulalarning asosan yozuvchi qismlarida shakllanishi, bu shakl odatda boshqa shakllar (odatda likenoid) bilan kechadi

Sharhlar: AD klinik ko‘rinishi bir bemorda turli shakllarda namoyon bo‘lishi mumkinligi sababli, tashxisni shakllantirishda kasallikning klinik shaklini ko‘rsatish shart emas.

Teri elementlarining lokalizasiyasi va morfologiyasida yoshga bog‘liq xususiyatlarning mavjudligi ADni boshqa ekzematoz va lixenoid teri kasalliklaridan ajratib turadi (2-jadval).

2-jadval - Teri elementlarining yoshga oid xususiyatlari va lokalizasiyasi

Yoshga oid davrlari	Morfologik xarakteristika	Lokalizasiya
chaqaloqlik	AtD ekssudativ shakli ustunligi. yallig‘lanish o‘tkir yoki o‘tkirosti xususiyatga ega. Giperemiya, shish, suvlanish, qatqaloqlar mavjud	Yuz, boldir yuza tomoni, bukuvchi va yozuvchi qismlar. Jarayon oxirida tirsak va tizza bukuvchi qismlar, kaft va bo‘yin qismlari
Bolalik	Jarayon surunkali yallig‘lanish xarakteriga ega: eritema, papulalar, qichishish izlari, terining qalinlashishi (infiltrasiya), terining qalinlanishi	Tirsak va tizzaosti burmalar, bo‘yin orqasi, to‘piq va bilak bo‘g‘imlarining bukuvchi yuzalari, quloq orqasi

Yoshga oid davrlari	Morfologik xarakteristika	Lokalizasiya
	(lixenifikasiya), ko‘plab ekskoriasiyalar (qiqishishlar), yoriqlar. Toshma yo‘qolgan joylarda gipo- yoki giperpigmentasiya joylari mavjud. Ba'zi bolalarda bu davrda pastki qovoqning qo‘shimcha burmasi hosil bo‘ladi (Denni-Morgan simptomi)	
O‘smirlik va kattalar	Lixenifikasiya bilan infiltrasiya jarayonlari ustunlik qiladi; eritema ko‘kimtir tusga ega. Papulalar uzluksiz papulyar infiltrasiya o‘choqlariga birlashadi	Tananing yuqori qismi, yuz, bo‘yin, qo‘llar

Jarayon tarqoqligini teri zararlanishi satxini teri qatlamalari nisbatida foizda baxolanadi (3 jadval).

3-jadval AtDda teri zararlanishining tarqoqligi

Jarayon tarqoqligi	Teri zararlanishi satxi	Lokalizasiya
Chegaralangan -lokal	<10%	Bilak va/yoki tizzaosti burmalari, kaft terisi, bo‘yin va/yoki yuz terisi
tarqoq	10–50%	Ko‘krak terisi qisman zararlangan, bilak va tizzaosti burmalardan tashqari qo‘l oyoqlar terisidan tashqari jarayonga elka, bilak, boldir, son jalb qilinadi
Diffuz	>50%	Butun badan terisi, bosh soch qismi

Kasallik og‘irlik darajasini baxolashda quyidagilarni inobatga olish kerak (4 jadval):

- xurujlar davomiyligi va uchrashi;
- remissiya davomiyligi;
- teri jarayoni tarqoqligi;
- teri jarayoni morfologik xususiyatlari;
- teri qichishish yaqqolligi;
- uyqu buzilishi;
- o‘tkazilgan terapiya samaradorligi.

4-jadval AtD og'irlik darajasi

Og'irlik darajasi	Tasnifi
Engil	Terining chegaralangan lokal zararlanishi. Kam uchraydigan xurujlar (yilda 1–2 marta), ko'proq yilning sovuq mavsumida 1 oygacha. davomiyligi 6–8 oy. o'tkazilgan davoning yaxshi samaradorligi
O'rta og'ir	Terining tarqoq zararlanishi xurujlar ko'proq (yiliga 3–4 marta), bir necha oygacha. remissiya davomiyligi 4 oydan kam. o'tkazilgan davoning yaqqol ifodalanmagan samaradorligi barqaror kechishi
og'ir	Terining tarqoq yoki diffuz zararlanishi. tez-tez (yiliga 6 marotabadn ko'proq) va davomiy xurujlar (bir necha oy yoki doimiy). kam va qisqa davomiy (2 oydan kam) remissiyalar. davo qisqa va kam yaxshilanish beradi

Sharxlar:

ADning og'irligi odatda yarim miqdoriy shkalalar yordamida ham baholanadi; Eng ko'p qo'llaniladigan shkala SCORAD (Scoring of Atopic Dermatitis) (Atopik dermatitni baholash) (D ilovasi), shuningdek EASI (Exzema Area and Severity Index), IGA (Investigators' Global Assessment).

2. Diagnostika

2.1 Shikoyat va anamnez

Asosiy shikoyatlar - terining kuchli va doimiy qichishi, terining quruqligi va qichishi, toshma, qizarish, qichishish, yig'lash, uyqu va kunduzgi faoliyatning buzilishi, umumiy intoksikasiya belgilari bo'lishi mumkin - tana haroratining ko'tarilishi, titroq, kengaygan periferik limfa tugunlari.

Sharxlar: *AtD ko'pincha ikkilamchi infeksiya bilan asoratlanadi: bakterial, zamburug' yoki virusli. Birinchi holda, pioderma paydo bo'ladi: follikulit, kam xollarda tez-tez qaytalanuvchi impetigo kuzatiladi. , qaynatiladi.D neredko oslojnyaet vtorichnaya infeksiya: bakterialnaya, gribkovaya ili virusnaya. V pervom sluchae voznikayut piodermii: follikuliti, reje impetigo, furunkuli.* Malassezia spp., Candida spp.*, tomonidan qo'zg'atilgan zamburug' infeksiyasi ko'pincha bosh terisi, yuz, bo'yin va yoqa terisiga ta'sir o'tkazadi. AtD bilan og'rigan bemorlar ko'pincha keng tarqalgan gerpetiform infeksiyasini rivojlantiradi; ayniqsa og'ir holatlarda – gerpetiform Kaposhi ekzemasi agar to'g'ri davolanmasa, ayniqsa yosh bolalarda o'limga olib kelishi mumkin.*

Atopik dermatit klinikasi

https://raaci.ru/dat/pdf/atopik dermatit.pdf
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Anamnezni yig‘ishda quyidagilarga e'tibor berish tavsiya etiladi:

erta yoshda boshlangan;

bemorning o‘zida atopik kasalliklar mavjudligi (AtD bilan birga u AR, BA bilan og‘rigan bo‘lishi mumkin);

yaqin qarindoshlarda atopik kasalliklar mavjudligi;

xurujlar mavsumiyligi;

qo‘zg‘atuvchi omillarni aniqlash;

allergenlar ta'sirining xurujlarga ta'siri;

kasallikning kechishini murakkablashtiradigan birga keladigan bakterial yoki boshqa infeksiyani aniqlash (asoratlarning chastotasi, ularning AtD og‘irligiga ta'siri).

Sharhlar: AtD har qanday yoshda paydo bo‘lishi mumkin, lekin ko‘pincha hayotning birinchi besh yilida paydo bo‘lishi mumkin, garchi ko‘pchilik bemorlarda AtDning birinchi belgilari hayotning 1-yilida allaqachon paydo bo‘ladi.

Juda muhim diagnostik mezon oilada allergik kasalliklarning mavjudligi: agar ona atopik kasallik (allergik rinit, bronxial astma, atopik dermatit) bilan og‘rigan bo‘lsa, u holda atopiyaga moyillikni bolalarga o‘tkazish ehtimoli 75% ni tashkil qiladi, agar otasida kuzatilsa - keyin 60%, oilada hech kim allergiya bilan og‘rimasa ham, uchrash ehtimolligi 15% kuzatiladi.

2.2 Fizikal tekshiruv

Fizikal tekshiruvda quyidagilarga axamiyat berish kerak:

- toshmalar turi va joylashishi, qichishish izlari bor yoki yo‘qligi, teri qichishish yaqqoligini ko‘rsatuvchi omil, teri infisirlanishi belgilari, AR, BA va kon'yuktivit belgilari.
- teri quruqligi;
- teri yoshga oid o‘zgarishlari;
- oq dermografizm;
- teri infeksiyalariga moyillik;
- xeylit;
- Denni–Morgana simptomi (pastki qovoq qo‘shimcha burmasi);
- periorbital terining giperpigmentasiyasi;

Tavsiyaning kuchi: V (dalillar darajasi: 3a).

Agar birga keladigan kasalliklar va surunkali infeksiya o‘choqlarini aniqlash uchun ko‘rsatmalar mavjud bo‘lsa, umumiy klinik tekshiruv tavsiya etiladi [1].

Tavsiyaning kuchi: D (dalillar darajasi: 4). Astma kechishi juda o‘zgaruvchan bo‘lgani uchun kasallikning og‘irligi oylar va yillar davomida o‘zgarishi mumkin.

3.1. Shikoyatlari va anamnez:

Umumiy qabul qilingan xalqaro tavsiyalarga muvofiq, ilgari taklif qilingan mezonlar asosida HanifinJ.M. i RajkaG. [12], endilikda AtD diagnostikasi mezonlari kasallik tarixi, shikoyatlar, klinik va laboratoriya tekshiruvi natijalari va differensial tashxisni hisobga olgan holda ishlab chiqilgan (5-jadval) [13].

5-jadval - Atopik dermatitning diagnostik mezonlari

Mezonlar	**Tavsifi**
Albatta bo‘lishi shart	Terining qichishi; Yoshga oid teri elementlariningmorfologik xususiyatlari; Yallig‘lanish tabiati (o‘tkir, o‘tkirosti, surunkali) Surunkali, qaytalanuvchi kechishi
Muxim (ko‘p xollarda aniqlanadi)	Erta bolalik davrda boshlanishi; Atopiya mavjudligi: yondosh allergik kasalliklar mavjudligi,atopiyaning oilaviy anamnezi, 1 IgE – bog‘liq sensibilizasiya mavjudligi; Teri quruqligi
qo‘shimcha (tashxis tasdiqlash uchun muxim, lekin shartli va tashxis qo‘yilishida zarur emas)	Atipik teri reaksiyalari (oq dermografizm, yuz rangparligi va b.); Follikulyar keratoz, oddiy oq lishay, kaftlar chiziqlari kuchayishi, teri quruqligi - kseroz; Periorbital va qovoq terisi zararlanishi; Perioral, quloqatrofi, tashqi eshitish nayi terisi zararlanishi, xeylit; Lixenizasiya, perifollikulyar o‘zgarishlar, teri qichishishi ta'sirida ekskoriasiyalar
Cheklash mezonlari	qo‘tir; Seboreyali dermatit; Taglik dermatit; Kontakt dermatit (allergik yoki oddiy irritant); Oddiy ixtioz; Teri T-xujayrali limfomasi; Oddiy psoriaz; Fotosezgirlik dermatozlar; Immunodefisit kasalliklar; Boshqa genezli eritrodermiyalar

3.2 Fizikal tekshiruv:

https://raaci.ru/dat/pdf/atopik dermatit.pdf

Fizikal tekshiruv

Fizikal tekshiruvda quyidagilarga axamiyat berish kerak:

- toshmalarning tabiati va lokalizasiyasi, terining qichishi intensivligini ko‘rsatadigan tirnalishlarning mavjudligi yoki yo‘qligi, teri infeksiyasi belgilari, AR, kon'yunktivit va astma belgilari.

- teri quruqligi;

-teri zararlanishi yoshga oid o‘zgarishlari;

- oq dermografizm;

- teri infeksiyalariga moyllik;

- xeylit;

- Denni–Morgan simptomi (pastki qovoq qo‘shimcha burmasi);

- periorbital qism terisi giperpigmentasiyasi;

Tavisyalar ishonchliligi: B (dalillar darajasi: 3a).

3.5 Laborator diagnostika.

https://raaci.ru/dat/pdf/atopik dermatit.pdf
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Klinik qon taxlilini o‘tkazish tavsiya etiladi (periferik qon eozinofiliyasi)

V darajasidagi tavsiyaning kuchi (dalil darajasi 3a).2.4

2.4 Instrumental diagnostika

Agar ko‘rsatmalar mavjud bo‘lsa, gastroenterolog, pulmonolog, endokrinolog va boshqa mutaxassislari bilan maslahatlashganidan so‘ng, qo‘shimcha tekshiruv o‘tkazish tavsiya etiladi, bu esa ezofagogastroduodenoskopiyani o‘z ichiga olishi mumkin; Qorin bo‘shlig‘i organlarining ultratovush tekshiruvi (ko‘rsatma bo‘lsa, boshqa a'zolar); Ko‘krak qafasi a'zolarining, burun oldi bo‘shliqlari rentgenologik tekshiruvi; tashqi nafas olish funksiyasini baholash (FVD) va boshqalar.

