INTRODUCTION
AND
AIM OF WORK

Bronchial asthma, (a recurrent reversible obstructive airway disease) is one of the most common chronic illness of childhood **(Matthew, 1983).**

Many symptoms suggestive of allergy, particularly asthma are apparently provoked by infection, and there seems no reason why allergy should not be provoked by bacterial and viral antigens, as well as by inhalants and foods **(Soothil, 1983).**

Atopic children appear to get frequent infections, though it is often difficult to distinguish between an asthmatic attack and respiratory tract infection. A probable explanation of the association is that susceptibility both to infection and to allergy are independent effects of the same minor immunodeficiencies, **(Soothil, 1983).**

Phagocytosis is one of the most important host defence mechanism against microorganisms, **(Gadebusch, 1980)** assessment of phagocytic activity of polymorphs entails two mechanisms, a cellular factor and a serum factor, both should be evaluated as any defect of one mechanism may be masked by the action of the other. The

two main cells engaged in phagocytosis are polymorphnuclear leucocytes and monocytes **(Roitt, 1974).**

In extrinsic asthmatic, there may be some impairment of polymorph function which accounts for an increased tendency to respiratory infections or to prolonged recovery from such infections **(Faulkner et al., 1982).**

Multiple defects in their defence mechanisms including hyperpermeability of mucosa, hyperreactivity of target organs. Defective phagocyte functions, and deficient helper and suppressor T-cell functions **(Hsieh, 1986).**

The aim of this work, is the assessment of phagocytic function of polymorphnuclear leucocytes in asthmatic children using Wilkinson Technique, 1977.