Results

The present study included 50 children (32 male and 18 female) their age ranged from 7 to 14 years, they were divided into two groups:

Group (1): Asthmatic patients:

They were 35 patients (22 male) (62.9 % of the cases) and (13 female) (37.1% of cases) their mean age was (9.8 ± 2.1) years.

Group (2): Control group:

They were 15 healthy children 10 male (66.7 % of cases) and 5 female (33.3% of cases) their mean age was (10.07 ± 2.1) years .

Table (1a) showed Individual Clinical Data of Patients

Table (1b) showed Individual Clinical and Laboratory Test Results of patients.

Table (2) showed Individual Clinical and Laboratory Data of the Control

Fig. 1 showed sex distribution of cases and control respectively.

Fig. 2 showed age distribution of cases and control respectively.

In table 3 the two groups were compaired as regard age and sex distribution while there were significant difference in family history of atopy and personal history of other allegic manifistations (P<0.001)

Table 4 showed distribution of the studied cases according to age of onset of disease. Bronchial asthma started to be symptomised duing infancy befor 1 year in (22) childern (62.9 % of cases). and from 1-4 years in (9) children (25.7% of cases). and in 4 cases only after 4 years (11.4% of cases).

Table 5, Table 6, Table 7, Table 8 and Table 9 showed clincical symptoms and signs of bronchial asthma in the studied cases.

Table 5 showed distribution of the studied cases according to diurnal variation, where in (6) cases the attack occure in the morning (17.1 % of cases) . and in (26) cases in evening (74.3%). While 3 cases (8.6%) show no diurnal variation.

Table 6 showed distribution of studied cases according to seasonal variation, in which (24) of cases, the attacks occure in winter (68.6 %), (8 cases) in spring (22.9%) and (4 cases) in Autumn (11.4%) and 2 cases showed no seasonal variation (5.7% of the cases). And no cases of our study showed attacks of asthma in summer.

Table 7 showed distribution of the studied caes according to complaint in which dyspnea is present in (100%) of cases, wheez is present in (97.1%) of cases and cough is present in (57.1%) of cases while 17.1% of cases complaining of presence of sputum.

Table 8 showed distribution of the studied cases according to the frequency (Number) of attacks / year. In which (16) cases, (45.7%) showed one attack/year, (17) cases, (48.6%) showed 2 attacks / year and only 2 cases (only 5.7%) showed 3 attacks / year.

The range of frequency of attacks of asthma in our study were 1-3 the (mean \pm S D) (1.6 ± 0.6) .

Table 9 showed distribution of the studied cases according to number of hospital admissions/ year. Which range from 0 - 2 years, (14) cases (40%) show no admission, (15) cases (42.9%) had one admission/ year and only (6) cases (17.1%) show 2 admissions/ years (the mean± SD) was (0.77±0.73).

Table 10 and Fig. 3 showed distribution of studied cases according to result of skin prick testing. All cases gave + ve reaction to one or more of allergens used. In the studied cases sixteen patients of them give + ve reaction with house dust (45.7 % of cases), (14) case gave + ve reaction with dust mite (40%), 10 cases (28.6%) give +ve reaction with pollen, and only 1 case gave + ve reaction with Dog hoir (2.9 %) and 1 case gave + ve reaction with cat hair (2.9 %).

Table 11 showed comparison of the peak expiratory flow rate recording (PEFR) among the studied cases during the attack of asthma (Before treatment) and after remission (after treatment).

During attack, PEFR was ranged from (110 - 150) litre /minute The mean \pm S D was (124.6 ± 13.1).

While the range of PEFR after remission was (210 - 360) litre/minute and the mean \pm S D was (260.6 \pm 28.59) The difference was satisfically Significant (t=39.31) (P < 0.001).

- NB: % of improvment of PEFR was 52.19 %

Table 12 showed PEFR results in asthmatic versus control childrens. where the PEFR in control ranged from 250-390 litre/minute the mean \pm S D was 328.7 \pm 52.1 - t = 4.77 - P < 0.001 so the difference is statistically significant.