Tavsiyaning ishonchliligi D (dalil darajasi).

Agar davolovchi shifokor tomonidan aniqlangan ko‘rsatmalar mavjud bo‘lsa, allergolog, dermatolog va boshqa ixtisoslashgan mutaxassislar bilan maslahatlashish tavsiya etiladi.

Tavsiyalarning ishonchlilik darajasi C.

2.4 Allergologik tekshiruvi

Kasallikning xuruj davri bo‘lmasa, bemorlarga teri tekshiruvlari o‘tkazish tavsiya etiladi: ingalyasion allergenlarining standart to‘plami bilan skarifikasion yoki prik testlari.

Tavsiyaning ishonchliligi: D (dalillar darajasi: 2b).

Immunologik tekshiruv shart emas. AD belgilari bilan kechadigan selektiv IgA etishmovchiligini istisno qilish uchun qon zardobida IgA, IgM i IgG tarkibini aniqlash tavsiya etiladi.

Tavsiyaning kuchi: D (dalillar darajasi: 4).

Tarqoq teri jarayoni yoki boshqa qarshi ko‘rsatmalar mavjud bo‘lganda, invivo allergologik tekshiruvini o‘tkazish tavsiya etiladi, laboratoriya allergiya diagnostikasi – zardobda umumiy Ig E darajasini aniqlash (ko‘p hollarda normal qiymatlardan sezilarli darajada yuqori, ammo xos emas). belgisi) va turli usullar yordamida yuqumli bo‘lmagan allergenlarga yoki ularning tarkibiy qismlariga Ig E izotipi antitanalari [9,12]: immunoferment analizi (IFA), radioallergosorbent test (RAST), ko‘plab allergosorbent testi (MAST), molekulyar allergiya diagnostikasi (ISAC), (Madex, Alex, Phadia-200).

Tavsiyaning ishonchliligi: V (dalillar darajasi: 2b).

Sharhlar: Allergologik tekshiruv allergologik anamnez yig‘ish, invivo tekshiruv (teri testlari, provokasion testlar), shuningdek invitro laboratoriya diagnostikasini o‘z ichiga oladi (tegishli bo‘limga qarang).

Allergologik anamnez - bu allergenni va boshqa qo‘zg‘atuvchi omillarni aniqlashga yordam beradigan majburiy qadamdir [1].

- oilaviy anamnez - bemorning yaqin qarindoshlarida allergik kasalliklarning rivojlanish tarixi;
- AtD bilan og‘rigan bemorda teri jarayonining rivojlanish tarixi (shu jumladan bakterial, virusli va zamburug‘ infeksiyalari mavjudligi yoki yo‘qligi), xurujlar mavsumiyligini, allergen ta'siri bilan bog‘liqligini aniqlash;
- Nafas olish tizimida belgilarining mavjudligi;
- AtD xavf omillari to‘g‘risida anamnestik ma'lumotlar: onaning homiladorlik va tug‘ish jarayoni, homiladorlik paytida ovqatlanish, ota-onalarning kasbiy xavflari, yashash sharoitlari, bolani ovqatlantirish tabiati, o‘tmishdagi infeksiyalar, birga keladigan kasalliklar, ovqatlanish va farmakologik anamnez, identifikasiya qilish mumkin bo‘lgan qo‘zg‘atuvchi omillar va boshqalar;

Maxsus allergenga xos antitanachalarni aniqlashning zamonaviy

laboratoriya usullari allergen ekstrakti (RAST, MAST, IFA), yoki ularning tarkibiy qismlari (allergiya diagnostikasining molekulyar usullari - qattiq fazali mikrochiplash - ISAC) dan foydalanishga asoslangan. Ikkinchisi allergen ekstraktlarini qo‘llash usullariga nisbatan afzalliklarga ega, ya'ni allergen molekulalarini, shuningdek, allergenlarga xos immunoterapiya (ASIT) ko‘rsatmalarini aniqroq aniqlash va uning samaradorligini oldindan bilish imkonini beradi, kesishuvchi oziq-ovqat allergiyasi bo‘lgan bemorlarda individual parxezlar belgilash kabi. Astmada qon testlarida xarakterli o‘zgarishlar yo‘q. Eozinofiliya tez-tez aniqlanadi, ammo uni patognomonik alomat deb hisoblash mumkin emas. Astma bilan og‘rigan bolalarning balg‘amida eozinofillar, Kurshman spirallari va Sharko-Leyden kristallari aniqlanishi mumkin.

3.6 Instrumental diagnostika.

https://raaci.ru/dat/pdf/atopik dermatit.pdf
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- **Agar ko‘rsatmalar mavjud bo‘lsa, gastroenterolog, pulmonolog, endokrinolog va boshqalar mutaxassislari bilan maslahatlashganidan so‘ng, qo‘shimcha tekshiruv tavsiya etiladi, bu esa ezofagogastroduodenoskopiyani o‘z ichiga olishi mumkin; Qorin bo‘shlig‘i a'zolarining ultratovush tekshiruvi (agar ko‘rsatilgan bo‘lsa, boshqa a'zolar); Ko‘krak qafasi a'zolarini, burun oldi bo‘shliqlarining rentgenologik tekshirish; tashqi nafas olish funksiyasini baholash (FVD) va boshqalar.**
- **Tavsiyalar ishonchlilik darajasi D (dalillar ishonchlilik darajasi 4).**
- **Allergolog, dermatolog, ko‘rsatmaga ko‘ra boshqa tor mutaxassislar ko‘rigi davolovchi shifokor tomonidan aniqlanadi.**
- **Tavsiyalar ishonchlilik darajasi S.**
- **2.4 Allergologik tekshiruv**
- **Xurujlar yo‘qligida bemorlarga teri sinamlari o‘tkazish tavsiya etiladi: prick – testlar, yoki ingalyasion allergenlarning standart yig‘masi bilan skarifikasion testlar.**
- **Dalillar ishonchlilik darajasi : D (dalillar darajasi: 2b).**
- **Immunologik tekshiruv shart emas. AtD belgilari bilan kechadigan selektiv Ig A etishmovchiligini istisno qilish uchun zardobda IgA, Ig M, va IgG tarkibini aniqlash tavsiya etiladi.**
- **Tavsiyalar ishonchlilik darajasi: D (dalillar darajasi: 4).**

- **Diffuz teri jarayoni yoki in vivo allergologik tekshiruviga boshqa qarshiko‘rsatmalar mavjud bo‘lganda, laborator allergologik diagnostikasi tavsiya etiladi – qonda umumiy umumiy IgE darajasini aniqlash (ko‘p hollarda normal qiymatlardan sezilarli darajada yuqori, lekin o‘ziga xos belgi emas). Turli usullardan foydalangan holda yuqumli bo‘lmagan allergenlarga yoki ularning tarkibiy qismlariga IgE izotipining antitanachalari [9,12]: immunoferment analiz (IFA);radioallergosorbent test (RAST), ko‘plab allergosorbent test (MAST), molekulyar allergodiagnostika (ISAC).**
- **Tavsiyalar ishonchlilik darajasi B (dalillar ishonchlilik darajasi 2b).**
- **Sharxlar: Allergologik tekshiruvlar allergologik anamnez, invivo tekshiruvlar (teri sinamalari, provokasion sinamalar), shuningdek laborator invitro tashxisot (tegishli bandga qaralsin).**
- **Allergologik anamnez – muxim bosqich bo‘lib, sababchi allergen va boshqa provokasion omillarni aniqlashda yordam beradi [1].**
- **Oilaviy anamnez – bemor va uning yaqin qarindoshlarida allergik kasalliklar rivojlanish tarixini o‘rganish;**
- **AtD ga chalingan bemorda teri jarayonining rivojlanishini o‘rganish (ba-Istoriya razvitiya kojnogo prosessa u bolnogo AtD (bakterial, virusli va zamburug‘li infeksiyalar mavjudligini xam xisobga olgan xolda), xurujlar mavsumiyligi, allergenlar ta'siri bilan bog‘liqligi;**
- **Respirator belgilar mavjudligi;**
- **AtD xavf omillari anamnestik ma'lumotlari: onada xomiladorlik va tug‘ruq kechishi, xomiladorlik davrida iziqlanishi, ota onaning kasbiy zararlari, maishiy yashash tarzi, bolaning oziqlanish turi, o‘tkazilgan infeksiyalar, yondosh kasalliklar, oziq-ovqat va farmakologik anamnez, extimoliy provokasiya omillarini aniqlash va b. ;**
- **Allergenga xos antitanachalarni aniqlashning zamonaviy laboratoriya usullari allergen ekstraktlari (RAST, MAST, IFA), yoki ularning tarkibiy qismlari (allergologik diagnostikasining molekulyar usullari - qattiq fazali mikrochiplash - ISAC) dan foydalanishga asoslangan.**

Ikkinchisi allergen ekstraktlarini qo‘llash usullariga nisbatan afzalliklarga ega, ya'ni allergen molekulalarini, shuningdek kesishuvchi allergenlarni aniqlash qobiliyatiga ega, bu esa allergenga xos immunoterapiya (ASIT) uchun ko‘rsatmalarni aniqroq aniqlash va uning samaradorligini oldindan aniqlash imkonini beradi, chunki shuningdek, kesishuvchi oziq-ovqat

allergiyasi bo‘lgan bemorlar uchun individual gipoallergik dietalarini belgilashga yordam beradi.

3.5 Mutaxassilar ko‘rigiga ko‘rsatmalar:

https://raaci.ru/dat/pdf/atopik dermatit.pdf
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- allergolog-immunolog konsultasiyasi;
- dermatolog konsultasiyasi;
- pulmonolog konsultasiyasi;
- otorinolaringolog konsultasiyasi LOR a'zolar yondosh patologiyasini aniqlash maqsadida;
- gastroenterolog konsultasiyasi (yondosh xazm a'zolari patologiyasini aniqlash maqsadida).

3.5 Atopik dermatitga chalingan bemorda tashxis formulirovkasi

Tashxisda quyidagilarni ko‘rsatishi kerak: etiologiya (agar aniqlangan bo‘lsa); og‘irlik darajasi; nazorat darajasi; AtD ning kechishiga ta'sir qilishi mumkin bo‘lgan birga keladigan kasalliklar mavjud bo‘lsa, uning og‘irligini ko‘rsatadigan xuruji.

Atopik dermatit - surunkali allergik yallig‘lanishli teri kasalligi bo‘lib, qichishish, yoshga bog‘liq toshmalar morfologiyasi va bosqichlari bilan kechadi..

MKB-10 L20 Atopik dermatit

L20.8 Boshqa atopik dermatitlar

L20.9 Aniqlanmagan atopik dermatit

Bolalarda atopik dermatitning ishchi tasnifi (Rossiya allergologlar va klinik immunologlar assosiasiyasi, 2002 yil) Yosh davrlari chaqaloq (1 oydan 2 yoshgacha) bolalar (2 yoshdan 13 yoshgacha) o‘smir (13 yoshdan katta)

Bosqichlari: o‘tkir, o‘tkirosti, surunkali

Klinik-morfologik shakllari: Ekssudativ; Eritemato-skvamoz; Eritemato-skvamoz lixenizasiya bilan; Lixenoid

Kechishi bo‘yicha og‘irlik darajasi: engil kechishi, o‘rta og‘ir, og‘ir

Jarayon tarqoqligi :chegaralangan, tarqoq, diffuz

Klinik-etiologik turlari: oziq -ovqat sensibilizasiyasi bilan; zamburug‘li sensibilizasiya bilan; kanachalarga/maishiy sensibilizasiya bilan; gulchangchilariga sensibilizasiya bilan

Atopik dermatit diagnostik mezonlari: asosiy mezonlar :

● teri qichishishi

● Toshmalarning tipik morfologiyasi va lokalizasiyasi: 1. hayotning birinchi yillaridagi bolalarda - yuz va bukuvchi qismlarda joylashgan eritema, papulalar, mikrovezikullar 2. kattaroq yoshdagi bolalarda - papulalar, yozuvchi qismlarda simmetrik joylarining lixenifikasiyasi.

