Prevalence Of Seborrheic Dermatitis, Improvement Of Treatment Methods And Their Impact On The Quality Of Life Dermatological Index

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ABSTRACT

As a result of the study conducted, perexis oxidation activity against the background of the drug colostrum in patients with seborrheic dermatitis, Malassezia spp.ni, the quality of life dermatological index of patients was studied using questionnaires and a new treatment based on their result was recommended for dermatologists, cosmetologists.
Case of acute seborrheic dermatitis among residents of Andijan region, quality of life dermatological index, perexis oxidation function, Malassezia spp. not examined, the effect of the drug colostrum has not been studied. Malassezia to the indications below in patients with seborrheic dermatitis spp.ni also, the change in the result of the action of the drug colostrum was studied for the first time.

Keywords: Malassezia, perkhot, seborrheinium dermatitis, Otsenka tyajesti techeniya, etiology, pathogenesis, lechenie.

Relevance of the topic: Seborrheic dermatitis (SD) is a chronic inflammatory disease that injures the skin areas of the head and body, where fat glands are located in large quantities. In the hairy part of the head, the disease manifests itself in the form of clearly delimited plaques, in these areas it is observed that the joint with one is covered with miliary, yellowish-pink papules and psoriasis-like pennies. During the progressive period of the procedure, the pilacchi begin to occupy large parts of the head and even reach the border of smooth skin. Signs of manifestation of SD appear with weak dandruff with slight redness in the area of the face, nose-lip folds, eyebrow areas, as well as with Bran-Bran Bran pads on the surface of a pink-yellow color with a sharply delimited closure or annular, strange outline on the chest and waist sections [Ejova M.N. 2004; Kornisheva V.G., Ejova G.A. 2012; Mannanov A.M., 2019].

SD is acute or chronic. When the procedure is triggered, exudation increases in the hairy part of the head, itching appears, diffuse hair loss, in the folds behind the ears – intertrigo is observed [Kornisheva V.G., Mogileva E.Yu. 2012, Skripkin Yu.K. I soavt. 2013; Mannanov A.M., 2019].

The final cause of SD ni has not been determined. There will be 2 high peaks of incidence of dermatosis: one in children – in the first 3 months of life, the other is observed in adults and may be due to sex hormones. The incidence of SD is 5-11% and mainly includes an interval of 18-40 years [Mannanov A.M., 2017; Breunig J. et al. 2012]. Often men get sick [Gadzhigoroeva A.G. 2007; 2010]. In the first 3 months of infant life, 10% of boys and 9.5% of girls with SD are infected. Signs of manifestation of SD are observed to recover in

2 years of a child's life, which is explained by a decrease in the activity of fat glands at this age [Macharadze D.Sh., 2007; Mannanov A.M., 2017].

M. Mastrolonardo and co – authors (2004) examined 186 patients (average age 73.9), identifying them with 23.1% SD, of which 48.8% observed facial injury, and 18.6% had a hairy part of the head. It has been found that there is a significant correlation between the age of the pasienti and the degree of invalidity of the occurrence of SD. The authors recommended the theory that against a psychological and physical background, this is due to a decrease in mobility activity in the age category. It is believed that a decrease in facial mimic muscle activity makes it difficult for fat glands to separate from their secretory protocols (pathways), which calls for a predisposition to the development of SD [M. Mastrolonardo and co-authors 2004].

Those with HIV-infection are diagnosed with SD in 30-83% of cases. The introduction of EAG antiretroviral therapy (YUFART, Vaart) into high activity led to a sharp decline in incidence of opportunistic infections and HIV-related mortality [Dunic I., et al. 2004; Garman ME., Tyring SK., 2002; Kreuter A., et al. 2002]. But the incidence of SD did not change as the facts show. The development of SD for the first time or mild excitation of SD in a patient who has been diagnosed with HIV-infection is a sign that VICH-infection has moved from its asymptomatic phase to clinical manifestation. Seborrheic dermatitis in HIV-infected patients develops when CD4 is 450-550 CL/MCL and low [Rigopoulos D., et al., 2004]. The frequency of occurrence of SD is varied in pasients in this category and depends on the stage of immunotanguinity: 24% of patients experience HIV-infection in the initial stage and 30.3% are observed in those with AIDS [Moumita S., et al. 2009]. In 156 patients with HIV-associated tuberculosis, SD was found at 5.24% [Shandra A.A. and co-authors 2009]. There is no clear mechanism. Some kind of mechanism causes SD to atypical and burst by acting on the immunotangis virus and calling for other diffuse inflammatory lesions on the skin [Kornisheva V.G. and co-authors 2012].

Most often, seborrheic dermatitis is detected in pale ferrous, Parkinson's disease, depressive states, in patients who have received PUVA-therapy [Gadzhigoroeva A.G. 2007; Gallyamova Yu.A. 2010; Gupta A.K., et al. 2004]. The presence of SD ni negatively affects the quality of life of women, young pasiets and patients with higher education [Szerietowski J.C., et al. 2009]. Functional various disorders of the Endocrine, nervous systems, gastrointestinal tract, immune shifts play a significant role in the development of the disease [Gadzhigoroeva A.G. 2007; 2010; Kornisheva V.G. and co-authors 2012].