Table 13 and Fig. 4,5 showed comparison as regards the serum level of interleukin 10 between the studied cases during the attack (Before treatment) and after remission of asthma (after treatment). and also showed the comparison between the studied cases and cotrols. Regarding serum level of IL 10 during attack of studied cases was raged from (7.2 - 10.8 pg /ml) the mean \pm S D was (8.65 \pm 1.02) and after remission serum level of IL 10 ranged from (8.9 - 12.1 Pg / ml) the mean \pm S D was (10.2 \pm 0.92) the difference was statistically significant (t = 6.56), (P < 0.001). Serum level in controls is compaired with studied cases during attack, in control serum level of IL-10 ranged from (9.7 - 12.2) the mean \pm S D was (10.8 \pm 0.83) the difference was statistically significant t= 7.14 (P<0.001)

Also Serum level of IL-10 in controls is compared with studied cases after attacks, where their was no significat difference as regard serum level of IL-10. (t=0.65) (P>0.05). But mean serum level of IL-10 is slightly diminished after attacks than healthy controls.

Table 14 showed correlation coefficients between interleukin 10 and other variables in cases, where there is no statistically significant correlation between interleukin 10 and other variables in cases, as age of patients, duration of the disease, no. of attacks per year, no. of admissions per year, no. of + ve skin prick testin g results and PEFR during or after attacks .P value for all > 0.05.

Table (1a): Individual Clinical Data of Patients

				Т	Т	Т	Т	Τ-	T	Т	Т	1	1	T	Т	Т	T	Т	T	7	T	T	$\overline{}$	Т	T
	family history	of atomy		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Personal	history of	atopy	+	+	1	+	+	+	•	+	+	+			1	+			+			•	+	
	su	Win.		+	+	+	+	+		+	+		+		+	+		+	+	+		+	+	+	+
	Seasonal Variations	Au.		,													+				+				T
	asonal	SP.			+				+	+	Ţ.	+		+				+			T				
	Se	Sum.																		T					
	Diurinal Variations	evening		+	+	+	+		+	+	+	+	+	+	+	+	,	,			+	+		+	+
	Divrinal	morning		•	•			+											+	+			+		
	Number of	admissions	last year	++	++	+	+	+	+	++	+		•	+	+	++	++	++	+	+	•		-	+	•
	Frequency	of attacks	(Last year)	++	+++	++	++	+	+	+++	+	+	+	++	++	++	++	++	++	+	+	++	+	<i>+</i> +	+
	Dura	atio	on	9	2	Ξ	Ξ	6	∞	01	∞	∞	∞	9	~	e	9	∞	7	2	11	9	9	2	12
- 1	şet	after 1	year			2nd			3 rd	4 th			2 nd	3 rd		4th	2 nd		3 rd					4 th	
	Onset	first	year	+	+		+	+			+	+			+			+		+	+	+	+		+
		sputum		•	•	+				+							+			+					
	laint	wheez		+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Complaint	dypsnea		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		y 8noo		+	•	+		+		+				+	+	+		+			+			+	4
		Sex		female	male	male	female	male	male	male	female	male	male	male	female	female	male	male	fernale	female	male	male	female	female	male
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Individual Clinical Data of Patients (Cont.)

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family history	of atopy	+	+	+	+	+	+	+	+	+	+	+	+	+
Personal	history of atopy	+	•	+	•	+	,	+	+	1	+	+	+	-
SU	Win.	+	+		+	+				+	+	+	•	-
'ariatio	Au.			+					+					
Seasonal Variations	SP.						+	+						•
Se	Sum.													,
/ariations	evening	+	+		+	+	+	+	+		+	+	+	۱
Diurinal Variations	morning			+						•				+
Number of	admissions last year	1	1	+	+	+		+		•	1	+	•	
Frequency	of attacks (Last year)	+	++	++	+	++	++	++	++	+	+	+	+	+
Dur	ation	۵	Ξ	2	6	-	9	-	9	2	6	6	12	7
ğe	after 1 year			2 nd					3 rd	4 th				2 nd
Onset	first	+	+		+	+	+	+			+	+	+	
	sputum	+								+				
laint	wheez	+	+	+	+	+	+	+	+	+	+	+	+	+
Complaint	dypsnea	+	+	+	+	+	+	+	+	+	+	+	+	+
	qanoo	+	+		+	+	+		+	+		+		+
	Sex	male	male	female	male	male	male	male	female	female	female	female	male	male
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Table (1b): Individual Clinical and Laboratory Test Results of patients