● Birinchi alomatlarning erta namoyon boʻlishi

● Surunkali qaytalovchi kechishi

● Atopiyaning irsiy tarixi

Qoʻshimcha mezonlar (atopik dermatitga gumon qilinishida yordam beradi, lekin xos emas)

● Kseroz (quruq teri)

● Allergenlar bilan tekshirilganda tezkor reaksiyalar

● Palmar giperlinearligi va kuchaygan rasmi ("atopik" kaftlar)

● barqaror oq dermografizm

● soʻrgʻiqlar ekzemasi

● qaytalanuvchi kon'yunktivit

● qoʻshimcha suborbital burma (Denni-Morgan chizigʻi)

● Periorbital giperpigmentasiya

● Keratokonus (uning markazida shox pardaning konussimon chiqib ketishi)

Yalligʻlanish jarayonining terida tarqalishiga qarab ular ajratiladi:

- cheklangan atopik dermatit (asosan yuzda joylashgan, terining zararlangan maydoni 5-10% dan koʻp emas)
- keng tarqalgan atopik dermatit (zararlangan satx 10-50%)
- diffuz atopik dermatit (terining tarqoq zararlanishi — 50% dan koʻp).

Atopik dermatitning bosqichlariga koʻra quyidagilar mavjud:

- oʻtkir bosqich (eritema fonida terining qichishi, papulalar, mikrovezikullar, koʻplab qichishish izlari va eroziyalar, seroz ekssudatning suvlanishi)
- oʻtkirosti bosqich (eritema, qichishish izlari, qashib tashlash, shu jumladan terining qalinlashishi fonida)
- surunkali bosqich (qalinlashgan blyashka, tolali papula, yaqqol teri naqsh - likenifikasiya).

Atopik dermatitning ogʻirligini klinik koʻrinishlarning kechishi boʻyicha baholash

Engil kechishi

Oʻrta ogʻir kechishi

Ogʻir kechishi

Teri elementlari chegaralangan joylari, engil eritema yoki likenifikasiya, terining engil qichishi, kamdan-kam hollarda - yiliga 1-2 marta, oʻrtacha ekssudasiya, giperemiya va / yoki lixenifikasiya bilan teri elementlarining keng tarqalgan tabiati, oʻrtacha qichishish, tez-tez kuchayishi –

- Yiliga 4 marta qisqa remissiyalar bilan Teri elementlarining diffuz tabiati ogʻir ekssudasiya, giperemiya va / yoki likenifikasiya, doimiy kuchli qichishish va deyarli doimiy xurujsimon kechishi.

Teri zararlanishi cheklangan joylari, engil eritema yoki lixenifikasiya, terining engil qichishi, kamdan-kam hollarda - yiliga 1-2 marta, oʻrtacha ekssudasiya, giperemiya va / yoki lixenifikasiya bilan teri zararlanishing keng tarqalgan tabiati, oʻrtacha qichishish, tez-tez xurujlar- 3- Yiliga 4 marta qisqa remissiyalar bilan Teri zararlanishi diffuz tabiati ogʻir ekssudasiya, giperemiya va / yoki lixenifikasiya, doimiy kuchli qichishish va deyarli doimiy xurujlar bilan kechishi.

Tashxis ifodalash namunalari: Atopik dermatit, chaqaloqlik davri, oʻtkir bosqichi, ekssudativ shakli, oʻrta ogʻir kechishi, tarqoq, oziq ovqat sensibilizasiyasi bilan. Atopik dermatit, bolalik davri, oʻtkiosti bosqichi, eritemato-skvamoz shakli, oʻrta ogʻir kechishi, tarqoq, oziq-ovqat/maishiy sensibilizasiya bilan. Atopik dermatit, oʻsmirlik davri,surunkali bosqichi, lixenoid shakli, ogʻir kechishi, diffuz, maishiy/oʻsimlik changchilariga sensibilizasiya bilan.

Differensial diagnostika

https://raaci.ru/dat/pdf/atopik dermatit.pdf
https://onlinelibrary.wiley.com/doi/10.1111/all.15032
https://elib.vsmu.by/handle/123/17826

AtD differensial tashxisoti quyidagi kasalliklar bilan oʻtkazish tavsiya etiladi:

- – Seboreyali dermatit;
- – Taglik dermatiti;
- - AKD;
- - qoʻtir;
- - Strofulyus;
- – oddiy ixtioz;
- – oddiy temiratki;
- – chegaralangan neyrodermit (Vidal temiratkisi);
- - Mikrobli ekzema;
- – Jiber pushti temiratkisi;
- - Dermatofitiyalar;
- – Teri limfomasi ilk bosqichlari;
- – Gerpetik shaklli Dyuring dermatiti;
- - Fenilketonuriya;
- - giperimmunoglobulinemii E sindromi;
- - Viskott–Oldrich sindromi;
- - Leyner–Mussu deskvamativ eritrodermiyasi.

Tavsiyalarning ishonchli darajasi C.

Umumiy qabul qilingan xalqaro tavsiyalarga muvofiq, ilgari taklif qilingan mezonlar asosida HanifinJ.M. i RajkaG. [12], endilikda AD diagnostikasi mezonlari kasallik tarixi, shikoyatlar, klinik va laboratoriya tekshiruvi natijalari va differensial tashxisni hisobga olgan holda ishlab chiqilgan (5-jadval) [13].

5-jadval – Atopik dermatit diagnostik mezonlari

Mezonlari	**Tasnifi**

Mezonlari	Tasnifi
Bo‘lishi shart bo‘lgan	Teri qichishishi; Yoshga bog‘liq xos morfologik teri zararlanishi; Yallig‘lanish turi (o‘tkir, o‘tkirosti, surunkali) Surunkali, qaytalanuvchi kechishi
Muxim (ko‘p xollarda aniqlanadi)	Kasallik ilk bolalik davrida boshlanadi; Atopiya majudligi: yondosh allergik kasallik mavjudligi, atopiya oilaviy anamnezi, IgE – bog‘liq sensibilizasiya; Teri quruqligi
Qo‘shimcha (tashxis tasdiqlanishida zarur, tashxis qo‘yilishida shart va maxsus emas)	Atipik tomir reaksiyalari (oq dermografizm, yuz rangparligi va b.); Follikulyar keratoz, oddiy oq temiratki, kaftlar chiziqlari kuchayishi, teri quruqlishi - kseroz; Periorbital soxa va qovoqlar zararlanishi; Perioral soxa, quloq atrofi, tashqi eshituv nayi soxasi zararlanishi, xeylit; Lixenizasiya, perifollikulyar o‘zgarishlar, terida qichishish natijasida ekskoriasiyalar
Inkor etish mezonlari	qo‘tir; Seboreyali dermatit; Taglik dermatiti; Kontakt dermatit (allergik yoki oddiy irritant); Oddiy ixtioz ; Teri T-xujayralari limfomasi; Oddiy temiratki; Fotosezuvchanlik dermatozlar; Immuntanqislik kasalliklari; Boshqa genez eritrodermiyalari

4. Ambulator darajada davo taktikasi:

https://raaci.ru/dat/pdf/atopik dermatit.pdf
https://onlinelibrary.wiley.com/doi/10.1111/all.15032
https://elib.vsmu.by/handle/123/17826

Davo maqsadlari

- Kasallikning klinik remissiyasiga erishish;
- Terining holatiga ta'siri: yallig‘lanish va terining qichishishini bartaraf etish yoki kamaytirish, ikkilamchi infeksiyani oldini olish va bartaraf etish, terini namlash va yumshatish, uning himoya xususiyatlarini tiklash;
- ADning og‘ir shakllari rivojlanishining oldini olish;

- AD bilan og‘rigan bemorlarda nafas olish belgilari rivojlanishining oldini olish va davolash;
- yo‘qolgan mehnat qobiliyatini tiklash;
- hayot sifatini yaxshilash.

AtD chalingan bemorlar kompleks davosiga endashuv asosiy tamoyllari:

- sabab bo‘lgan muhim allergenlarni yo‘q qilish;
- tashqi terapiya va rasional terini parvarish qilish;
- tizimli farmakoterapiya;
- ASIT;
- fizioterapevtik davolash usullari;
- ta'lim;reabilitasiya i profilaktika

Hozirgi vaqtda ADni davolashda bosqichma-bosqich yondashuv qabul qilingan, bu kasallikning og‘irligiga qarab turli xil terapevtik usullarni muqobil ravishda kiritishni nazarda tutadi (6-jadval). Ikkilamchi infeksiya holatlarida kasallikning istalgan bosqichida antiseptik va mikroblarga qarshi vositalarni davolash rejimiga kiritish kerak.

Izoxlar: *AtD bosqichli davosi 2006 yilda xalqaro PRACTALL tarkibiga 2012 yilda Evropa Allergologiya va Klinik Immunologiya Akademiyasi, Allergiya, Astma Amerika Akademiyasi va Evropa ilmiy jamiyatlar Xalqaro konsensusi kiruvchi guruxi tomonidan taklif etilgan, uning tarkibiga: Evropa Dermatologiya Forum (European Dermatology Forum (EDF); Evropa Dermatologiya va Venerologiya Akademiyasi (European Academy of Dermatology and Venereology (EADV); Allergiya Evropa Federasiyasi (European Federation of Allergy (EFA); Atopik dermatit bo‘yicha Evropa Komissiyasi European Task Forceon Atopic Dermatitis (ETFAD); Pediatrik Dermatologiya bo‘yicha Evropa Jamiyati (European Society of Pediatric Dermatology (ESPD); Global Allergy and Asthma European Network (GA2LEN).*

Muayyan allergenlarga sezuvchanligi tasdiqlangan hollarda ASIT tavsiya etiladi.

Tavsiyaning kuchi C darajasi (dalil darajasi 3a)

• Davolash samarasiz bo‘lgan hollarda bemorning davolanishga rioya qilishini hisobga olish tavsiya etiladi va ehtiyotkorlik bilan differensial tashxis qo‘yish tavsiya etiladi.

Tavsiyaning kuchliligi: D (dalil darajasi: 4)

3.1 Yo‘q qilish choralari

• Qo‘zg‘atuvchi omillar ta'sirini kamaytirish tavsiya etiladi, masalan, terlash, stress, atrof-muhit haroratining keskin o‘zgarishi, qo‘pol kiyim, sovun va yuvish vositalaridan foydalanish va hokazo.

Shu sababli, ushbu hodisalar bo‘yicha ishonchli klinik tadqiqotlar ma'lumotlari yo‘q [9,14].

Tavsiyaning mustahkamligi D (dalil darajasi 4)

• Nonspesifik hipoalerjenik parhezga rioya qilish tavsiya etiladi.

Tavsiyaning kuchi D (dalillar darajasi: 4).

Oziq-ovqat allergiyasi isbotlangan taqdirda (provokasion testlardan foydalangan holda) ayrim oziq-ovqatlarni istisno qilgan holda individual hipoalerjenik parhezga rioya qilish tavsiya etiladi [9, 14].

Tavsiyaning kuchlilik darajasi V (dalil darajasi 2a)

Sababchi ahamiyatga ega allergenlarni yo‘q qilish (individual himoya rejimlari):

• AD ning borishini yaxshilashi mumkin bo‘lgan uy changi oqadilariga qarshi yo‘q qilish choralariga rioya qilish tavsiya etiladi [9].

Tavsiyaning kuchliligi: V (dalil darajasi: 2b)

• Gipoallergik tartibli uyni tashkil qilish va uy changi kanachalarini yo‘q qilish tavsiya etiladi, bu esa baland tog‘li iqlim bilan birgalikda AD kursining yaxshilanishiga olib keladi [9].

Tavsiya darajasi V (dalil darajasi -3b)

• O‘simlik poleniga sezgirligi bo‘lgan bemorlarda, hayvonlarning mo‘ynasi bilan - epidermal sezgirligi bo‘lgan bemorlarda, kontakt allergenlari bilan - kontaktga yuqori sezuvchanligi bo‘lgan bemorlarda (masalan, nikelga) aloqani kamaytirish yoki yo‘q qilish tavsiya etiladi [9].

Tavsiyaning kuchliligi: D (dalil darajasi: 4)

Sharhlar:

Sebabchi ahamiyatga ega bo‘lgan allergenlar va qo‘zg‘atuvchilarni yo‘q qilish

Qo‘zg‘atuvchi omillar orasida o‘ziga xos (sababli ahamiyatga ega allergenlar) va o‘ziga xos bo‘lmagan qo‘zg‘atuvchi omillarni ajratish odatiy holdir. Ularning AD bilan og‘rigan bemorning terisiga ta'siri kasallikning kuchayishiga olib kelishi mumkin, shuning uchun uni bartaraf etish choralariga rioya qilish ADni davolashning eng muhim usullaridan biridir [1, 7].

Nonspesifik qo‘zg‘atuvchi omillarga quyidagilar kiradi:

• jismoniy (mexanik tirnash xususiyati beruvchi - qo‘pol matolardan tikilgan kiyimlar, jun va boshqalar).

• kimyoviy (kislotalar, yuvish vositalari, sovunlar, oqartiruvchilar va boshqalar),

• biologik (infeksion agentlar),

• atrof-muhit omillari (uchuvchi organik moddalar, tamaki tutuni va boshqalar).

