

клеток/1мкл крови ($p < 0,001$), содержание Тс(СD8) - $13,8 \pm 1,4\%$ ($p < 0,05$) и $127,3 \pm 9,8$ клеток/1мкл крови ($p < 0,01$). Количество В(СD19)-клеток было повышено до $20,6 \pm 2,3\%$ ($p < 0,05$). У больных ХП наблюдали высокое содержание IgA - $3,97 \pm 0,41$ г/л ($p < 0,05$), IgG - $22,42 \pm 0,75$ г/л ($p < 0,001$). Концентрация IgM была в пределах нормы $1,7 \pm 0,2$ г/л ($p > 0,05$).

У больных ХП в период обострения заметно повышались уровни провоспалительных цитокинов: TNF α до $202,6 \pm 22,3$ пкг/мл ($p < 0,001$), а IL-6 был увеличен в 6 раз ($317,4 \pm 53,5$ пкг/мл; $p < 0,001$). Уровень противовоспалительного цитокина IL-4 у возрос в 4,3 раза по сравнению с нормой ($p < 0,001$).

Иммунокорректирующая терапия способствовало восстановлению Т-клеточного звена иммунной системы. Наблюдали тенденцию в увеличении IgM до $2,23 \pm 0,2$ г/л и IgG до $23,7 \pm 1,62$ г/л. У больных ХП выявлено заметное уменьшение провоспалительных цитокинов: TNF α до $118,4 \pm 29,1$ пкг/мл, IL-6 до $133,6 \pm 51,8$ пкг/мл и противовоспалительного цитокина IL-4 $95,2 \pm 27,4$ пкг/мл под влиянием тимоптина.

Выводы:

1. У больных ХП наблюдали расстройство параметров системы иммунитета и цитокиновых реакций.
2. Применение тимоптина на фоне базисного лечения приводило к реабилитации сниженных звеньев иммунитета и оно также способствовало относительной стабилизации цитокиновых реакций у больных ХП.

LABORATORY DIAGNOSIS OF ALLERGIC DISEASES WITH THE IgE TEST

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Introduction. Traditional methods of diagnosing allergies are the method of allergy testing (skin allergy testing, preliminary or scarification test). In cases where skin tests do not give an unambiguous result or cannot be performed according to the patient's contraindications to them (for example, dermographism or major skin disease; injection may cause an anaphylactic reaction), a blood test is performed from a vein to determine IgE.

The aim of the work was to analyze the literature on modern approaches in the diagnosis of allergic diseases.

Materials and methods: analysis of the scientific literature and the results of promising research in the field of immunology.

Results and discussion.

Analyzing the literature, it was found that the IgE test is assigned:

1. when a thorough history of the patient and examination lead to the suspicion of type I allergy;

2. for observation of a patient with a known allergic condition (anaphylaxis, hay fever (allergic rhinitis), allergic conjunctivitis, asthma).

IgE tests can also be used when a patient is allergic to a particular protein (such as food allergies (peanuts), plant pollen (grass, weeds, trees), fur, mites, drugs and cosmetics, bee and wasp venom). This test is also used if the patient has been taking antihistamines or steroids the day before.

Rarely prescribed for atopic dermatitis, chronic urticaria, allergic contact dermatitis, because the value of elevated IgE is unclear in these diseases.

Determination of specific IgE antibodies in ELISA is based on the principle of "IgE capture" of solid-phase ELISA in a three-stage incubation.

Determination of IgE is carried out only quantitatively and is expressed in international units per liter (mIU / l) or kilo Units per liter (kIU / l) (kilogram of international units per liter (kIU / l), according to WHO standards 75/502 IgE).

To calculate body weight, use a factor of 2.4 (1 kIU / l = 2.4 µg / l).

Allergic diseases such as bronchial asthma, asthmatic bronchitis, hay fever (this type of allergy is the most common in Ukraine), urticaria, atopic dermatitis, Quincke's edema, anaphylactic shock, serum sickness, Lyell's syndrome, Jones-Jones syndrome may be of increased importance. allergies, food allergies, other causes: Viscott-Aldrich syndrome, IgE myeloma, worm infestations, parasitic infections, hyperimmunoglobulinemia syndrome.

The amount of Ig E in the human body increases every year. If the immunoglobulin is above normal, it may mean a weakening of the body's immunity. Weakening of immunity leads to frequent diseases and allergic reactions (urticaria, allergic rhinitis, atopic dermatitis, etc.). As a rule, an increase in this indicator is diagnosed in only half of patients with allergic rhinitis, bronchial asthma and atopic dermatitis. Detection of elevated concentrations of reagin antibodies may be a sign of hyper - Ig E syndrome. In this case, the rate of Ig E in adults can range from 1000 to 14000 kIU / l.

To reduce the level of Ig E, you must first determine what increases it (wool, plants, household chemicals or other allergens): do skin tests, pass a general blood test.

Smokers and people with parasitic diseases (enterobiasis, ascariasis, etc.) may have elevated levels of Ig E.

Low levels of Ig E also require the attention and consultation of an allergist.

According to the literature, it is known that this may indicate primary immunodeficiency and autoimmune diseases. In some allergic diseases, Ig E may be normal.

Conclusions. Thus, it can be concluded that the determination of Ig E in serum is not of high diagnostic value due to the wide variation of this indicator among patients with various pathologies and requires more extensive research.