

ATOPIC DERMATITIS AND ASTHMA-CLINICAL INTERCONNECTIONS

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Introduction. Atopic diseases, such as atopic dermatitis, allergic rhinitis, and asthma have become more prevalent in recent decades, now affecting about 20% of the population in developed countries. The term “atopic march” describes the typical progression of these conditions, starting with atopic dermatitis (AD) in infants and often leading to allergic rhinitis and asthma in children. **The purpose:** To perform a literature review about clinical interconnection between AD and asthma and about the possibility of progression from AD to asthma and vice-versa. **Material and methods:** A literature search was performed, using key words “atopic dermatitis, asthma, atopic diseases, atopic march”. We used PubMed database and selected articles published in 2012-2024. During search system identified 715 articles. After selection of most relevant ones published in English, we analyzed 20. **Results.** AD significantly increases the risk of developing asthma, as evidenced by higher odds ratios

in children with AD compared to those without, according to several longitudinal studies. Children with AD who have specific IgE antibodies to common environmental allergens, typically identified by age 2 to 4, are more likely to progress to allergic rhinitis and asthma than those with non-IgE mediated AD. Therefore, extrinsic AD is a more precise indicator of the initial risk for developing other atopic conditions. The key risk factors for the progression and persistence of asthma include early onset of AD, IgE sensitization, and its severity. Approximately 70% of patients with severe AD develop asthma, compared to 20-30% of those with mild AD, and about 8% of the general population. **Conclusions.** The development of these diseases and their progression is significantly influenced by genetic and environmental factors. It's very important to identify patients at risk from an early age and to provide a window for early therapeutical strategies. **Keywords:** asthma, atopic dermatitis, atopic march.

THE PECULIARITIES OF TUBERCULOSIS IN DIABETES MELLITUS PATIENTS

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Background. Diabetes mellitus (DM) and multidrug-resistant tuberculosis (MDR-TB) are an association of reciprocal disadvantaged diseases. Pulmonary TB in two times frequently is meets in diabetics as non-diabetics, and some situations have shown a 5 times higher rate for MDR-TB. **Objective of the study.** Studying of the evolution of multidrug resistant tuberculosis in patients with diabetes mellitus. **Material and methods.** The study included 77 patients with pulmonary MDR tuberculosis, new cases, in 2023. The patients were divided into the group of the study - 34 diabetics, the group of control - 43 nondiabetics. Methods of analysis: comparative, synthesis. **Results.** In both groups were predominantly male, with a M/F ratio among diabetics of 1.6: 1 and nondiabetic - 4.4: 1. The majority of TB MDR pa-

tients with DZ were over 55 years old. Almost half (41.2%) of DZ patients were detected actively, in the control group 95.3% of cases were identified by passive way. In the group of study there were more frequent pulmonary processes in the phase of destruction (29 (85.3%) patients) and dissemination (13 (35.3%) cases). The success of treatment was 56% in TB MDR diabetics, and 62.8% for non-diabetics with TB MDR. **Conclusions.** The burden of diabetes is worldwide rising. The association between diabetes and tuberculosis is the next challenge for global tuberculosis control. Prevention, screening and treatment of both diseases together is more effective. **Keywords:** Multidrug resistant tuberculosis, diabetes mellitus.