O‘ziga xos omillarga maishiy, epidermal, gulchanglar, oziq-ovqat va mikrobli allergenlar kabi sababchi allergenlar kiradi.

3.2 Tashqi yallig‘lanishga qarshi terapiya

ADning tashqi yallig‘lanishga qarshi terapiyasi uchun vositalar:

1. topik glyukokortikosteroidlar (TGCS);

2. topik kalsinevrin ingibitorlari (TCI).

*3. TGCS*T

- GKS aniq yallig‘lanishga qarshi ta'sirga ega va plasebo bilan solishtirganda terining holatini yaxshilashga olib keladi.
- Tavsiyaning kuchi: A (dalillar darajasi: 1a).T

GKS ADni davolash uchun birinchi darajali dorilar sifatida tavsiya etiladi [9,10,15].

Tavsiyaning kuchliligi: A (dalil darajasi: 1a)

• Past va o‘rtacha faol TGKS dan foydalanish hatto engil ADda ham tavsiya etiladi (SCORAD> 15), o‘rtacha va og‘ir ADda esa faol va yuqori faol TGKSni minimal samarali dozalarda qo‘llash tavsiya etiladi [9,10,14, 15]. (G2 ilova)

- **Tavsiyaning kuchi A darajasi (dalil darajasi 1a)**
- **Sharhlar: TGKS yallig‘lanishga qarshi faolligining kuchi bilan ajralib turadi. 1-jadval (E-ilova) biologik faollik bo‘yicha TGLSning Evropa tasnifini ko‘rsatadi (Miller JA, Munro DD., 1980).**
- **Shuningdek, bir qator mamlakatlarda, shu jumladan AQShda qabul qilingan 7 balli shkala bo‘yicha TGKS tasnifi mavjud bo‘lib, u nafaqat faol moddaning kuchini, balki preparatning dozalash shaklini ham hisobga oladi (2-jadval, Ilova D2).**

TGKS terapiyasining maksimal samaradorligi va nojo‘ya ta'sirlarning oldini olish uchun quyidagi qoidalarga amal qilish tavsiya etiladi:

1. qisqa muddatda qo‘llang - 4 haftadan ko‘p bo‘lmagan, keyin haftasiga 1 - 2 marta terining ilgari ta'sirlangan joylarida uzoq vaqt davomida - kuchayishning oldini olish uchun proaktiv terapiya usuli (mometazon furoat va flutikazon propionat uchun ko‘rsatilgan)

2. muqobil ta'sir qilish joylari;

3. 3 kun davomida kichik dozalarda TGKS bilan ho‘l okklyuziv bog‘ichlardan foydalanish mumkin bo‘lgan ADning og‘ir holatlari bundan mustasno, bog‘ichlar ostida foydalanmang;

4. terapevtik ta'sirga erishgandan so‘ng ilovalarning chastotasini kamaytirish;

5. yuqori samaradorlik, past tizimli so‘rilish va past atrofogen potensialga ega bo‘lgan TGKS dan foydalaning [15].

V tavsiyasining mustahkamligi (dalil darajasi 2b)

• Proaktiv terapiya (uzoq vaqt davomida haftasiga 2 marta qo‘llash) kasallikning qaytalanishini oldini oladi [15].

Tavsiyaning kuchliligi: V (dalil darajasi: 1b)

• Mikrob infeksiyasi bilan asoratlangan ADda GKS dan tashqari, stafilokokkka qarshi samarali antibiotik (fuzid kislotasi, gentamisin, neomisin va boshqalar) va antifungal komponent (klotrimazol, natamisin, va boshqalar) (D4-ilova).

Tavsiyaning kuchi: D (dalillar darajasi: 3a).

• Antimikrobiyal va antifungal preparatlarni o‘z ichiga olgan kombinasiyalangan dori vositalaridan foydalanish bakteriya va zamburug‘larning antibiotiklarga chidamli shtammlarini ko‘paytirish xavfi yuqori bo‘lganligi sababli qisqa vaqt ichida (2 haftadan ko‘p bo‘lmagan) tavsiya etiladi.

2. **Tavsiyaning kuchi: D (dalillar darajasi: 4).**
3. **• Antiseptik xususiyatga ega ichki kiyimlardan foydalanish tavsiya etiladi (tarkibida kumush, AEGIS tizimi)**
4. **V tavsiyasining kuchlilik darajasi (dalil darajasi - 2b).**

Topik kalsinevrin ingibitorlari

• TIK lar ADning kuchayishini bartaraf etish va xurujlari oldini olish uchun tavsiya etiladi.

Tavsiyaning kuchi: A, (dalillar darajasi: 1b).

• TIK dan foydalanish yuz terisi, teri tabiiy burmalar uchun ham xavfsizdir

Tavsiyaning kuchliligi: A (dalil darajasi: 1b)

• Takrolimus malhami 0,1% dan haftasiga 2 marta uzoq vaqt davomida saqlovchi terapiya kasallikning kuchayishini rivojlanishini oldini oladi. Tavsiyaning kuchliligi: A, (dalil darajasi: 1b)**

Sharhlar: Ushbu dorilar guruhiga askomisin makrolaktamlar sinfiga mansub nonsteroid hujayra selektiv kalsinevrin ingibitorlari bo‘lgan takrolimus va pimekrolimus kiradi. *TIKlar mahalliy immunotrop faollikka ega va TGCS va tizimli immunosupressivlarga xos bo‘lgan kiruvchi ta'sirlarga olib kelmaydi. Ushbu dorilarni tibbiy qo‘llash bo‘yicha Evropa ko‘rsatmalarida takrolimus uchun ko‘rsatma o‘rtacha va og‘ir AD, pimekrolimus esa engil va o‘rtacha ADni davolash uchun mo‘ljallangan. Pimekrolimus kremi 1% 3 oylikdan boshlab ruxsat etiladi. Preparat kuniga 2 marta tananing har qanday qismining terining shikastlangan joylariga, shu jumladan bosh, yuz, bo‘yin va chaqaloq bezi toshmalari uchun buyuriladi. Davolash simptomlar to‘liq yo‘qolguncha davom ettiriladi. AD xuruji dastlabki belgilarida terapiyani davom ettirish kerak. Agar simptomlar 6 haftadan ortiq davom etsa, bemorni qayta tekshirish kerak. Takrolimus ikkita dozalash shaklida mavjud - 2 yoshdan oshgan bolalar uchun 0,03% malham va 16 yoshdan oshgan kattalar uchun 0,1% malham. Takrolimus alevlenmeler uchun kuniga 2 marta ta'sirga erishilgunga qadar, so‘ngra alevlenmelerin oldini olish uchun uzoq vaqt davomida haftasiga 2 marta parvarishlash terapiyasida buyuriladi.*

Emolientlar

- Emolientlar (namlantiruvchi vositalar) AtD davosida kasallikning barcha bosqichlarida tavsiya etilgan

Tavsiyaning kuchi A darajasi (dalil darajasi -1a) .

Sharhlar: Ulardan foydalanish quruq terini kamaytiradi, epidermisni namlaydi, mikrosirkulyasiyani yaxshilaydi va epidermal to‘siqning funksiyasini tiklaydi.. *Kompress ta'sirini yaratish orqali transepidermal suv yo‘qotilishining oldini oladigan vazelin, parafin, mum, lanolin va boshqa hayvon yog‘lari kiradi.*

Ular mo'g'uz qavatidan suyuqlikning o'tishini bloklaydi. Bundan tashqari, bu vositalar yumshatuvchi ta'sirga ega. Namlantiruvchi vositalar, shuningdek, suvni tortadigan va ushlab turadigan moddalarni o'z ichiga olishi mumkin: karbamid, gliserin, sorbitol, gialuron kislotasi, aloe gel, gidroksillangan organik kislotalar. Yangi avlod namlantiruvichlari tabiiy teri lipidlariga o'xshash lipidlarni o'z ichiga oladi: keramidlar, xolesterin, yog 'kislotalari.. Emolientlarni etarli miqdorda buyurish kerak, ular kun davomida ko'p miqdorda ishlatilishi kerak, masalan, krem yoki malham shaklida yumshatuvchi vositalar uchun, shuningdek, yumshatuvchi vositalardan foydalanish ham mumkin dush va hammom moylari shakli.

Qishqi paytda ko'p miqdorda lipidlar saqlovchi emolientlar qo'llash tavsiya etiladi [10,15].

Tavsiyaning kuchliligi: C (dalil darajasi: 3b)

• TGKS bilan birgalikda yumshatuvchi vositalarni qisqa muddatli foydalanishda ham, uzoq muddatli parvarishlash terapiyasida ham muntazam foydalanish AD bilan og'rigan bemorlarda TGKSga bulgan ehtiejning kamayishiga olib keladi[15].

Tavsiyaning kuchliligi: V (dalil darajasi: 2a)

Sharhlar:

Tashqi terapiyaga qo'yiladigan talablar:

- terining qichishishini yo'q qilish yoki kamaytirish;

- yallig'lanish reaksiyalarini to'xtatish va teridagi reparativ jarayonlarni rag'batlantirish;

- ikkilamchi infeksiyani oldini olish va yo'q qilish;

- terini namlash va yumshatish;

- terining himoya xususiyatlarini tiklash.

Tashqi terapiya vositalaridan foydalanishning asosiy tamoyillari:

• preparatning etarli darajada mustahkamligi;

• dori vositalarining etarli dozasi;

• dori vositalaridan to'g'ri foydalanish.

AD ning klinik ko'rinishiga va teri elementlari lokalizasiyasiga qarab, turli xil dozalash shakllarida tashqi terapiya vositalari qo'llaniladi.

Tashqi dorilar har doim namlangan teriga qo'llanilishi kerak. Krem shaklida yumshatuvchi vositalar preparatni qo'llashdan 15 daqiqa oldin teriga surtiladi va malham shaklida - yallig'lanishga qarshi dorilarni qo'llashdan 15 minut o'tgach. Suvlanish belgilari bilan o'tkir bosqichda ADning og'ir shakllari bo'lgan bemorlarda, ayniqsa bolalarda, maxalliy glyukokortikosteroidlar (TGKS) bilan ho'l okklyuziv bog'lamlarnii (ho'l o'ramlarni) suvlanish yo'qolguncha bir necha kun davomida kichik dozalarda qo'llash mumkin. Ulardan 3 dan 14 kungacha foydalanish jiddiy istalmagan yon ta'sirga olib kelishi mumkin bo'lgan tizimli kortikosteroidlarni qo'llash bilan solishtirganda kasallikning og'ir, chidamli shakllarini davolashning samarali usuli hisoblanadi.

3.3 Tizimli farmakoterapiya

AD uchun tizimli farmakoterapiya bartaraf etish choralari va tashqi terapiya bilan birgalikda amalga oshiriladi. Bu N1 reseptorlari blokatorlari , kortikosteroidlar, antibakterial, sedativlar va boshqa psixotrop dorilar, immunotrop dorilar va boshqa organlarga ta'sir qiluvchi dori vositalaridan foydalanishni o‘z ichiga oladi, ularning faoliyati buzilgan.

N1-reseptorlar blokatorlari

- N1 reseptorlari blokatorlari
- • Hozirgi vaqtda ADda teri qichishishini davolash uchun antigistamin dorilarning samaradorligi haqida ishonchli ma'lumotlar yo‘q[10].

Hozirgi vaqtda ADda teri qichishishini davolash uchun antigistamin dorilarning samaradorligi haqida ishonchli ma'lumotlar yo‘q[10].

Tavsiyaning kuchliligi: A, (dalil darajasi: 1b)

GCS tizimi

• Tizimli kortikosteroidlarni tashqi terapiya samarasiz bo‘lgan ADning keng tarqalgan shakllari uzoq vaqt davomida og‘ir kuchayganida, shuningdek, klinik remissiyalarsiz kechadigan og‘ir diffuz AD bilan og‘rigan bemorlarga buyurish tavsiya etiladi.

- **Tavsiyaning ishonchliligi: C (dalil darajasi: 3a)**
- **AtD ga chalingan bolalarda GKS qo‘llash tavsiya etilgan** [9].

D tavsiyalar ishonchliligi

Izoxlar: *ADda tizimli kortikosteroidlarni qo‘llash kutilgan foyda va ushbu dorilarni qo‘llashni sezilarli darajada cheklaydigan mumkin bo‘lgan nojo‘ya ta'sirlarni taqqoslagan holda ehtiyotkorlik bilan asoslanishi kerak.*

Tizimli kortikosteroidlarni, ayniqsa bolalarda uzoq muddatli doimiy foydalanish bilan yon ta'siri paydo bo‘lishi mumkin. (G3-ilova.)

