ASSESSMENT OF THE ORAL PROVOCATIVE TEST IN THE DIAGNOSIS OF ALLERGIC ENTEROCOLITIS AND ALLERGIC ENTEROPATHY IN YOUNG CHILDREN

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Food allergy is an important medical and social problem, and in clinical practice, it often becomes underestimated. The structure of allergic diseases is currently as follows: 50-70% of patients have skin allergy manifestations, 50-60% have gastrointestinal PA, and 20-30% have respiratory allergy symptoms. Most researchers predict the further growth of allergies, which requires the introduction of modern methods for its diagnosis, treatment, and prevention. This problem is especially relevant in pediatric practice.

Purpose of the research. Assessment of the results of the oral provocative test in the diagnosis of allergic enterocolitis and allergic enteropathy in young children.

Materials and methods of research. We examined 109 children aged 3 months to 3 years who were undergoing inpatient treatment in the gastroenterology department of the RSNPMCP. Of these, 72 (66%) children were diagnosed with allergic enterocolitis (AE), and 34% with allergic enteropathy (AE).

Research results. Against the background of therapeutic nutrition according to the proposed scheme, a positive result of elimination nutrition was noted in 8 (17.3%) children with AEC and in 12 (60.0%) with AE. In these patients, when assessing the effectiveness of the second stage of elimination nutrition, after 6 or 12 months, depending on the pathology after the start of diet therapy, with complete clinical and laboratory remission, the effectiveness of diet therapy was assessed by us as "good." To clarify further tactics for dietary correction, oral provocation is administered to these children: after 6 months for AE, after 12 months for AEK. The criteria for conducting oral provocation were:

- for AE - strict diet for 6 months, complete clinical remission, normal IgE indicators during repeated examination,

-for AEC, strict diet for 12 months, complete clinical remission, normal IgE levels upon re-examination. Oral provocation was performed in children older than 6 months.

The criteria for excluding oral provocation were:

- active chronic diseases;
- recent anaphylactic reaction to food with subsequent allergy tests;
- absence of parental consent:

To provoke, the cow's milk was diluted with water in equal proportions and boiled over low heat for 30 minutes. The provocation was carried out as follows: a few drops of ready-made milk were applied to the baby's lips. After 15 minutes of observation, no children showed any allergic reactions. Then, every 30 minutes, the child was given an increasing volume of 0.5-1.0-3.0-10.0-30.0-50.0-100.0 ml of the product. During the provocation, the child was under the supervision of a doctor. All children had a satisfactory tolerance. Starting from the second day, all children are recommended to take 200-250 milks or milk mixtures during the day. The children in the department were observed for 5 days, then after discharge, information about the well-being of each patient was received by phone for 10 days. In one child with AEC, after discharge from the hospital (5 days later), diarrhea began up to 5 times a day with a mixture of undigested food and mucus. According to the mother's words, she didn't give anything to the

child except our advice. But on the same day, the child's body temperature rose to febrile levels, and he was hospitalized in the infectious diseases department. If clinical manifestations and immunological shifts appear after oral provocation, it is recommended to continue a hypoallergenic diet for the child for up to 6 months and a hypoallergenic diet for the mother while preserving breast milk.

Conclusions: Oral provocation, aimed at determining the tolerance of causally significant food, was carried out in an open manner. Extending or continuing elimination diet therapy was recommended depending on the test results. In cases of decreased sensitization to cow's milk proteins and absence of specific IgE, mixtures based on partially hydrolyzed protein, hypoallergenic porridges, and fermented milk products were recommended.