The most important study appears in patients with asthma microbial–viral role of associations in which one of the infectious agents are intracellular pathogens (Chlamydophila pneumonia, Mycoplasma pneumoniae). Established that intracellular pathogens could negotiate a debut of disease, and cause the acute and severe clinical course. [6]

Proved that asthma is associated with atypical flora, runs hard, is characterized by persistent course against the background of adequate therapy within steroids and β2 - agonists long-acting frequent and severe exacerbations, accompanied by severe disorders of ventilation function of the lungs. However, the role of atypical flora in the formation of the exacerbation of asthma and resistance to therapy courses of arisnotenough studied [2].

**Materials and methods**

Under observation were 105 children with BOS in age from 3 to 15 years, including 35 children with recurrent obstructive bronchitis (ROB), 35 patients with asthma, light persistent course (BALPC), 35 patients with asthma, moderate persistent course (BAMPC). The control group consisted of 30 healthy children of the same age.

Patients with BALPC detected in 72.3% of sensitization to pollen and household allergens in 27.7% - to pollen allergens. Children with BASTPP detected in 82.5% of sensitization to different types of pollen and household allergens, 16.5% - to pollen allergens. The deterioration of the appearance of symptoms on a back ground of acute respiratory infections was observed in 92% of patients with ROB, 75% of children with BALPC, 82% of patients with BAMPC.

Conducted general clinical research methods (case history, allergic history, clinical examination), laboratory examination of blood, determination of IgA in saliva. All children were examined for antibodies Ig G to Chlamydomphila pneumoniae by ELISA "Organics" Israel and Research mucus from the throat by direct immunofluorescence
detection of antigens of Mycoplasma pneumoniae "Mikopnevmo" flyuokrin, detection of antigens Chlamydophila pneumoniae by Direct immunofluorescence "Hlamiskan". Diagnostically significant to chlamydia considered 1:8. All seropositive children were examined after 1 month of treatment. Determined indicators of cellular immunity CD3 +, CD4 +, CD8 +, CD4 + / CD8 + SD16 +, CD22 +, by indirect immunofluorescence reaction with monoclonal antibodies produced by "Sorbent-service" and humoral – the content of serum immunoglobulins (G, A, M ) was determined by the method (Mancini et al., 1965). Phagocytic activity of neutrophils counting phagocytic index and numbers, the level of IL - Iβ in serum were determined using the solid phase method ELISA using a set of "Biotract", the level of IL-4 by the same method using a set of "Protein contour" level of total immunoglobulin E in Serum samples were ELISA («Delfia» Finland). Statistical analysis was performed using statistical analysis software package "Extras."

**Results**

After complex treatment observed disappearance of intoxication syndrome 5-7 days of treatment in 99.2%, 98.6% and 97.3% of children in accordance with ROB, and BALPC BAMPC. Characteristic was positive dynamics hepatolienal syndrome on day 7 of treatment in 98.6%, 98.4% and 98.2% of patients with Rob, and BALPP, BASTPP. Dry cough was absent for 3 - 4 days of treatment in 99.6%, 98.6% and 98 2% respectively in children with Rob, and BALPP, BASTPP. There was a positive trend proliferative syndrome in 99.6%, 98.1% and 97.8% of patients with ROB, and BALPC, BAMPC. After the comprehensive treatment of ROB, BALPP, BASTPP in these groups experienced a significant increase indices of cellular immunity CD3-lymphocytes, CD4 subpopulation CD8 cells, CD22-limfotsytiv (p <0.001) and phagocytic activity of neutrophils in these groups significantly increased (p<0.01), indicating a strengthening of nonspecific immune defense (tabl.1,3). After treatment in the three groups observed significant increase of concentration of IgG, IgA, IgM (p <0.001), indicating a normalization of humoral immunity in children with ROB, and BALPC, BAMPC (tabl.1,3). Typical was the likely reduction of IL-4, IL-1β almost normal (p <0.001),
indicating a significant reduction of inflammation in patients with ROB, and BALPC, BAMPC (tabl.3,4). There was a reduction in total IgE to a level of control and sIgA concentration increased in 4 times 3,5,3,0 examined in accordance with ROB, BALPC, BAMPC.

Seropositive children were examined 1 month after treatment for antibodies Ig G to antigens to Chlamydia and mycoplasma and chlamydia - the results were negative.

**Conclusion**

1. In children with bronchial-obstructive syndrome identified high infection atypical pathogens (Chlamydophilia, Mycoplasma). In 71.24% of patients with ROB, 70.36% of patients with BALPC, 72.91% of children diagnosed with BAMPChlamidna infection, 20.8% of children with ROB, 44.4% of children with BALPC, 52% of patients with BAMPC - mycoplasma infection.

2. Integrated treatment of broncho-obstructive syndrome caused by atypical pathogens contributed to the restoration of authentic content CD3 + - lymphocytes, CD4 + - cells, a subpopulation of CD8 + cells, CD22 + - lymphocytes and increasing the level serum term immunoglobulin IgG, IgA, IgM in children.

3. Children with bronchial-obstructive syndrome in which the infection was found atypical pathogens need to appoint macrolides basic therapy, probiotics and immunomodulators.

4. After the course of treatment observed stable remission for one year in patients with bronchial-obstructive syndrome.