Qisqa muddatli (1 xaftagacha) qo‘llash AtD og‘ir kechishida qo‘llanilishi mumkin [9].

D tavsiyalar ishonchliligi

Immunosupressiv terapiya

- Og‘ir surunkali AtD va boshqa terapiya turlarining samarasizligida immunosupressiv terapiya tavsiya etiladi, asosan:
- siklosporina A (3-5 mg/kg kuniga) [10]

A tavsiyalar ishonchlilik darajasi (1a, 1b dalillar ishonchlilik darajasi)

- azatioprin (v doze 2,5 mg/kg kuniga), metotreksat, mofetil mikofenolat* [10]

V tavsiyalar ishonchlilik darajasi, (2b dalillar ishonchlilik darajasi)

Metotreksat og‘ir AtDda tavsiya etilishi mumkin, agar siklosporin haftasiga 10 mg dozada samarasiz bo‘lsa, asta-sekin 12 hafta davomida haftasiga 2,5 mg gacha kamaytiriladi [10].

S tavsiyalar ishonchlilik darajasi, (1+ dalillar ishonchlilik darajasi)

Izoxlar: *Mofetil mikofenolatO‘zbekiston respublikasida ro‘yxatdan o‘tmagan.*

Shuni yodda tutish kerakki, ushbu dori-darmonlarni uzoq muddat qo'llash gemotopoetik organlar, jigar va buyraklar tomonidan jiddiy asoratlarni keltirib chiqarishi mumkin. Ularni to'xtatgandan keyin kasallikning kuchayishi holatlari ham tasvirlangan.

Allergen –maxsus immunoterapiya

- ASIT allergenlarning ayrim guruhlariga sezgirligi isbotlangan AtD bilan og'rigan bemorlarga tavsiya etiladi va davolashning dastlabki bosqichidan so'ng buyuriladi, ya'ni allergenlar ta'sirini to'xtatish, adekvat tashqi terapiyani tanlash, surunkali infeksiya o'choqlarini davolash va yondosh kasalliklarni davolash.

S tavsiyalar ishonchlilik darajasi, (3b dalillar ishonchlilik darajasi) ASIT, tasdiqlangan sensibilizasiya va allergiyaning birga keladigan nafas olish belgilari bo'lgan bemorlarda uy changi allergeni samarali bo'ladi [9,10].

V tavsiyalar ishonchlilik darajasi, (2b dalillar ishonchlilik darajasi)

Ikkilamchi bakterial infeksiya davosi:

- AtD ko'pincha pioderma rivojlanishi bilan asoratlanadi, uni davolash uchun antibakterial komponentlarni o'z ichiga olgan kombinasiyalangan preparatlar qo'llaniladi (yuqoriga qarang).

- Agar tashqi maxalliy terapiya samarasiz bo'lsa va bakterial infeksiya tananing katta yuzasiga tarqalsa, tizimli antibiotiklarni buyurish tavsiya etiladi) [10].

V tavsiyalar ishonchlilik darajasi, (2b dalillar ishonchlilik darajasi)

Shuningdek antiseptik vositalar qo'llanilishi tavsiya etilgan [10].

S tavsiyalar ishonchlilik darajasi, (4 dalillar ishonchlilik darajasi)

Ikkilamchi zamburug'li infeksiya davosi

- *Yoqa sohasida, bo'yin, yuz va bosh terisida zararlanish ustun lokalizasiyasi Malassezia zamburug'i tomonidan qo'zg'atilgan zamburug'li infeksiyasining qo'shilishidan dalolat beradi. Bunday hollarda antifungal komponentli tashqi kombinasiyalangan preparatlar buyuriladi (yuqoriga qarang).*

Agar maxalliy terapiya samarasiz bo'lsa, tizimli antifungal preparatlarni qo'llash tavsiya etiladi: ketokonazol, itrakonazol, terbinafin, flukonazol va boshqalar [10].

S tavsiyalar ishonchlilik darajasi, (2b dalillar ishonchlilik darajasi)

3.4 Fizioterapevtik davo usullari

Davolashning fizioterapevtik usullari, shuningdek, sun'iy va tabiiy kurort omillari tashqi terapiya va farmakoterapiya bilan birgalikda qo'llaniladi. Asosiy o'rinni ultrabinafsha nurlanish egallaydi, bu AtDning turli bosqichlarida yaxshi terapevtik ta'sir ko'rsatadi.

AtD ga chalingan bemorlarda quyidagilar qo'llaniladi:

- Yo'g'ontasmali fototerapiya (UVA+UVB = 290-400 nm)
- Ingichkatasmali fototerapiya UVB (311-313 nm)
- UVA1 (340-400 nm)

Izoxlar: *UVA1dan tashqari, AtDning kuchayishi uchun fototerapiya buyurilmaydi, uni qichishish va kasallikning likenoid shakllari ustunligi bilan og'ir surunkali kursda qo'llash tavsiya etiladi. Fototerapiya 12 yoshgacha bo'lgan bolalarga tavsiya etilmaydi.*

- *Og'ir va doimiy AtDda fotokimyoterapiya yoki PUVA terapiyasi usuli qo'llaniladi, uning asosi 320-400 nm to'lqin diapazonida furokumarin fotosensibilizatorlari va uzoq to'lqinli ultrabinafsha nurlanishidan birgalikda foydalaniladi.*
- *AtD davosida eng samarali ingichkatasmali fototerapiya xisoblanadi.*

A tavsiyalar ishonchlilik darajasi, (1a dalillar ishonchlilik darajasi)

UVA 1 xam ingichkatasmali fototerapiya kabi samarali.

A tavsiyalar ishonchlilik darajasi, (1b dalillar ishonchlilik darajasi)

UVA 1 yuqori dozalari AtD og'ir kechishida samarali [10].

A tavsiyalar ishonchlilik darajasi, (1b dalillar ishonchlilik darajasi) Interferon gamma-dan foydalanish bo'yicha ijobiy xalqaro tajriba mavjud bo'lib, bu og'ir AD bilan og'rigan bemorlarda o'rtacha darajada samarali ekanligi isbotlangan [10].

A tavsiyalar ishonchlilik darajasi, (1b dalillar ishonchlilik darajasi) Alitretinoin misolida retin kislotadan foydalanish bo'yicha ijobiy tajriba mavjud (Dalillar darajasi: D, (dalil darajasi -) [10].

Hozirgi vaqtda IgE (omalizumab), IL 4 va IL 13 (dupilumab), anti-CD20 antitanalari (rituksimab) va boshqa biologik preparatlarga monoklonal antitanalarning samaradorligini o'rganish bo'yicha klinik tadqiqotlar olib borilmoqda [10].

S tavsiyalar ishonchlilik darajasi, (3b dalillar ishonchlilik darajasi)

Og'ir AtDda vitaminlarni, ayniqsa E va D vitaminlarining yuqori dozalarini qo'llash bo'yicha nashr etilgan xorijiy ma'lumotlar mavjud, ammo tavsiyalar uchun dalillar darajasini aniqlash uchun tadqiqotlar soni etarli emas [10].

4. Reabilitasiya

AtD bilan og'rigan bemorlarni reabilitasiya qilish dermatologik sanatoriylarda sanatoriy-kurort davolashni o'z ichiga oladi.

5. Profilaktika va dispanser kuzatuv

Oldini olish uzoq muddatli remissiyani saqlashga va xurujlari oldini olishga qaratilgan bo'lib, bartaraf etish choralarini, yallig'lanish belgilari bo'lmagan taqdirda ham bemorning terini parvarish qilish bo'yicha tavsiyalariga rioya qilishni va birga keladigan patologiyalarni o'z vaqtida davolashni o'z ichiga oladi. Reabilitasiya va profilaktika chora-tadbirlarining ajralmas qismi treningdir. Ta'limning maqsadi AtD bilan kasallangan bemorni va ularning oila a'zolarini samarali davolashni maksimal darajada oshirish uchun zarur bo'lgan ma'lumotlarni taqdim etishdir. Trening davolash jarayonining barcha ishtirokchilari: AtD bemorning o'zi, uning oila a'zolari va tibbiyot xodimlari o'rtasida tarbiyaviy ishlarni o'z ichiga oladi.

O'qitishning eng keng tarqalgan shakli - allergiya maktablari. AtD bilan og'rigan bemorlar uchun allergiya maktabida namunaviy dars rejasi quyidagi mavzularni o'z ichiga

oladi

- Allergiya muammosi bilan tanishuv;
- Teri anatomiya va fiziologiyasi;
- AtD nima u va qanday aniqlanadi;
- AtD paydo bo‘lishi va xavf omillari;
- AtD va respirator allergiya bilan bog‘liqligi;
- AtD davosi asosiy mezonlari;
- Teri barer funksiyasi va ikkilamchi infeksiyalar;
- AtD da teri parvarishi va shaxsiy gigiena asosiy qoidalari;
- AtD da eliminasion chora-tadbirlari;
- AtD da rasional ovqatlanish asoslari;
- AtD da dori allergiyasi;
- AtD da tashqi davo vositalarini to‘g‘ri qo‘llash ;
- AtD xurujlari davosi va profilaktikasi.

AtD bilan kasallangan bolalar, ularning ota-onalari va kattalar uchun ta'lim dasturlari (masalan, allergiya maktablari, turli treninglar) ko‘plab mamlakatlarda o‘zlarining maqsadga muvofiqligini isbotladi[9].

A tavsiyalar ishonchlilik darajasi, (1a dalillar ishonchlilik darajasi)

Profilaktika choralari asosiy tamoyillari:

- *Homiladorlik davrida gipollergik yoki eliminasion parxezlar samaradorligi to‘g‘risida ishonchli ma'lumotlar yo‘q.*
- *Laktasiya davrida xavf ostida bo‘lgan ayollarga gipoallergik parhezlar buyurish bolalarda AtD bilan kasallanishni sezilarli darajada kamaytiradi.*
- *Hayotning dastlabki 4 oyi davomida xavf ostida bo‘lgan bolaga faqat ko‘krak suti bilan boqish tavsiya etiladi, agar kerak bo‘lsa, qo‘shimcha oziqlantirish uchun profilaktik yoki terapevtik gipoallergik formulalar (sut oqsili gidrolizatlari asosida) ruxsat etiladi;*
- *Qo‘shimcha oziq-ovqatlarni joriy etish faqat hayotning 4-oyligidan keyin sezgirlik darajasi past bo‘lgan mahsulotlar bilan olib boriladi;*
- *o‘z ichiga laktobakteriyalarni o‘z ichiga olgan probiotiklarni xavf guruhidagi homilador ayollar va yangi tug‘ilgan chaqaloqlarga profilaktika maqsadida qo‘llash to‘g‘risida ma'lumotlar mavjud (IFN sintezining induksiyasi tufayli ijobiy ta'sir ko‘rsatishi mumkinmi?);*
- *Bemorlarga profilaktika choralari va terini to‘g‘ri parvarish qilish haqida o‘rgatish.*
- *Atrof-muhit omillari ustidan nazorat quyidagilarni o‘z ichiga olishi kerak:*
- *tamaki tutuniga ta'sir qilishni yo‘q qilish (homiladorlik va laktasiya davrida chekish mumkin emas; bola hayotining birinchi kunlaridan boshlab passiv chekish istisno qilinadi);*
- *hayotning birinchi yillarida allergenlarga ta'sir qilishni kamaytirish (uy changi va uy changi kanachalari, hayvonlar, tarakanlar);*
- *Bola joylashgan xonalarda past namlik va etarli ventilyasiyani ta'minlash (namlikdan tashqari);*
- *Pollyutantlar ta'sirini kamaytirish.*

Uzoq vaqt davomida buyurilgan har qanday profilaktika bartaraf etish choralari oila a'zolariga salbiy ta'sir ko‘rsatishi, ularning hayot sifatini yomonlashtirishi mumkin, shuning uchun profilaktika dasturlariga faqat samaradorligi isbotlangan choralar kiritilgan.