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	(Elisa) Interlukin 10 Serum level (pg/ml)	after attack	11.1	10.6	11.1	8.6	9.00	10.7	6'6	10.4	11.9	9.1	12.1	8.9		11.1	9.1	11.2	10.1	11.00	10.2	10.7	9.4	6.6	9.3
ı	(Elisa) Inte Serum lev	during attack	0.6	80. 80.	9.6	8.4	7.3	9.2	8.3	9.2	9.7	8.5	10.8	7.4		9.6	7.9	10.5	8.4	10.7	8.7	6.3	8.3	7.9	7.2
able (1b): Individual Clinical and Laboratory Test Results of patients	rtory flow rding (L/M)	after attack	250	280	280	270	240	250	300	260	280	240	230	220		220	240	760	280	290	270	210	220	360	270
lest Kesul	Peak Expirtory flow Rate Recording (L/M)	during attack	120	130	140	130	120	110	150	110	120	110	120	110		110	110	130	120	140	130	110	110	150	140
ratory		lorinoO ev -		+ 1ml	1	+ 1ml	+ 0.5₪	•	+ 1m1	+	+	ŧ	,	1		+	+	+	+	+	+	,	+	+	+
apc		Histamine	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+
and I		Dust Mite				+ 3ml	+3ml		+ 3.5 ml	+	+	+				~									+
	test	nəlloq bəxiM		+ 3.5	+2.5 mt	+ 3ml		+ 3ml								+		+					+	+	
Vidual	Result of Skin prick	błom bəxiM		+3.5				+ 3 ml					+												
	f Ski	Cat hair															+								
(ar	ulto	nisH goQ																		+					
l able (Res	House dust	+		+33	+ 4ml	+ 3m									+	+	+			+		+	4	+
		chocolate											+	+	ml				+		+				
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Individual Clinical and laboratory Test Results of patients (Cont.)

el (pg/ml)	after attack	9.4	11.1	9.5		10.3	0	6.9	9.1	10.1	c	7.6		6.6	10.9		10.9	12.00		 C:K	
(Elisa) Interlukin 10 Serum level (pg/ml)	during attack	8.1	10.1	7.6	2	7.2		7.8	8.3	8.5		7.4		7.9	9.2		8.5	10.2		7.3	
Peak Expirtory flow Rate Recording (L/m)	after attack	250	270		077	260		260	270	250	0.77	270		240	280		270	280		280	
Peak Exp Rate Reco	during	120	130	2	110	130	251	110	120	110	011	120		130	140	P	140	150		130	
	ev - lontro	+	0.5m	-	+ [-		1	+ 1 m		[m] +	1		+ -	1	1ml	+ 7	7		+	1m
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test	qm nuloq bexil											+	3ml	+ 3ml							
Result of Skin prick te	mm biom bevil	\ \			3 ml									+	3mi		+	4ml	+		
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Table (2): Individual Clinical and Laboratory Data of the Control

S . level of IL.10 (pg/ml)	6.6	10.3	11.4		7.6		10.2	11.6	12.0	11.7	10.9	10.7	12.2	9.8	11.3	10.11	10.6
PEFR L/m	250	380	370		380		390	360	380	360	250	270	300	300	290	390	320
Family H. of atopy	ı	+	1		ļ		-	4	_	1		-t-rese	1	+	ļ	1	1
Personnal History of atopy	1	1	I		- 1		Ļ	1	1					1	1		_
Sex	male	male		female		female	male	male	male	male	male	male	male	female	male	female	female
Age	7	14	11		10		10	12	13	6	6	13	6	7	8	6	10
ON		2	3		4		5	9	7	×	6	10	11	12	13	14	15

Table (3): Some clinical data of asthmatic patients in comparison to control group

	Patients n = 35	Controls n = 15	Statistics	Р
Age (yr) Range Mean ± S D	7-14 9.80 ±2.10	7-14 10.07±2.15	t = 0.41	> 0.05
Sex M/F	22/13	10/5	X2 = 0.07	> 0.05
P.H of Allergy	57.1 %	0.0 %	z = 3.78	< 0.001*
F. H of atopy	100 %	13.3%	z = 6.40	< 0.001 *

P.H : Personal History

F.H: Family History

Table (4): Distribution of the studied cases according to the age of onset of disease:

Age of onset of the disease in years	No. of Cases	%
ly	22	62.9
2y	5	14.3
3y	4	11.4
4y	4.	11.4
5y	0	0.0
Total	35	100.0
Rage	1-	4
Mean	1.1	7
± S D	1.0)7

Table (5): Distribution of the studied cases according to diurnal variation of asthma symptoms

