

## AGE-RELATED CHARACTERISTICS OF THE COURSE AND TREATMENT OF ATOPIC DERMATITIS BASED ON OBSERVATIONS IN THE TASHKENT REGION

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**Relevance.** Atopic dermatitis (AD) is a chronic inflammatory skin disease with high prevalence, a recurrent course, and a pronounced impact on patients' quality of life [1,3,7,9,10]. Despite the development of modern therapeutic strategies [2,4,8], AD remains a pressing issue in clinical dermatology, especially amid the growing burden of allergic diseases among the young population [5,6].

**Objective.** To assess the clinical and epidemiological characteristics and treatment outcomes of atopic dermatitis.

**Materials and methods.** The study included 30 patients observed at the Central Multispecialty Polyclinic of the Almalyk City Medical Association in the Tashkent region during 2024–2025, aged 12 to 45 years (mean age  $24.4 \pm 8.7$  years). There were 20 men (66.7%) and 10 women (33.3%), reflecting male predominance with a 2:1 ratio. Patients were divided into two age groups: adolescents and young individuals under 18 years ( $n = 8$ ; 26.7%) and adults aged 18 years and older ( $n = 22$ ; 73.3%). The diagnosis of atopic dermatitis was established according to the Hanifin and Rajka criteria, and disease severity was assessed using the SCORAD and EASI scales. All patients underwent standard clinical examination, history taking, assessment of comorbidities, and evaluation of factors triggering exacerbations.

**Results.** The course of the disease showed several age-dependent features. In children, moderate forms predominated (62.5%), with fewer mild (25.0%) and severe (12.5%) cases. Clinically, eczematous lesions of the face and neck were more common (50.0% vs. 31.8% in adults), pruritus was pronounced (100% of cases), and sleep disturbances were significant (62.5% vs. 31.8% in adults). In adult patients, the clinical presentation was characterized by more frequent involvement of flexural surfaces of the limbs (77.3% vs. 50.0% in children), a chronic relapsing course with prolonged exacerbation periods, and less pronounced sleep impairment. Concomitant allergic diseases were identified predominantly in the adult group: allergic rhinitis in 18.2%, bronchial asthma in 13.6%, and food allergy in 9.1%. In the pediatric group, allergic comorbidity was noted in 25.0% of cases. Following therapy, clinical improvement with a significant reduction in SCORAD and EASI indices was recorded in 75.0% of children and 72.7% of adults; improvement was achieved faster in children, whereas adults more often required additional treatment modalities (phototherapy, systemic agents).

**Conclusion.** In the Tashkent region, atopic dermatitis is characterized by a predominance of moderate severity, a high frequency of allergic comorbidities, and a substantial reduction in patients' quality of life. Age-related differences are clinically relevant. In children, the disease more often manifested with involvement of the face and neck, severe pruritus, and sleep

disturbances, whereas in adults, lesions of flexural surfaces of the limbs and a higher level of allergic comorbidity predominated. Comprehensive therapy emphasizing maintenance of the skin barrier and the use of targeted approaches in severe cases leads to improved clinical and functional outcomes. The findings confirm the need for regional research and the implementation of personalized approaches in the management of AD.

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