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FEATURES OF THE COURSE OF HEMORRHAGIC VASCULITIS AMONG CHILDREN.

Annotation: *This article reflects the results of a clinical and immunological study of 20 children with hemorrhagic vasculitis. Of these, there were 12 boys (60%), 8 girls (40%). Depending on the clinical forms of hemorrhagic vasculitis, the children were divided into four groups. The first group consisted of 6 (30%) patients with a cutaneous form, the second 4 (20%) – with a skin–articular form of the disease, the third group was represented by 5 (25%) children with an abdominal form, and 4 (20%) patients - with a cutaneous-renal form of the pathological process.*

Keywords: *hemorrhagic vasculitis, skin syndrome, joint syndrome, renal syndrome, immune status.*

Hemorrhagic diathesis accounts for about half of all diseases of the hematopoietic system. Among hemorrhagic diathesis, thrombocytopenic purpura occupies a leading place, followed by hemorrhagic vasculitis, which is considered one of the most common vascular diseases in childhood from the group of primary systemic vasculitis (23-25 cases per 100 thousand children) [1, 2].

According to a number of researchers, in the last decade hemorrhagic vasculitis is characterized by a severe, often recurrent course, changes in clinical

variants of the disease, more frequent involvement in the pathological process of the kidneys.

The development of hemorrhagic vasculitis in children is accompanied by the formation of disorders of various parts of hemostasis. Such changes are characterized by small foci, parietality and hypercoagulation [3, 5].

Despite the fact that hemorrhagic vasculitis was described more than 180 years ago, there are still many unresolved problems. These are issues related to the mechanism of disease development, the search for factors that determine the features of clinical and laboratory course, outcomes of the disease, etc.

The comprehensive study included a thorough general clinical examination, a general blood test, a biochemical blood test, a general analysis of urine and feces, a coagulogram, ultrasound of internal organs and retroperitoneal space, a study of the immune status of peripheral blood by indicators of cellular and humoral immunity with the determination of iga, M, G by Machina, T and B lymphocytes by Mendes and by enzyme immunoassay . If necessary, specialists were consulted. Statistical processing was carried out using the computer program Statistica 5.0. The significance of the differences between the indicators was assessed using the Student's t-test, taking a significant value of $p<0.05$ as statistics.

In all patients of the first group, skin manifestations were noted at one stage or another of the disease. Most often, a small-point bright red hemorrhagic or papular-petechial rash was observed, sometimes with urticarial manifestations, mainly on the lower extremities, extensor surfaces with a symmetrical arrangement. At the beginning of the disease, all elements of the rash were of the same size and shape (small-point red rashes on the skin), which did not disappear when pressed, but the intensity of their coloring decreased. In more severe cases, the rash was generalized, spreading to the trunk and buttocks, the elements of the rash tended to merge with the formation of necrosis in the center – in 2 patients. Angioedema of the Quince type was observed in 2 patients, and in 3 patients the rash was with erythematous spots, papules, vesicles.

Among the children of the second group, the skin-joint syndrome was observed in all patients. Clinical manifestations were noted in the form of migrating symmetrical polyarthritis, usually large joints, accompanied by pain of various types – from short-term pain to acute, leading patients to immobility. The ankle joints were most often affected – 34.4%, less often the elbow joints – 6.2% and the wrist joints – 3.8%.

Arthritis often coincides with the appearance and localization of the rash and was usually manifested in the form of periarticular edema, hyperemia, soreness and other signs of inflammation. Articular syndrome was rarely prolonged and usually did not exceed one or two weeks in duration. Pronounced articular syndrome with pain and swelling was noted in 63.3% of patients, in 37.7% – manifested only in the form of arthralgia.

The main clinical manifestations of abdominal syndrome in patients of the third group were cramping abdominal pains of varying intensity and duration. The pains were paroxysmal, started suddenly, had features of intestinal colic, usually did not have a specific localization. In 30.7% of children in this
group, along with skin-abdominal symptoms, there is a joint syndrome in the form of arthralgia and periarthral edema.

Comparison of the average values of serum IgA, M, G between groups of patients, depending on the clinical forms of GW, found no significant differences ($p>0.05$). At the same time, in patients with combined clinical forms of HBV, the average content of all three classes of immunoglobulins (IgA, M, G) was slightly higher compared to the corresponding indicators of the group of patients with isolated cutaneous form of the disease ($p>0.05$).

Thus, in patients with various clinical forms of HV, there is an increase in the number of T-lymphocytes with CD4 receptors in the peripheral blood and, in contrast, a decrease in the number of cells with CD8 receptors with an increase in the CD4/CD8 ratio. In addition, the average content of immunoglobulins A and G in the blood serum of these patients was increased.

The stated immunological shifts were more pronounced in the combined forms of the disease. Sensitization of the immune system of patients with HV by an imbalance of the cellular link of immunity with activation of β-cells, with hyperproduction of immunoglobulins, with the formation of circulating immune complexes, contributes to the implementation of the capillarotoxic process.

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