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CURRENT COURSE AND TREATMENT OF CHICKENPOX IN CHILDREN

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Abstract: Chickenpox is a typical infection of childhood. Almost the entire population of the Earth suffers from it at the age of 10-14 years. The only source is a sick person. The patient is contagious a day before the appearance of the first rashes and within 3-4 days after the appearance of the last bubbles, especially at the time of the onset of rashes. The infection is transmitted by airborne droplets, less often by contact, while infection is possible at a great distance. Transplacental transmission of the virus from mother to fetus has been proven [1].

Keywords: Varicella, children, clinical picture, complications.

Relevance. Chickenpox is a typical infection of childhood. Almost the entire population of the Earth suffers from it at the age of 10-14 years. The only source is a sick person. The patient is contagious a day before the appearance of the first rashes and within 3-4 days after the appearance of the last bubbles, especially at the time of the onset of rashes. The infection is transmitted by airborne droplets, less often by contact, while infection is possible at a great distance [4]. Transplacental transmission of the virus from mother to fetus has been proven.

Children of the first 2-3 months of life rarely suffer from chickenpox. However, in the absence of immunity in the mother, newborns can also get sick. The incidence is highest in autumn and winter, and in summer it decreases sharply. In large cities, the incidence of chickenpox has epidemic rises, but outbreaks are mainly limited to organized children's groups.

After an infection, a strong immune system remains. Recurrent diseases are rare, not more often than in 3% of cases.

The main morphological changes are noted in the skin and mucous membranes. The formation of the windmill bladder begins with the 189th generation of cells of the styloid layer of the epidermis. The infected cells hyperplasize, intracellular and intracytoplasmic oxyphilic inclusions are formed in them, then the cells undergo balloon dystrophy up to complete necrosis. In the foci of the greatest lesion, an accumulation of interstitial fluid occurs, which leads to the formation of typical bubbles P [8]. The dermis is swollen, with moderate lymphomonocytic infiltration. The reverse development of the bubbles begins with the resorption of the exudate, the cap of the bubbles sinks, and a brown crust forms. In generalized forms, vesicular eruptions in the form of erosions and ulcers can be found on the mucous membranes of the gastrointestinal tract, trachea, bladder, renal pelvis, urethra, etc. In the internal organs, mainly in the liver, kidneys, lungs and central nervous system, small foci of necrosis with hemorrhages along the periphery are detected. Generalized forms of chickenpox are extremely rare, mainly in children with altered immune status.

In the last two years, cases of chickenpox in children have become more frequent. In this regard, we decided to find out the features of the current course and treatment of chickenpox in children?

The purpose of the study. To determine the features of clinical manifestations and treatment of chickenpox in children.

Research materials. We examined 28 children with chickenpox: 12 of them were girls and 16 boys, aged 5 to 14 years, hospitalized in the 4th department of the Andijan Regional Clinical Infectious Diseases Hospital. The diagnosis of chickenpox in children was established mainly on the basis of typical clinical manifestations: signs of intoxication and mainly the appearance and subsequent dynamics of rashes characteristic of this disease.

The results of the study. Our data showed that the fever period in our cases ranged from two to five days, in 10% of children it lasted up to 10 days. The duration of fever in these children was associated with the abundance of rashes. The rash in all sick children was initially represented by small pink spots. Their size was no more than 4 mm. After about a couple of hours, these specks became bubbles (vesicles), the contents of which were transparent. After the vesicles burst, dark crusts remained in their place, remaining on the skin, in our cases for up to two and a half weeks. Rashes in all examined children were characterized by polymorphism, i.e. there were spots, blisters, and crusts on each individual skin area. In 10% of children, rashes appeared on the scalp. In 5 girls, rashes were noted on the mucous membranes of the labia, which in 2 cases turned into erosions and ulcers. The sores were represented by a yellowish-gray bottom.

The boys had enanthemums on the mucous membranes of the respiratory tract as a result of chickenpox, which were very similar to bubbles. Itching of the skin was noted in 20% of children during the course of 190 rashes. In the patients we examined, such severe forms of chickenpox as bullous, hemorrhagic, and gangrenous forms were not noted [8]. For the purpose of etiotropic therapy of chickenpox, we used virocidal drugs specifically directed against herpes viruses: acyclovir, zovirax, virolex (from 2 years old), valciclovir (from 12 years old). Acyclovir ointment (5%) was also used in some cases for rashes and conjunctivitis (eye lesions). In most patients (80%), immunomodulators were used: interferon, viferon, as well as immunostimulants: cycloferon, anaferon. Due to the absence of secondary bacterial complications, antibiotics were not used in our cases.

For the purpose of pathogenetic therapy of chickenpox, careful skin and mucous care was provided. Lubrication of the rash elements with either a 1% solution of brilliant green or a 5% solution of potassium permanganate. In some cases, herbal preparations were used for chickenpox. For example, flacoside, alpizarin (obtained from the herbs of the jaundice and Alpine kopeck), gossypol (obtained by processing the roots and seeds of cotton). In the presence of itching, antihistamines were prescribed to patients.

Conclusion. Thus, chickenpox in children currently, with timely hospitalization and early treatment, proceeds typically with a characteristic polymorphic rash without severe hemorrhagic, gangrenous forms and without threatening complications.

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