

IX

INTERNATIONAL SCIENTIFIC
AND PRACTICAL CONFERENCE
"TRENDS OF DEVELOPMENT MODERN SCIENCE AND PRACTICE"

Stockholm, Sweden November 16-19, 2021

ISBN 978-1-68564-518-2 DOI 10.46299/ISG.2021.II.IX

Abstracts of IX International Scientific and Practical Conference

Stockholm, Sweden November 16 – 19, 2021

## Library of Congress Cataloging-in-Publication Data

## **UDC** 01.1

The IX International Science Conference «Trends of development modern science and practice», November 16-19, 2021, Stockholm, Sweden. 588 p.

ISBN - 978-1-68564-518-2 DOI - 10.46299/ISG.2021.II.IX

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# STUDY OF INTERLEKIN-4 (C-589T, RS2243250) GENE POLYMORPHISM AND INTERLEKIN-4 LEVEL IN CHILDREN WITH BRONCHIAL ASTHMA

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The bronchial asthma (BA) is a heterogenic disease [1]. This disease has social significance because it leads to disability and death [2]. The bronchial asthma associated with a system of dysregulation of the immune system and the predominance of cells type Th-2 with increase in the secretion of cytokines, including anti-inflammatory interleukin-4 (IL-4). Interleukin-4 is encoded by the IL-4 gene, which is located on a specific site on chromosome 5q31 [3, 4]. The most significant today is the study of interleukin-4 gene polymorphism (C589T, rs2243250), when ytosine is replaced by thymine at position 589 of the cytoplasmic domain of the mature protein and is associated with allergic diseases. Therefore, the determination of the IL-4 gene polymorphism (C-589T, rs2243250) and the level of interleukin-4 in children makes it possible to predict the risk of development and the level of disease control [5].

Purpose. The study of polymorphism of the IL-4 gene (C-589T, rs2243250) and the level of the IL-4 cytokine in 89 children with bronchial asthma and in 25 children without allergic pathology.

Results. The CC genotype of the IL-4 gene polymorphism (C-589T, rs2243250) recorded in children with bronchial asthma with a frequency of 69.66%, in healthy people - 68% ( $\chi 2 = 0.03$ , p = 0.87; OR = 1.1; 95% CI [ 0.42 - 2.81]). The CT genotype of the IL-4 gene polymorphism (C-589T, rs2243250) recorded found with a frequency of 22.47% and 24% ( $\chi 2 = 0.00$ , p = 0.98; OR = 0.85; 95% CI [0.19 - 5.05], and the TT genotype - 7.87% and 8% ( $\chi 2 = 0.03$ , p = 0.87; OR = 0.88; 95% CI [0.32 - 2.61]. These data approached the results of studying the distribution of CC - ST - TT genotypes in population studies in Europe (70.2% - 26% - 3.8%) and South Asia (68.1% - 27% - 4.9%) [6]. Both in our study and in the Mauritian Indian population and the Chinese

Han population, no association was found between IL-4 C-590 T and the development of bronchial asthma [7, 8]. But S. Micheal with colleagues, when genotyping the SNP IL-4 C-589T (rs2243250), determined that in Pakistani people with bronchial asthma, in contrast to our results, the CC genotype was recorded in 24.1% of patients; CT - at 58.3%; TT - in 17.6% of the examined [9]. We also analyzed the distribution of genotypes of IL-4 gene polymorphism (C-589T, rs2243250) in 26 children with controlled and 63 children with uncontrolled asthma. Thus, in patients with a controlled and uncontrolled course of the disease, the CC - ST - TT genotypes had the following distribution: 53.85% and 74.6% (p> 0.05) - 34.61% and 19.05% (p> 0.05) - 11.54% and 6.35% (p> 0.05). Our analysis of the distribution of genotypes of the IL-4 gene polymorphism (C-589T, rs2243250) in children with bronchial asthma, depending on the level of control, did not reveal significant differences. But in the literature there is evidence that the CC genotype of the IL-4 gene polymorphism (rs2243250; rs2070874) can be a genetic marker of the risk of developing both controlled (RR 0.26; SE 0.38; p = 0.0008) and uncontrolled (RR 0.3; SE 0.38; p = 0.0018) bronchial asthma [10]. To determine the level of anti-inflammatory cytokine IL - 4 in children, medians and interquartile ranges of their values in children with bronchial asthma and in healthy children were analyzed. When comparing the IL-4 indicator in two groups, it was determined that in children with bronchial astoma, the IL-4 indicators were in the range of 1.89 (1.67 - 2.22) pg/ml, in healthy people - 1.55 (1.29 - 1.64) pg/ml, and in both groups corresponded to the indices of the reference norm (1.55 (0.25 - 16) pg/ml). The study of IL-4 gene polymorphism (C-589T, rs2243250), including recessive and dominant inheritance patterns, and the level of IL-4 cytokine did not confirm their association with the risk of development or the level of control of bronchial asthma.

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