Although the etiology of SD has not been determined, J.Q. Rosso (2011) distinguished three factors that play an important role in the development of dermatosis: excessive secretion of fat, skin microbiota colonization and metabolism (Malassezia spp.) change as well as increased individual sensitivity [J.Q. Rosso 2011]. As a permissive factor, lipophilic yeast, which is part of the normobiote of the skin and aggravates the course of SD, is considered a complication of Malassezia fungi, which form an association with bacteria [Bogdanova T.V., Elinova N.P., 2007; Kornisheva V.G., Ejkov G.A., 2012; Monakhov S.A. 2010]. V.V. According to Kozlovskaya (2007), the frequency of detection of yeast fungi was 55.4% in healthy people. Fungi have been found to be reliably low compared to those examined between the ages of 21 and 30 in children between the ages of 3-5 and people over 50 [V.V. Kozlovskaya, 2007].

The purpose of the study: to treat complex treatment methods with the drug colostrum in patients with seborrheic dermatitis with perexis oxidation system, Malassezia spp.ni study of the effect on the condition of the skin and the condition of the dermatological index of quality of life.

Subject and object of study. The study is carried out in patients with seborrheic dermatitis and shows them the therapeutic effectiveness of colostrum (baq) for the treatment of the pathological process on the skin, Malassezia spp.ni and the effect on the condition of the dermatological index of quality of life and the perexis oxidation system is

studied, the evolution of proflictic measures is carried out in Polyclinic conditions.

Patients with seborrheic dermatitis in the Andijan region with perexis oxidation function by examining malon dialdehyde, Malassezia in the wound furnace spp.ni with the help of a survey of the quality of life dermatological index, the pathological process on the skin is researched through a dermatoscope.

Research results. According to the data obtained, in patients of group 1, according to the results of external use of metazone furoate 0.1%, cream on the 14th day of control of clinical cure was noted in 95.2% (20) patients, symptoms of seborrheic dermatitis in the form of erythema of moderate severity and minimal infiltration were observed in 1 patient (4.7%). In group 2, the absence of symptoms of the disease was noted in 71.4% (15) of patients. Clinical manifestations persisted in 6 patients (25.8%), while their intensity was generally reduced to an average degree of severity: erythema in 5 patients — by 2 points, in 1 patient — by 1 point; itching in 4 patients — by 2 points, in 2 patients -by 1 point; manifestations of peeling and infiltration was assessed as 2 points. Therapy of group 2 patients was carried out according to an intermittent scheme: zinc pyrithione activated 0.2%, cream (Skin Cap) 1 time a day 2 times a week for 14 days. According to observations, on the 28th day in group 1 patients after short-term use of the topical glucocorticosteroid metazone furoate 0.1%, the clinical manifestations of the cream did not change significantly, the effectiveness of therapy was 90.5% (19) of patients, in 2 patients there was a resumption of clinical manifestations in the form of erythema (2 points), itching (1 point) and peeling (2 points). In group 2, against the background of a long course of zinc pyrithione activated 0.2%, the absence of cream was observed in 95.2% of patients, 1 patient (4.7%) retained symptoms of the disease in the form of erythema (1 point), itching (1 point) and peeling (1 point).

According to the results of the evaluation of therapy carried out after 3 months, in group 1 patients treated according to the standard scheme with metazone furoate 0.1%, cream, clinical cure was preserved in 76.2% (16) patients, symptoms of the disease resumed in 5 patients (23.8%). At the same time, the severity of erythema In 2 patients was 3 points, in 3 patients — 2 points; the severity of itching ranged from 1 to 3 points; peeling and infiltration were 2 points. In the 2nd group of patients, against the background of a long course of therapy with the use of zinc pyrithione activated 0.2%, cream (Skin Cap) according to an intermittent scheme, clinical recovery was 85.7% (18) of patients, the manifestation of clinical symptoms was noted in 14.2% (3) of patients, the severity of erythema, itching and peeling was from 1 up to 2 points. No adverse events were detected.

The observations showed the use of topical glucocorticosteroid metazone furoate 0.1%, cream according to the standard scheme and intermittent therapy with the use of zinc pyrithione activated 0.2%, cream (Skin Cap) in the treatment of seborrheic dermatitis with localization on the face with a transition to the scalp, it was found that both drugs are effective in the short term, positive results after 14 days, observations were achieved in both groups. There were no significant differences in the onset of clinical improvement. At the same time, in the long—term period, intermittent therapy demonstrated more stable results - after 3 months of follow-up in the group of patients receiving zinc pyrithione activated 0.2% cream, the intensity of erythema, itching and peeling was lower, infiltration was absent. Thus, the use of zinc pyrithione activated by 0.2%, cream (Skin Cap) leads to suppression of the inflammatory process in the skin, comparable in effectiveness with topical glucocorticosteroid (Fig. 5). The use of zinc pyrithione activated as an intermediate therapy makes it possible to control morbidity and reduce the intensity of long-term manifestations of seborrheic dermatitis. The limitation of these studies is the small sample size, however, the results demonstrate the need for long-range, larger-scale studies to evaluate various schemes of intermediate therapy for seborrheic dermatitis.

Conclusion. The undoubted advantage of activated zinc pyrithione, cream (Skin Cap) is

high anti—inflammatory activity comparable to the action of topical glucocorticosteroid, and safety, which allows the use of one drug both for relief of exacerbation of seborrheic dermatitis on sensitive areas of the skin, and further use according to an intermittent scheme, increasing adherence to therapy. The possibility of using the Skin-cap drug according to an intermittent scheme leads to the achievement of stable results and further allows patients to independently use the drug on demand in case of stress factors, diet disorders, without the risk of adverse events characteristic of topical glucocorticosteroids.

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