

## Summary

This study was designed to determine the T-helper cell subsets in severe asthmatic children and to evaluate the effect of treatment with prednisolon for one week on it and on calculated Th1/Th2 ratio

The study included 20 patients with severe asthma considered as study group and 10 healthy children of cross-matched age and sex and gave blood sample considered as control samples. After through clinical examination, chest X-ray examination, routine laboratory investigation included complete blood picture and erythrocyte sedimentation rate.

All the study participants gave two samples: pre-treatment and on the 7<sup>th</sup> day after treatment (Post-treatment) for flow cytometric determination of T-helper cell subsets; namely: Pre-T-helper cell (Th<sub>0</sub>), T-helper cell type 1 (Th<sub>1</sub>), T-helper cell type 2 (Th<sub>2</sub>) and the ratio of Th<sub>1</sub>/Th<sub>2</sub>.

Eight patients were symptomatizing since birth, 4 patients at age younger than one year, in other 4 patients at age of one year and in 2 patients at age of 2 years; while in the other 2 patients disease was presented at age of 4 years.

Only one patient (5%) had disease duration of 3 years; while 12 patients (60%) had mean disease duration of  $7.7 \pm 0.8$ ; range: 6.3-9 years and the other 7 patients (35%) had diseased since a mean duration of  $12.3 \pm 1.5$ ; range: 10-14 years.

In control group; no APC could be detected in 4 controls (40%) and other controls had <100 cell/cc, while 15 patients had APC >100-500 cells/cc; while another 5 patients had >500 APC cells/cc with a significant increase of frequency of detection of APC in patients compared to controls, ( $\chi^2=9.15$ ,  $P<0.001$ ).

The percentage of CD4 in pre-treatment samples showed a non-significant ( $P>0.05$ ) decrease compared to control levels. Furthermore, post-treatment samples showed a non-significant ( $P<0.05$ ) decrease of percentage of CD4 compared both to control and pre-treatment levels.

There was a significant ( $P<0.05$ ) decrease of percentage of  $Th_0$  in patients both pre-treatment and post-treatment samples compared to control levels with a significant ( $P<0.05$ ) decrease of the percentage of  $Th_0$  in pre-treatment compared to post-treatment samples.

There was a significant ( $P<0.05$ ) decrease of percentage of  $Th_1$  in patients both pre-treatment and post-treatment samples compared to control levels with a non-significant ( $P>0.05$ ) difference between percentage of  $Th_1$  between pre-treatment and post-treatment samples.

There was a significant ( $P<0.05$ ) increase of percentage of  $Th_2$  in pre-treatment sample compared to both control and post-treatment levels with a non-significant ( $P>0.05$ ) difference between percentage of  $Th_2$  cell in post-treatment samples compared to control samples.

There was a significant ( $P<0.05$ ) decrease of  $Th_1/Th_2$  in patients; pre-treatment and post-treatment samples, compared to control levels. Moreover, there was a significant ( $P<0.05$ ) increase of the  $Th_1/Th_2$  ratio in post-treatment samples compared to pre-treatment samples.

## **Conclusion**

It could be concluded that asthma is a disease of Th<sub>2</sub>-associated cytokines predominance and treatment with corticosteroid could ameliorate symptoms through suppression of polarization of Th<sub>0</sub> to Th<sub>2</sub> thus correcting the Th<sub>1</sub>/Th<sub>2</sub> ratio.