(for example defects in metabolism of lipids) should be tested very often and they should be under medical supervision.

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PERMANENTLY RECURRENT COURSE OF ATOPIC DERMATITIS IN CHILDREN: THE RISK FACTORS ASSESSMENT

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Research relevance: lately the atopic dermatitis (AD) is seen as an important sociomedical problem: AD incidence rate is increasing. Despite the large-scale implementation of new therapeutic practices there is still the high rate of patients with permanently recurrent disease course (PRDC).

Objectives: to reveal the significant risk factors of AD severe forms in children with PRDC.

Materials and methods: there was a comparative assessment of AD clinical course distinctions in children groups aged between 4 months and 3 years receiving medical treatment at the serum department with the statistical analysis and the identification of correlation (r) between risk factors and the development of PRDC.

Results: the main group consisted of 36 patients of early age with a severe form of AD; the comparison group consisted of 43 children with mild form of the disease. According to the results, it was revealed that during this time the frequency of hospitalizations of early age children increased. They were patients with permanently recurrent course of AD (28%). The ELISA and PCR diagnostics in 45 out of 79 examined patients of early age confirmed the presence of bacterial or mixed infection (56, 9%). Burdened allergic anamnesis had a more significant matrilineal relationship than the patrilineal ($r = 0.48$, $p < 0.001$ and $r = 0.34$, $p < 0.05$). The additional factors of PRDC of AD were gestosis of the first and second half of pregnancy ($r=0,32$, $p<0,01$), constant threat of abortion ($r=0,49$, $p<0,001$), recurrent ARVI and bronchitis in first year children ($r=0,49$, $p<0,01$), signs of intestinal dysbacteriosis ($r = 0.52$, $p < 0.001$).

Conclusion: the factors of AD PRDC were the following: Burdened allergic anamnesis had more significant matrilineal relationship than the patrilineal ($r = 0.48$, $p < 0.001$ and $r = 0.34$, $p < 0.05$). The additional AD factors of PRDC were gestosis of the first and second half of pregnancy ($r=0,32$, $p<0,01$), constant threat of abortion ($r=0,49$, $p<0,001$), recurrent ARVI and bronchitis in first year children ($r=0,49$, $p<0,01$), signs of intestinal disbacteriosis ($r = 0.52$, $p < 0.001$).

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