Tibbiy yordam sifatini baxolash mezonlari

№	Sifat mezonlari	Dalillar ishonchlilik darajasi	Tavsiyalar ishonchlilik darajasi
1.	Bemor dermatolog tomonidan ko‘rilgan	A	1a
2.	Bemor allergolog tomonidan ko‘rilgan	A	1a
3.	Diagnostik mezonlarga asosan tashxis qo‘yilgan	A	1a
4.	AtD og‘irlik darajasi va bosiqchi aniqlangan	A	1a
5.	AtD bosqichi, og‘irlik va joylashuviga ko‘ra maxalliy topik glyukokortikosteroidlar bilan davo tavsiya etilgan	A	1a
6.	AtD bosqichiga, og‘irligiga va lokalizasiyasiga qarab maxalliy kalsinevrin ingibitorlari tavsiya etiladi.	A	1a
7.	Namlantiruvchi vositalar tavsiya etilgan	A	1a
8.	AtD og‘ir kechishida tizimli farmakoterapiya tavsiya etilgan	V	2a
9.	AtD og‘ir kechishida stasionar davo o‘tkazilgan	S	2b
10.	Sababchi allergenlardan eliminasion chora tadbirlari o‘tkazilgan	A	1a
11.	Fizioterapvetik davo usullari, fototerapiyaga ko‘rsatmalar aniqlangan	S	2a
12.	Klinik samaraga erishilgan: AtD yallig‘lanish va teri qichishishi, SCORAD indeksi pasaygan	V	2a

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Ilova Klinik ko‘rsatmalarni ishlab chiqish metodologiyasi

Dalillarni to‘plash/tanlashda qo‘llaniladigan usullar:

Elektron ma'lumotlar bazalarida qidirish.

Dalillarni to‘plash/tanlash uchun qo‘llaniladigan usullarning tavsifi:

Tavsiyalarning dalil bazasi EMBASE va PubMed/MEDLINE ma'lumotlar bazalariga kiritilgan nashrlar, Evropa Dermatologiya Forumining (EDF) EuropeanDermatologyForum (EDF) atopik dermatit bo‘yicha xalqaro konsensus hujjatlari ma'lumotlari; Evropa Dermatologiya va Venerologiya Akademiyasi (EuropeanAcademyofDermatologyandVenereology (EADV); Evropa Allergiya Federasiyasi

(EuropeanFederationofAllergy (EFA); Atopik dermatit bo‘yicha Evropa Komissiyasi EuropeanTaskForceonAtopicDermatitis (ETFAD); Pediatrik Dermatologiya Evropa Jamiyati (EuropeanSocietyofPediatricDermatology (ESPD); GlobalAllergyandAsthmaEuropeanNetwork (GA2LEN), 2009, 2012 .

Dalillarning sifati va mustahkamligini baholash uchun foydalaniladigan usullar:

Tadqiqotlar dermatologiya tadqiqotlari uchun qabul qilingan mezonlarga muvofiq randomizasiyalangan nazorat ostidagi tadqiqotlar (RKT) uchun uslubiy nazorat ro‘yxatidan foydalangan holda baholandi. Ushbu mezonlar va o‘rganish turiga asoslanib, dalillar darajasi aniqlandi (1a dan 4 gacha), natijada tavsiya darajasi (A-D) bo‘ldi. (1-jadval)

Jadval P1 – Dalillar ishonchlilik darajasi [RingG., etal, 2012].

Dalillar ishonchlilik darajalari	**Ta'rifi**
1a	Meta-analiz RKI
1b	Yakka RKI
2a	Kogort izlanishlar tizimli ko‘rib chiqilishi
2b	Yakka kogort izlanishlar va/yoki tizimli xato yuqori xavfli RKI
3a	Vaziyatni nazorat qilish bo‘yicha tadqiqotlarni tizimli ko‘rib chiqish
3b	Vaziyatni nazorat qilish dizayni bilan yagona tadqiqotlar
4	analitik bo‘lmagan tadqiqotlar, masalan, vaziyat hisobotlari, holatlar seriyasi yoki cheklangan sifatdagi kogort tadqiqotlari

Tavsiyalarni berishda tavsiyalarning kuchliligi va tegishli dalillarning sifatini farqlash kerak. Ushbu tizim kuchli tavsiyalarni past sifatli RKT yoki kuzatuv tadqiqotlarining past yoki kamdan-kam hollarda juda past sifatli dalillarga asoslanishiga imkon beradi. Shu bilan birga, zaif tavsiyalar yuqori sifatli dalillarga asoslangan bo‘lishi mumkin. Birinchi holat kamdan-kam hollarda yuzaga keladi, unda kiritilgan tadqiqotlarning dalillaridan tashqari boshqa omillar tavsiyalarning kuchini aniqlaydi, ikkinchisi esa kamroq uchraydi.

P2 jadval – Tavsiyalar ishonchlilik darajasi

A	Yuqori ishonchlilik	Randomizirlangan nazorat ostidagi sinovlarni tizimli ko‘rib chiqish natijalariga asoslanadi. Tizimli ko‘rib chiqish barcha nashr etilgan klinik tadqiqotlar ma'lumotlarini muntazam ravishda izlash, ularning sifatini tanqidiy baholash va meta-tahlil yordamida natijalarni umumlashtirish orqali olinadi. (1a, 1b)

B	Nisbiy ishonchlilik	Kamida bitta mustaqil randomizasiyalangan nazorat ostida klinik sinov natijalari asosida (2a, 2b, 3a, 3b)
C	Chegarangan ishonchlilik	Sifat mezonlariga javob bermaydigan kamida bitta klinik sinov natijalariga ko‘ra, masalan, randomizasiyasiz (4)
D	Aniqlanmagan ishonchlilik	Bayonot ekspert xulosasiga asoslanadi; klinik tadqiqotlar yo‘q (mutaxassis fikri)

- Tavsiyalar kuchi "kuchli" yoki "zaif" deb baholanishi mumkin.
- "Kuchli" tavsiyani quyidagicha talqin qilish mumkin:

Ko‘pchilik bu davoni qabul qilishi mumkin;

• Ko‘pchilik yaxshi ma'lumotga ega odamlar bunday davoga rozi bo‘lishadi, kamchilik rad etadi;

• Taktik qo‘llanma sifatida yoki sifat ko‘rsatkichi sifatida foydalanish mumkin. Zaif tavsiyani quyidagicha talqin qilish mumkin:

• Ko‘pchilik yaxshi ma'lumotga ega bo‘lgan odamlar taklif qilingan harakat yo‘nalishiga amal qilishga rozi bo‘lishadi, ammo ko‘p qismi bunga rozi bo‘lmaydi;

• Qiymat va imtiyozlarning keng doirasi;

• Taktik qo‘llanma yoki sifat chorasini ishlab chiqish manfaatdor tomonlarning keng muhokamasini talab qiladi.

"Biz tavsiya qilamiz" so‘zlari kuchli tavsiyalar uchun, "biz taklif qilamiz" so‘zlari zaif tavsiyalar uchun ishlatiladi.

Ekonomik taxlil

Xarajatlar tahlili o‘tkazilmadi va farmakoiqtisodiy nashrlar ko‘rib chiqilmadi.

Tavsiyani tekshirish usuli:

• Tashqi ekspert bahosi

• Ichki ekspert bahosi

Tavsiyalar validizasiyasi tasnifi:

Ushbu tavsiyalar loyihasi mustaqil ekspertlar tomonidan ko‘rib chiqildi, ulardan birinchi navbatda tavsiyalar asosidagi dalillarning talqini qanchalik tushunarli ekanligi haqida fikr bildirishlari so‘ralgan. irlamchi tibbiy yordam shifokorlari va terapevtlaridan tavsiyalarning aniqligi va tavsiyalarning kundalik amaliyotda ishchi vosita sifatidagi ahamiyatini baholash bo‘yicha sharhlar olindi. Dastlabki versiya, shuningdek, bemor nuqtai nazaridan sharhlar uchun tibbiy bo‘lmagan sharhlovchiga yuborildi.

Mutaxassislardan olingan fikr-mulohazalar puxta tizimlashtirilib, ishchi guruh raisi va a'zolari tomonidan muhokama qilindi. Har bir band muhokama qilindi va tavsiyalarga kiritilgan o‘zgartirishlar qayd etildi. Agar o‘zgartirishlar kiritilmagan bo‘lsa, unda o‘zgartirishlar kiritishni rad etish sabablari qayd etilgan.

V Ilova . Bemorlar uchun ma'lumot

Atopik dermatiga chalingan bemorga tavsiya

1. Xonada gilamlar saqlamang.
2. Yumshoq mebel xam maqsadga muvifiq emas – tekis yuzalar kamroq chang yig‘adi.
3. Izbegayte otkritix knijnix polok i knig kak nakopiteley pili.
4. Kiymlarni xonada yoyib tashlamang. Kiymlarni yopiq shkafda saqlang. Jun matodan kiymlarni yopiladigan chemodan yoki qattiq qopqoqli qutilarda saqlang. Naftalin koptokchalar va boshqa o‘tkir xidli moddalar qo‘llamang.
5. Uy xayvonlari, qushlar, akvarium baliqlari boqmang.
6. Yumshoq o‘yinchoqlar saqlamang, yuviladigan (plastik, taxta, temir) o‘yinchoqlardan foydalaning.
7. Xona gullari ekmang.
8. O‘tkir xidli ayniqsa spreylardan foydalanmang.
9. Devorlarni bo‘yash: yuviladigan gul qog‘ozlar yoki bo‘yalgan devorlar .
10. Pardalar paxta matoli yoki sintetik bo‘lishi kerak va 3 oyda 1 marta yuvilishi kerak. Qavatli pardalar qo‘llamang.
11. Uyngizda kondisioner bo‘lsa 2 xaftada 1 marta filtrlarini yuving.
12. Elektrik ventilyatorlardan foydalanmang.
13. ChEKMANG!
14. Par estiqlar va ko‘rpalardan foydalanmang. Yostiqlar sintepon yoki sintetik iplar, paxtadan bo‘lishi kerak.
15. Yostiq usti va ko‘rpalarga qattiq matolardan foydalanmang.

16. Choyshablar engil, yuviladigan, tuklarsiz matolardan tayyorlanishi kerak.

17. Choyshab tagida narsalarni saqlamang.

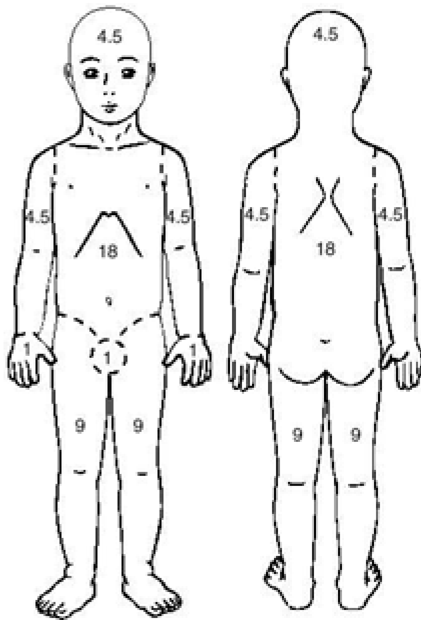
18. Har kuni xonani nam tozalash. Tozalashda petal respiratordan foydalaning.

19. Haftada kamida bir marta changyutgich bilan yaxshilab tozalashni amalga oshiring.

G Ilovasi.

A zararlanish satxi (shifokor tomonidan baxolanadi)

2 yoshdan oshgan bolalar va kattalardagi tananing alohida qismlarining satxi	Tananing alohida joylarida atopik dermatitning namoyon bo‘lish sohasi	
	Uchastki tela	**Ploshad**



Perednyaya poverxnost golovi (4,5%)

Zadnyaya poverxnost golovi (4,5%)

Perednyaya poverxnost tulovisha (18%)

Zadnyaya poverxnost tulovisha (18%)

Genitalii (1%)

Perednyaya poverxnost levoy ruki (4,5%)

Zadnyaya poverxnost levoy ruki (4,5%)

Perednyaya poverxnost pravoy ruki (4,5%)

Zadnyaya poverxnost pravoy ruki (4,5%)

Perednyaya poverxnost levoy nogi (9%)

Zadnyaya poverxnost levoy nogi (9%)

Perednyaya poverxnost pravoy nogi (9%)

Zadnyaya poverxnost levoy nogi (9%)

Itogo

A ko‘rsatkich= _______

V klinik belgilar intensivligi (shifokor tomonidan baxolanadi)

AtD klinik belgilari baxolash:

Klinik belgilar	**Ballarda baxolash**
Eritema	
Shish yoki papulalar	
Suvlanish/qatqaloqlar	

Qichishish	
Lixenifikasiya	
Quruqlik	
Ja'mi	

Baxolash usuli:
0 = belgilar yo‘q
1 = engil belgilar
2 = o‘rta og‘ir belgilar
3 = og‘ir belgilar

V ko‘rsatkichi = _______

S sub'ektiv simptomlar ifodalanganligi (bemor tomonidan baxolanadi)

Qichishish yo‘q   Juda kuchli qichishish

0 1 2 3 4 5 6 7 8 9 10

Uyqu buzilishi yo‘q   Uyqu keskin buzilishi

0 1 2 3 4 5 6 7 8 9 10

S ko‘rsatkichi = _______

SCORAD = A/5 + 7*V/2 + S = _______

G2 ilovasi. TGKS ning biologik faolligi va kuchiga ko‘ra tasnifi

1 jadval – Biologik faolligi bo‘yicha TGKS xalqaro tasnifi.

