

USE OF GLUCOCORTICOSTEROIDS IN PEDIATRIC PRACTICE

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Abstract

Soft dosage forms for external use (ointments, creams, gels, emulsions, liniments, pastes) of anti-allergic action were studied according to regulatory documentation and electronic resources in the field of health care. The possibilities of their application in pediatric practice are investigated. Data on contraindications, limitations and precautions according to the age of children are presented. The results of the review are presented in the form of 4 tables containing information on trade and nonproprietary (INN) names of medicinal products, pharmacological groups and age restrictions. Nosebleeds are common not only in adults but also in children. The most common causes of nasal bleeding in children are acute respiratory diseases and trauma. The aim of the study was to investigate the nature of microflora isolated from the nose in children with recurrent nosebleeds. *Staphylococcus aureus* was found to be the most frequently isolated microflora in children of this clinical group. The author suggests that the cause of recurrent nosebleeds may be stimulation of angiogenesis in the nasal mucosa by carrying pathogenic microflora. NLRs are a consequence of the same mechanisms that determine the activity of GCS. Upon interaction with the cell, GCS diffuse or are transported into the cytoplasm where they interact with the type II glucocorticoid receptor, which in the inactive state is bound to heat shock proteins (HSPs) with molecular masses of 90 and 70Da. heat shock proteins (HSPs) with molecular masses of 90 and 70 kDa.BTSPs contribute, on the one hand, to the maintenance of the receptor's inactive state of the receptor in the absence of GCS, on the other hand - to maintain its high affinity. After GCS is bound to the receptor, BTSH is detached and the GCS-receptor complex migrates to the nucleus of the cell where it interacts with the receptor. the cell nucleus, where it interacts with DNA regions located in the promoter fragment of the steroid-responsive gene, the so-called glucocorticoid response elements (GRE).

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As a result, there is activation or suppression of transcription of certain genes (genomic effect). In addition to GRE, the GCS-receptor complex interacts with various transcription factors, such as the activator transcription protein (AP-1), nuclear factor kB (NF-kB) and several others, which in turn are regulators of the expression of a number of transcription factors. regulators of the expression of a number of genes

involved in the inflammatory and immune. In particular, many pro-inflammatory cytokines, adhesion molecules, enzymes, etc.

The effectiveness of topical corticosteroids depends on the form of the drug and its penetration. The efficacy of topical corticosteroids depends on the form of the drug and its penetration into the deep into the skin and increases with increasing frequency in the lotion-gel-cream-moisture series. Lotion "Laticort" is applied to wet skin lesions, including hairy skin areas in seborrheic areas of the skin in seborrheic dermatitis, psoriasis, simple chronic lichen planus. (limited neurodermatitis) of the occipital area. The drug has a strong me3 Bulletin of Pharmacy № 3 (33) 2006 strong anti-inflammatory, anti-allergic, antipruritic effect [9]. In acute, wet inflammatory conditions the use of gel "Flucinar" is shown, which has drying and cooling effect. The drug is used in psoriasis, seborrheic dermatitis, prurigo, eczema. The preparation on gel-based product is especially effective in localization of the process on hairy areas of the skin and in patients who do not tolerate ointments well. Creams "Latikort" and "Polkortolon" are applied to wet and dry skin in patients with seborrheic and atopic dermatitis, eczema, eczema, eczema, eczema, dermatitis, eczema, prurigo, phlebotoderma. The creams have a cooling, softening, moisturizing effect. The most potent topical corticosteroid in the world dermatological practice is clobetasol propionate, which is available in the form of cream and ointment "Cloveit".

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