RESULTS

Table (1) shows the demographic data of the studied groups which included four age groups (6-8), (9-10), (11-12) and (13-14) years. The incidence of asthma was more common in young age group (6-8) 51.7%. The asthma is more prevalent in males 63.3% than females 36.7%. Also the incidence of asthma is more common from urban areas than rural.

Table (2) shows the family history between the cases and controls.

Table (3) shows the clinical findings in the studied groups(patients) which was (wheezes 86%, cough 73.3%, ronchi 36.6% and crepitation 26.6%, abnormal chest shape (barrel shape) in 63.3% of cases.

Table (4) shows prevalence of a topic signs in our patients which were:

A- 13.5% of our cases were having eczema.

B- 33.3% of our cases were having urticaria.

C- 70% of our cases were having positive skin prick test.

Table (5) shows the signs of asthmatic attacks between the cases which were:

A- Frequent of attacks per week and it was depending on the severity of asthma.

B- Diurnal variation which was more common at night 53.3%.

C- Precipitating factors which were (infections 60%, inhalant 26.7%, exercise 10% and finally cold air 3.3%)

Table (6) shows the lab investigations of the cases and their controls (urine analysis, stool analysis (E. H was the more prevalent parasitic infection 46.7% in cases, 35.7% in their controls. Also the X-ray pattern shows 10% had hyperinflation signs and 3.3% had per bronchial thickening).

Table (7) shows the complete blood picture of the cases and controls which shows significant elevation in leukocytic count, lymphocytic count, esinophilic count and no significance difference in neutrophilic count.

Table (9) shows the significant elevation in pulmonary function test and TARC titer between the cases and their controls at the onset of the disease.

Table (10) shows comparison between our cases as regarded asthma severity by using pulmonary function test which was FEV (mild, moderate, and severe).

Table (11) shows distribution of the cases according to asthma severity and TARC titer in every sub group (mild, moderate, and severe).

Table (12) shows the significant difference between mild, moderate, and severe cases and their controls. As regard:

A- Pulmonary function test which shows mild (mean 89.5, SD 9.2), moderate (mean 73.1, SD 5.32), severe (mean 57.8, SD 2.3) and the controls (98.93, SD 1.19) and this means ANOVA test = 293.67, $p<0.001$ which was highly significant.

B- TARC titer which shows mild (mean 89.39, SD 8.61), moderate (mean 152.89, SD 26.06), severe (mean 421.50, SD 174.97) and the controls (mean 32.96, SD 5.00). This means ANOVA test = 45.30 ($p<0.001$) which was highly significant.

Table (13) shows the plasma TARC titer at the onset of the disease and one month later after treatment.

Table (14) shows the correlation of the TARC titer with other variables which shows *no correlation* with age, sex, residence, lab finding (stool, urine analysis), *positive correlation* with clinical finding (wheezes, cough, ronchi, crepitation), signs of asthmatic attack, leukocytic count, lymphocytic count and esinophilic count.

Negative correlation with pulmonary function tests. And finally

positive correlation with severity of asthma.