Faollik guruxi	**Vositalar**
Past faol (1 sinf)	Fluosinolon asetonid 0,0025%, gidrokortizon 1%, prednizolon 0,5%

Faollik guruxi	**Vositalar**
Nisbiy faol (2 sinf)	Alklometazon dipropionat 0,05%, betametazona valerat 0,025%, klobetazona butirat 0,05%, dezoksimetazon 0,05%, triamsinolona asetonid 0,1%, flumetazona pivalat 0,02%; 2%
Faol (3 sinf)	Betametazona dipropionat 0,025%, 0,05%, betametazona valerat 0,1%, budesonid 0,025%, ftorlorolona asetonid 0,025%, ftorsinoid 0,05%, ftorsinolona asetonid 0,025%, gidrokortizona butirat 0,1%, metilprednizolona aseponat 0,1%, mometazona furoat 0,1%, triamsinolona asetonid 0,1%
Yuqori faol (4 sinf)	Klobetazola propionat 0,05%, diflukortolona valerat 0,3%, galsinonid 0,1%

2 jadval – TGKS faollik kuchi bo‘yicha xalqaro tasnifi

Faollik guruxi	**Vositalar**
1 sinf (juda faol)	Klobetazola propionat 0,05%, maz, krem Betametazona dipropionat 0,05%, maz, krem
2 sinf (kuchli)	Mometazona furoat 0,1%, maz Dezoksimetazon 0,25%, krem, maz, gel Triamsinolona asetonid 0,5%, maz
3 sinf (kuchli)	Betametazona valerat 0,1%, maz Flutikazona propionat 0,005%, maz Triamsinolona asetonid 0,1%, maz Triamsinolona asetonid 0,5%, krem
4 sinf (o‘rta kuchli)	Fluosinolon asetonid 0,025%, maz Mometazona furoat 0,1%, krem, Triamsinolona asetonid 0,1%, krem Metilprednizolona aseponat 0,1%, krem, maz, maz jirnaya, loson
5 sinf (o‘rta kuchli)	Betametazona valerat 0,01%, krem Gidrokortizona butirat 0,1%, krem, maz Fluosinolon asetonid 0,025%, krem, liniment Flutikazona propionat 0,005%, krem
6 sinf (o‘rta kuchli)	Alklometazon dipropionat 0,05%, maz, krem
7 sinf (kuchsiz)	Gidrokortizon 0,5%, 1%, 2,5% maz

Faollik guruxi	**Vositalar**
	Prednizolon 0,5% maz Flumetazon 0,02% krem, maz Metilprednizolon 1%

THCS ning haftalik xavfsiz miqdori foydalanish muddati va uning yallig‘lanishga qarshi faolligining kuchiga qarab hisoblab chiqilgan (3-jadval).
3-jadval – TGKS ning haftalik xavfsiz miqdori (g)

Qo‘llash davomiyligi	**Yallig‘lanishga qarshi darajasi**		
	Nisbiy	**Kuchli**	**O‘ta kuchli**
<2 oy	100	50	30
2–6 oy	50	30	15
6–12 oy	25	15	7,5

G3 ilovasi. Tizimli GKS nojuya ta'sirlari

Tizimli nojuya ta'sirlari:

- Steroid qaramlik;
- arterial gipertenziya;
- gastroduodenal yaralar;
- pankreatit;
- osteoporoz;
- suyaklar aseptik nekrozi;
- katarakta;
- qandli diabet;
- lipid almashinuvi buzilishi;
- miopatiya;
- Isenko–Kushinga sindromi;
- O‘tkir psixoz;
- Fizik rivojlanishda ortda qolish.

Nojuya ta'sirlar maxalliy belgilari

- Teri atrofiyasi;
- striyalar;
- teleangiektaziyalar;
- steroid akne;
- rozasea;
- perioral dermatit;
- gipertrixoz;
- ikkilamchi bakterial, zamburug‘li va virusli infeksii.

G4 ilova. GKS saqlovchi kombinirlangan vositalar

Dori vositalar guruxi	**Vositalar**
TGKS va antibiotilar saqlovchi vositalar	Betametazon + gentamisin, fluosinolona asetonid + neomisin, gidrokortizon + oksitetrasiklin, gidrokortizon + xloramfenikol, prednizolon + oksitetrasiklin, prednizolon + triamsinolon, gidrokortizona asetat + fuzid kislota, betametazon + fuzid kislota
TGKS va antiseptiklar saqlovchi vositalar	Gidrokortizon + xlorgeksidin, galometazon + triklozan, flumetazon + klioxinol, fluosinolon + klioxinol, prednizolon + klioxinol
TGKS va zamburug‘g‘a qarshi dori saqlovchi vositalar	Betametazon + klotrimazol, beklometazon + klotrimazol, mazipredon + mikonazol, diflukortolon + izokonazol
TGKS , mikrobga qarshi va zamburug‘g‘a qarshi dori vositalari	Betametazon + gentamisin + klotrimazol, gidrokortizon + neomisin + natamisin, gidrokortizon + klioxinol + nistatin
GKS va salisil kislota saqlovchi dori vosilar	Betametazon + salisil kislota Mometazona furoat+salisil kislota

«ATOPIK DERMATIT» NOZOLOGIYASI BO‘YICHA PROFILAKTIKA VA REABILITASIYa MILLIY KLINIK PROTOKOLLAR

Reabilitasiya .

https://www.who.int/ru/news-room/fact-sheets/detail/rehabilitation

AtD bilan og‘rigan barcha bemorlarni bemorni o‘qitish va jismoniy reabilitasiya usullarini reabilitasiya dasturiga kiritish tavsiya etiladi [151].

Tavsiyalar ishonchlilik darajasi V (dalillar ishonchlilik darajasi – 3)

Izoxlar: *Lazer nurlanishidan foydalanish trofikaga aniq ijobiy ta'sir ko‘rsatadi va to‘qimalarga immunostimulyasiya ta'siri. Proeksiya maydoniga ta'sir qilganda infraqizil va qizil diapazonlarda past intensivlikdagi lazer nurlanishining ijobiy ta'siri aniqlandi tomirlar (tirsakda, popliteal chuqurlikda), jigar, buyrak usti bezlari va akupunktur nuqtalari Dermato-respirator sindromi bo‘lgan bemorlarda terining holati bir vaqtning o‘zida yaxshilanishi muhimdir bronxial astmaning klinik belgilari kamayadi [11, 12]. Ultratovushning ijobiy ta'sirini hisobga olgan holda organizmning turli xil tartibga solish tizimlarining funksional holati va fermentativ faolligi, uning so‘rilishi va yallig‘lanishga qarshi ta'siri, ushbu usulni AtD uchun kompleks terapiya, ayniqsa kasallikning proliferativ va aralash shakllarida [13]. Dori bo‘lmagan davolash usullaridan biri turli dermatozlar, shu jumladan AtD, yorug‘lik terapiyasi: umumiy yoki mahalliy ultrabinafsha simob-kvars lampalar yordamida terini nurlantirish, selektiv fototerapiya (SPT), fotokimyoterapiya. Davo maqsadlarda to‘lqin uzunligi 320-400 nm bo‘lgan ultrabinafsha A nurlari (UVA nurlari) ishlatiladi, shu jumladan UVA nurlari 1 (350-400 nm) va UVA nurlari 2*

(320-340 nm); ultrabinafsha B nurlari (UVB nurlari) tor, shu jumladan, 280-350 nm to‘lqin uzunligi bilan to‘lqin diapazoni spektri: 300-311 nm. Bolalar bog‘chasida

Amalda SFT eng ko‘p qo‘llaniladi, uning terapevtik ta'siri UVA va UVB nurlari (280-320 nm) bilan bog‘liq. SFT usuli 5 yoshdan boshlab bolalarda qo‘llaniladi, u samaradorlikni oshiradi davolash va remissiya davomiyligini oshiradi

qon bosimi bilan og‘rigan bemorlar, bu sifatga sezilarli ta'sir qiladi

ularning hayoti [14, 15]. Bolalar bog‘chasida amalda SFT eng ko‘p qo‘llaniladi, uning terapevtik ta'siri UVA va UVB nurlari (280-320 nm) bilan bog‘liq. SFT usuli 5 yoshdan boshlab bolalarda qo‘llaniladi, u samaradorlikni oshiradi davolash va remissiya davomiyligini oshiradi qon bosimi bilan og‘rigan bemorlar, bu sifatga sezilarli ta'sir qiladi ularning hayoti [14, 15]. Nur terapiyasidan foydalanish maxalliy steroidlarga bo‘lgan ehtiyojni kamaytirishi mumkin va immunomodulyatorlardan mahalliy foydalanish.So‘nggi paytlarda kengroq qo‘llaniladi yorug‘lik terapiyasining yumshoq, yumshoq turi - polarizasiyalangan yorug‘lik. Yuqori samaradorlik

o‘rnatildi

bolalarda qon bosimi uchun polarizasiyalangan yorug‘likdan foydalanish,terining yallig‘lanishining regressiyasiga yordam beradijarayon, shish, qichishish, qichishishni kamaytirish,umumiy IgE darajasini va allergik teri yallig‘lanishining zo‘ravonligini pasaytiradi; beradi tana hujayralariga membranani barqarorlashtiruvchi ta'sir ko‘rsatadi, adaptiv-kompensatorni oshiradi membranalarda lipid peroksidlanish jarayonlarining muvozanati tufayli kasallik remissiyaga tushadi [16]. AtDda qutblangan yorug‘lik ko‘krak bel yoki segmentar refleks zonalariga ta'sir qilganda samaraliroq bo‘ladi. Jaraenning lumbosakral o‘murtqa, jarayonning joylashishiga qarab. Ahamiyation bosimidagi qutblangan yorug‘lik bilan aniqlanadi bolaning hayotining birinchi oylaridan boshlab kasallikning barcha davrlarida foydalanish mumkinligi. O‘tkazilgan tadqiqotlarga asoslanib, bu isbotlangan AtDga chalingan bolalarda ko‘k va yashil spektrlarning selektiv xromoterapiyasidan foydalanish imkoniyati mavjud. Selektiv ta'sir qilishning maqsadga muvofiqligi zararlanish proeksiyasi bo‘yicha ko‘k spektrli xromoterapiya

terining surunkali yoki o‘tkirosti davrida o‘rtacha va engil AtDga chalingan bolalarda refleks segmental zonalarda fazalar, Bu ob'ektiv simptomlar og‘irligining pasayishi (shish, giperemiya, papulyar toshmalar, qobiqlarning mavjudligi), terining shikastlanishi maydonining sezilarli darajada pasayishi, shuningdek qichishish va uyqu buzilishining intensivligi bilan tasdiqlanadi [17].

AtDni davolashda dorilar bilan elektroforezi keng qo‘llaniladi. Ushbu usul bilan terapevtik ta'sir kombinasiyalangan ta'sir tufayli hosil bo‘ladi eektr toki va dori, burun shilliq qavati orqali yuboriladi yoki umumiy usul bo‘yicha. Antistaminlar elektroforezi yoki magniy sulfat giposensibilizasiya va dekongestan ta'sirga ega. Bolalarda tibbiy reabilitasiyada galoterapiya teri kasalliklari (allergik dermatit, ekzema, psoriaz va boshqalar) samarasi xaqida xabarlar mavjud. Quruq tuz aerozollari qon bosimining klinik belgilari dinamikasiga ijobiy ta'sir ko‘rsatadi, qichishish va quruqlik kamayishi bilan namoyon bo‘ladi.

Klinik kuzatuvlar galoterapiyaning yallig‘lanishga qarshi, giposensibilizasiya va immunokorrektiv terapevtik ta'sirini ko‘rsatdi [18-20]. Qon bosimining klinik ko‘rinishlarining tez regressiyasi bolalarda, ayniqsa kasallikning o‘rtacha og‘irlik darajasi va infantil shakli bo‘lgan bemorlarda dinamik elektr neyrostimulyasiyasidan foydalanish yordam beradi. Impulsli oqimlar bilan ritmik stimulyasiyaga javoban yuzaga keladigan teri mushaklari va arteriolalarning silliq mushaklarining fibrilasiyasi og‘riq hududida bradikinin, asetilxolin va gistaminni yo‘q qilish jarayonlarini faollashtiradi. Ta'sir qilish joyida hujayrali nafas olish faollashadi va to‘qimalarning himoya xususiyatlari ortadi. Mahalliy mustahkamlash qon oqimi ishemik to‘qimalarga qon oqimini ta'minlaydi. Perinevral to‘qimalar qisqarishi shish teri afferentlarining qo‘zg‘aluvchanligi va o‘tkazuvchanligini yaxshilaydi [21]. O‘tkazilgan tadqiqotlar asosida elastik massajning yuqori

samaradorligi isbotlangan. Psevdo issiq to‘shak, AtDda samarali, AtD bilan og‘rigan bemorlar uchun ta'lim dasturi kasallik haqida ma'lumot berishni, bemor uchun individual davolash rejasini ishlab chiqishni va o‘z-o‘zini boshqarish usullarini o‘rgatishni o‘z ichiga olishi kerak. Jismoniy reabilitasiya yurak o‘pka faoliyatini yaxshilaydi. Jismoniy faoliyat davomida mashg‘ulotlar natijasida maksimal kislorod iste'moli ortadi va maksimal o‘pka ventilyasiyasi ortadi. Mavjud kuzatuvlarga ko‘ra, aeerob mashqlari, suzish va nafas olish mushaklarini chegaraviy dozalangan yuk bilan mashq qilish astma kursini yaxshilaydi.