17.1
1
74.3 8.6
100.0
_

Table (6): Distribution of the studied cases according to seasonal variation

No	%
24	68.6
8	22.9
4	11.4
0	0.0
2	5.7
	24 8 4 0

Table (7): Distribution of the studied cases according to complaint

No	%
35	100.0
34	97.1
20	57.1
6	17.1
	35 34

Table (8): Distribution of the studied cases according to frequency (number of attacks) / year

No. of attacks / year	No. of cases	%
1	16	45.7
2	17	48.6
3	2	5.7
Total	35	100.0
Rage	1-3	3
Mean	1.60	0
± S D	0.6	0

Table (9): Distribution of the studied cases according to number of hospital admissions / year

No. of hosp. admissions / year	No	%					
0	14	40.0					
1	15	42.9					
2	6	17.1					
Total	35	100.0					
Rage		0-2					
Mean	0	.77					
±SD	0.73						

Table (10): Distribution of the studied asthmatic patients according to results of skin prick testing

Allergen	No	%
Histamine (+ ve control)	35	100.0
House dust	16	45.7
Mite	14	40.0
Pollen	10	28.6
Mould	6	17.1
Cat hair	1	2.9
Dog hair	1	2.9
Egg	7	20.0
Fish	7	20.0
Chocolate	6	17.1
Milk	6	17.1
- ve control	0	0.0

Table (11): Comparison between PEFR results among cases during the acute asthma attack and after treatment

PEFR (Litre / minute)	During attack	after ttt
Range	-110-150	210-360
Mean	124.57	260.57
±SD	13.14	28.59
% reduction during attacks = (% of improvment)	52.19	9 %
t (paired)	39.	31
P	< 0.0	01 *

^{*} Significant

Table (12): PEFR in asthmatic patients (after ttt) compared to control group

PEFR (Litre/minute)	astmatic after treatment	Control group	t value	Р
Range				
Mean ± SD	210-360	250-390		
	260.57±28.59	328.678±52.08	4.77	< 0.001*

Table (13): Comparison between cases and controls as regards serum level IL10

(Pg/ml)

	Cases	Controls	t (value)	Р
	n = 35	n = 15		
during attack				
Range	7.2 - 10.8	9.7 - 12.2		
Mean	8.65	10.83	7.14	< 0.001*
±SD	1.02	0.83		
after ttt				
Range	8.9 - 12.1	9.7 - 12.2		
Mean	10.20	10.83	0.65	> 0.05
± S D	0.92	0.83		
t (paired)	6.56			
P	< 0.001 *			

^{*} Significant

Table (14): Correlations coefficient between IL-10 and other variables in studied cases

	IL 10 pre ttt (R)	IL 10 post ttt
	12 10 p. 0 sas (1.5)	0.008
IL 10 pre ttt	0.008	-
IL 10 post ttt	0.177	0.017
Age	0.266	0.052
Duration	0.200	-0.165
Admissions no.	-0.040	0.84
Frequency of attacks	-0.067	0.078
No. Of +ve skin test	0.239	0.005
PEFR pre ttt	0.259	-0.033
PEFR post ttt	0.130	<u> </u>

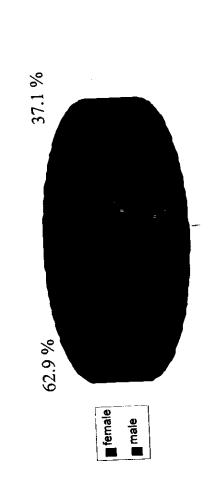
P value for all > 0.05 insignificant

Fig. (1)

Sex Distribution among Cases and Controls

Sex Distribution among Cases (Total no. = 35)





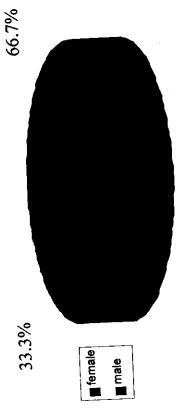


Fig. (2)
Age Distribution among Cases and Controls

Age Distribution among Cases (Total no. = 35)

Age Distribution among Control (Total no. = 15)



