IMMUNOLOGICAL STATUS IN SICK CHILDREN WITH CONGENITAL CLEFT UPPER LIP AND PALATE

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Relevance:

Congenital cleft of the upper lip and palate (CRVGN) is the most common and severe malformation in the human population and occupies the 3rd-5th place in the structure of congenital pathology. The hormone development of several areas is disturbed, so-called combined secondary deformities occur, including violations of immunological reactivity, mediated by the action of acute phase proteins, cytokines, the activity of the system of non-specific defense factors, the state of specific resistance mechanisms, hereditary factors and other body systems. Teething serves as an indirect indicator of the correct development of the child. As a physiological act, teething is not a painful phenomenon, does not cause pathological conditions. It is in direct connection with the general state of health of the child, the timely growth of teeth in a certain sequence indicates the normal development of his body [Anisimova AV, Perevoshchikova NK, 2013; Momin M. A., 2013].

The aim

The aim of the study was to study the level of pro - and anti-inflammatory cytokines in sick children with congenital cleft upper lip and palate. The material on the registration of malformations in the Bukhara region for 2018-2020 was studied. Of the 110 infants born with various intrauterine abnormalities – 15% () revealed cleft upper lip and palate. 20 practically healthy children made up the control group. The study of the level of IL-2, IL-4, IL-6, IL-18 and MSP-1 was carried out in the blood serum by IFA.

When assessing the content of serum cytokines in patients with congenital cleft lip and palate, it was found that the level of IL-2 in children of 38% of children and IL-4 in 20% of children was lower than the values of the control group. At the same time, the highest (3 times the age norm) increase in the level of IL-6, which is a growth factor of osteoclast precursors, was noted. Among the sick children, patients with the level of IL-18 content 3.6 times higher than the age norm dominated (70%), and in 60% of children, the level of MSP-1 exceeded the control values by 3.2 times.

Results :

In children with a cleft upper lip, from the first days of life, the sucking function was impaired due to the inability to create tightness in the oral cavity. Children with a hidden and incomplete cleft of the upper lip could take the mother's breast, pressing the breast tissue against the normally developed alveolar ridge of the upper jaw and palate, compensating for the inferiority of the lip muscles by actively including the tongue in the sucking act. However, with other forms of clefts, the child's nutrition from the first days was artificial. And in children with simultaneous cleft lip and palate, the sucking function was more severely disturbed. The anamnesis data showed that all children were born full-term. Thus, the conducted studies of the cytokine profile in sick children with congenital cleft of the upper lip and palate allow us to conclude that the imbalance in the content of various cytokines is a manifestation of secondary immune deficiency in children with this pathology.

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