1. Profilaktika

- AtD bilan og‘rigan barcha bemorlarga AtD qo‘zg‘atuvchisi sifatida harakat qiluvchi atrof-muhit omillarini nazorat qilish tavsiya etiladi [152,153].
- Tavsiyaning kuchliligi: B (dalil darajasi:
- 3) Izoxlar: Bemorlarning katta qismi ko‘plab atrof-muhit, parhez va boshqa omillar AtD qo‘zg‘atuvchisi bo‘lishi mumkin va bu omillarni bartaraf etish kasallikning borishini yaxshilashi va dori terapiyasi miqdorini kamaytirishi mumkin degan fikrga ega. AtDning kuchayishiga ko‘plab omillar sabab bo‘lishi mumkin, ular ba'zan triggerlar deb ataladi; Bularga allergenlar, virusli infeksiyalar, ifloslantiruvchi moddalar va dorilar kiradi. Hozirgi vaqtda AtD ning oldini olish uchun tavsiya etilishi mumkin bo‘lgan oz sonli chora-tadbirlar mavjud, chunki bu kasallikning rivojlanishida murakkab va to‘liq tushunilmagan mexanizmlar ishtirok etadi. Farmakologik bo‘lmagan usullar AtD kursiga ta'sir qilishi mumkinligi to‘g‘risida dalillar etarli emas va keng ko‘lamli klinik tadqiqotlar talab etiladi. Profilaktika va klinik kuzatish, profilaktika usullarini qo‘llash uchun tibbiy ko‘rsatmalar va qarshiko‘rsatmalar • Klinik kuzatuv o‘rtacha 6-12 oyda bir marta tavsiya etiladi [341]; o‘rta va og‘ir atopik dermatit bilan og‘rigan bemorlar, shu jumladan tizimli terapiya olayotganlar diqqat bilan kuzatishni talab qiladi va terapiya samaradorligini/xavfsizligini kamida 3 oyda bir marta baholash [213].
- Tavsiyaning kuchlilik darajasi C (dalillarning aniqlik darajasi – 5) Sharhlar: nazorat tadqiqotlari belgilangan tartibda amalga oshiriladi davolash (3-bo‘limga qarang)

Atopik dermatitning birlamchi profilaktikasi oldini olishga qaratilgan kasallikning rivojlanishi uchun xavf omillarining paydo bo‘lishi va ta'siri va o‘z ichiga oladi

• gipoalerjenik chora-tadbirlar majmui:•

- Atopik birlamchi profilaktika chorasi sifatida tavsiyaeetiladi
- oziq-ovqat allergiyasi bilan og‘rigan homilador ayollarda dermatit, sababchi ahamiyatli allergen mahsulotni dietadan chiqarib tashlash [340, 342].

Tavsiyaning ishonchliligi : V (dalil darajasi: 3)

- Atopik birlamchi profilaktika choralari sifatida tavsiya etiladi
- hayotning birinchi 4-6 oyi davomida barcha bolalar tabiiy oziqlantirish [343, 344].
- Tavsiyalarning ishonarli darajasi V (dalillar darajasi – 2) irsiy yukdan qat'i nazar, atopik dermatitning birlamchi profilaktikasi chorasi sifatida bola hayotining 4-6 oyligida qo‘shimcha ovqatlarni kiritish tavsiya etiladi [342]. .
- Tavsiyalarning ishonch darajasi C (dalillar darajasi - 5) Izoh: bu yosh davri optimal hisoblanadi va “tolerantlik oynasi” deb ataladigan davrni ifodalaydi atopik dermatitning birlamchi profilaktikasi chora-tadbirlari sifatida tavsiya etiladi, agar kerak bo‘lsa, qo‘shimcha oziqlantirish uchun. 6 oygacha bo‘lgan bolalarda. yuqori xavf guruhidan, profilaktik gipoalergik (maydagidrolizli) aralashmalar [345, 346].
- Tavsiyalarning ishonch darajasi A (dalillar darajasi – 1)59 Sigir sutiga asoslangan moslashtirilgan formulalar allergik kasalliklarning irsiy tarixi bo‘lmagan sog‘lom bolalarni qo‘shimcha ovqatlantirish uchun tavsiya ‘tiladi [342].

Tavsiya kuchi: C (Dalillar darajasi: 5) Atopiya rivojlanishi xavfi bo‘lgan homilador ayollar va yangi tug‘ilgan chaqaloqlar uchun laktobakteriyalarni o‘z ichiga olgan probijtiklarni ko‘rib chiqish tavsiya etiladi [346-348].

Tavsiyaning kuchi: B (dalillar darajasi: 1) Homilador ayollarning umumiy populyasiyasida cheklovchi gipoallergik parhezlar tavsiya etilmaydi [349].

Tavsiyaning kuchi: C (Dalillar darajasi: 5) Sharhlar: Hozirgi vaqtda homiladorlik davridagi gipoallergik yoki eliminasion parxezlarning umumiy populyasiyada atopik dermatit rivojlanishiga ta'siri haqida ishonchli dalillar yo‘q.

Laktasiya davrida sog‘lom ayollar uchun eliminasion paxezlvr tavsiya etilmaydi [342, 341]. Dalillar darajasi: V (dalillar darajasi: 3) Homilador ayollar, bolalar va kattalar uchun atrof-muhit omillarini nazorat qilish va tamaki tutuni ta'sir qilmaslik uchun atopik dermatitning birlamchi profilaktikasi sifatida tavsiya etiladi [342, 350].

Tavsiya kuchi darajasi V (dalillar darajasi 2) Sharhlar: Homiladorlik va laktasiya davrida chekish taqiqlanadi; Bolaning hayotining birinchi kunlaridan boshlab passiv chekish istisno qilinadi. Atrof-muhit omillarini nazorat qilish, past namlik va bola joylashgan xonalarda (namlikdan tashqari) etarli ventilyasiyani ta'minlash uchun bolalarda atopik dermatitning birlamchi profilaktikasi choralari sifatida tavsiya etiladi [351].

Tavsiya kuchi darajasi C (dalil darajasi 4) Homilador ayollar, bolalar va kattalar uchun atrof-muhit omillarini nazorat qilish va atrof-muhitni ifloslantiruvchi moddalarga ta'sirini kamaytirish uchun atopik dermatitning asosiy oldini olish choralari sifatida tavsiya etiladi 60 (ifloslantiruvchi moddalar, allergenlar) [352, 353].

Tavsiyalarning ishonch darajasi C (dalillar darajasi - 4) Atopik dermatitning ikkilamchi profilaktikasi - bu ma'lum sharoitlarda (stress, zaif immunitet, tananing boshqa har qanday funksional tizimlariga haddan tashqari stress) yuzaga keladigan aniq xavf omillarini bartaraf etishga qaratilgan chora-tadbirlar majmui.) kasallikning paydo bo‘lishi, kuchayishi va qaytalanishiga olib kelishi mumkin.

Atopik dermatit belgilarining og‘irligini kamaytirish, farmakologik yukni kamaytirish va kuchayishning oldini olish uchun maishiy, epidermal va zamburug‘ allergenlariga sensibilizasiya o‘rnatilgan bo‘lsa, sababchi ahamiyatga ega allergenlarni yo‘q qilish yoki olib tashlash tavsiya etiladi [352].

Tavsiyalarning kuchi C (dalillar darajasi –5) Qon zardobida allergenga xos IgE antitanachalarini aniqlash yo‘li bilan o‘rnatilgan oziq-ovqat allergen oqsillariga sezgirlik bilan atopik dermatit bilan og‘rigan bolalar va kattalarda oziq-ovqat allergiyasi, shu jumladan anafilaksiya belgilari rivojlanishida sababchi ahamiyatga ega bo‘lgan allergenlarni istisno qilgan eliminasion parxez tavsiya etiladi. Atopik dermatit dermatit belgilarining og‘irlik darajasini kamaytirish, farmakologik yuklamani kamaytirish va xurujlari oldini olish [51, 353, 354] .

Tavsiyalarning ishonch darajasi – C (dalillar darajasi – 5) atopik dermatit bilan og‘rigan bemorlar va/yoki ularning oila a'zolarini o‘qitish atopik dermatitning ikkilamchi profilaktikasi chorasi sifatida tavsiya etiladi. [355–358].

Tavsiyalarning ishonchlilik darajasi A (dalillar darajasi - 2) Atopik dermatitning ikkilamchi profilaktikasi choralari sifatida yuqumli bo‘lmagan kasalliklarning rivojlanishi uchun xavf omillarini tuzatish bo‘yicha profilaktik maslahatlar tavsiya etiladi. [355–358].

Tavsiya kuchi A (dalillar darajasi 2) Izohlar: Uzoq vaqt davomida belgilangan har qanday profilaktik bartaraf aralashuvi oila a'zolariga salbiy ta'sir ko‘rsatishi, ularning hayot sifatini buzishi mumkin.

Uchlamchi darajali profilaktika - bu atopik dermatitning kuchayishi yoki asoratlarini rivojlanishining oldini olishga qaratilgan chora-tadbirlar majmui. Qo‘zg‘atuvchi omillarning ta'sirini kamaytirish uchun atopik dermatitning uchinchi darajali profilaktikasi choralari sifatida tavsiya etiladi: sovun, qo‘pol matolardan tikilgan kiyimlarni ishlatishni cheklash; terlashni oshiradigan omillarni minimallashtirish [359, 360].

Tavsiyalarning ishonch darajasi C (dalillar darajasi - 4) Atopik dermatitning uchlamchi darajali oldini olish chorasi sifatida rasional terini parvarish qilish tavsiya etiladi. [361, 362].

Tavsiyalarning ishonch darajasi C (dalillar darajasi - 4) Atopik dermatitli bolalarni muntazam emlashni o‘tkazishda profilaktik emlashlarning milliy taqvimiga rioya qilish tavsiya etiladi. [363].

Tavsiya kuchi darajasi C (dalil darajasi 5) Sharhlar: Emlash har qanday allergik kasalliklar, shu jumladan atopik dermatitning kechishiga ta'sir qilmaydi. Kasallikning kuchayishi davrida emlash amalga oshirilmaydi. Doimiy atopik dermatit bo‘lsa, emlashdan 2 hafta oldin dermatologiyada ishlatiladigan glyukokortikoidlar bilan terapiya kursi o‘tkazilishi kerak.

Immunosupressorlar bilan davolanayotgan bemorlar tirik vaksinalar bilan emlashdan oldin shifokor bilan maslahatlashishlari kerak, chunki jonli vaksinalar bilan emlash immunosupressor terapiyasiga qarshi ko‘rsatma bo‘lishi mumkin. Agar tovuq tuxumining oqiga allergiyangiz bo‘lsa, emlashdan oldin allergist-immunologga murojaat qilishingiz kerak.

Zaruratda, atopik dermatit bilan og‘rigan bemorlarga tibbiy yordam ko‘rsatishni tashkil etish mumkin. Astma rivojlanishi, astma belgilari yoki astma kuchayishining oldini olish uchun astma bilan og‘rigan barcha bemorlarga chekishni tashlash, sababchi allergenlarni bartaraf etish choralarini ko‘rish tavsiya etiladi. , shuningdek, semizlik holatida tana vaznini kamaytirish [1,154,155].

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Mazkur klinik protokol va standartlar O'zbekiston Respublikasi Sog'liqni saqlash vazir o'rinbosari Basitxanova E.I, Tibbiy sug'urta boshqarmasi boshlig'i Sh. Almardanov, klinik protokollar va standartlarni ishlab chiqish va joriy etish bo'limi boshlig'i Sh.R. Nurimova boshchiligida, Klinik protokollar va standartlarni ishlab chiqish va joriy etish bo'limi bosh mutaxassisi G.Djumayeva, yetakchi mutaxassisi N.Raximova tomonidan tashkiliy va uslubiy ko'magi asosida ishlab chiqilgan.