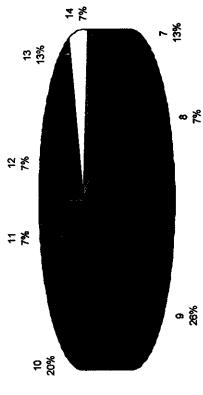


Fig. (3): Results of Skin Prick Testing in asthmatic patient

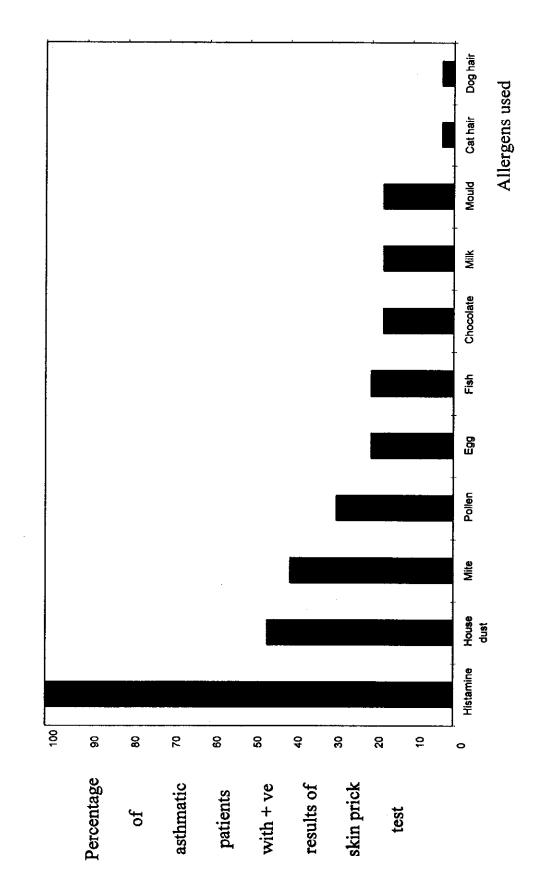


Fig. (4): Range and mean levels of serum IL-10 in asthmatic and control groups (Pg/ml)

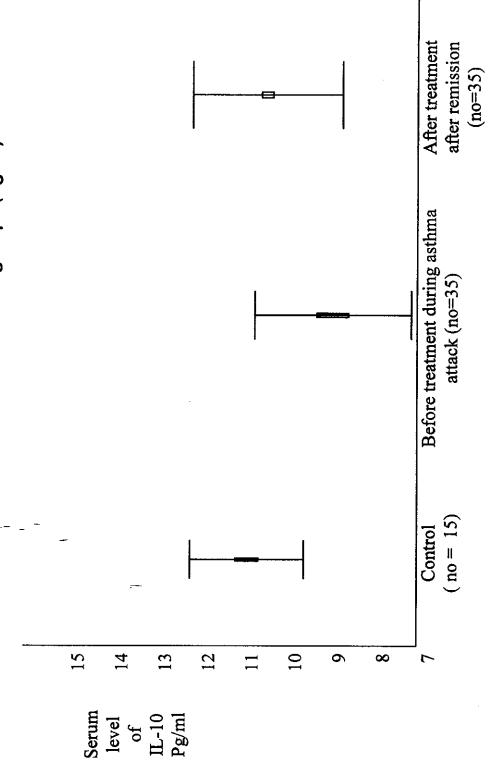
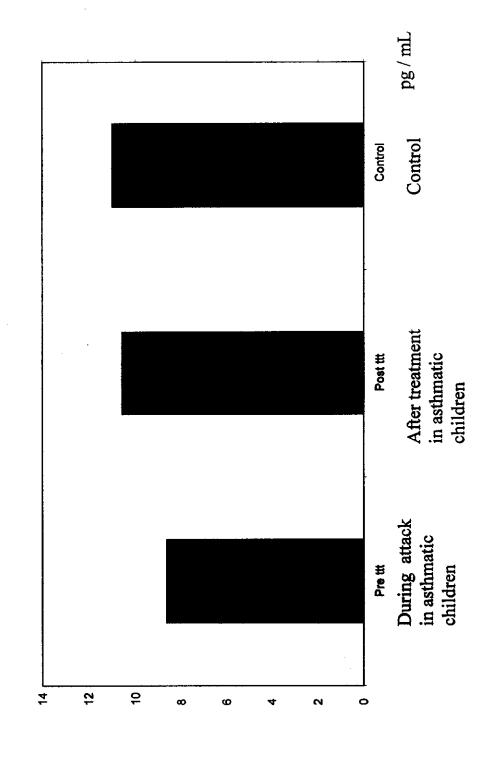


Fig. (5): Mean Serum IL-10 Level in the Studied Children (pg/mL)



Serum Level of IL=10 Pg/ml

Mean