

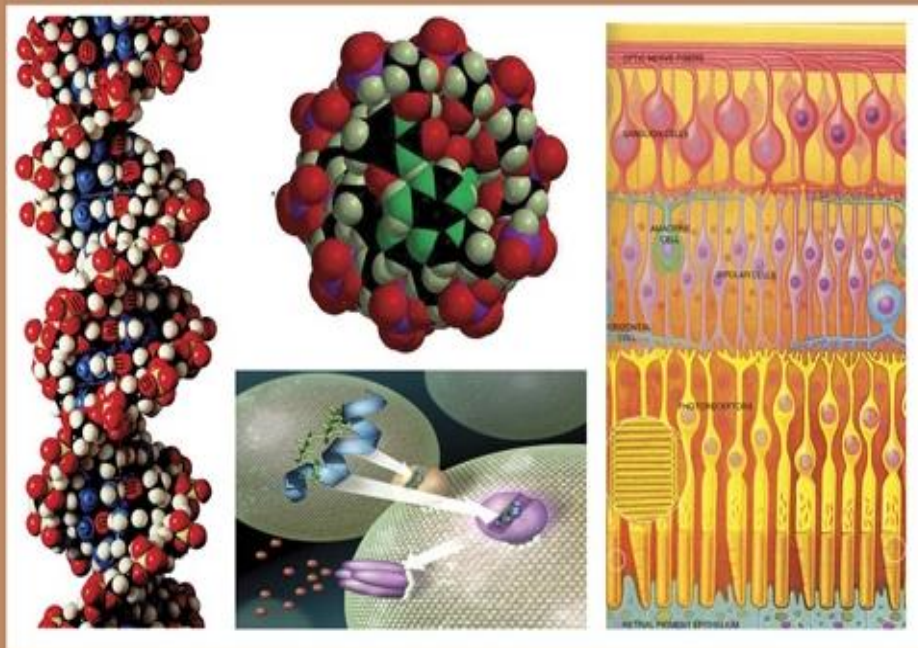


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## Relationship between Serum IgE and Airway Responsiveness in Adults with Asthma

Mazen Almeahdi<sup>1</sup>, Saad Alghamdi<sup>2</sup>, Mashael Kelantan<sup>3</sup>, Suleman Khan<sup>4</sup>, Mahdi H. Alsugoor<sup>5</sup>, Samiyah Tasleem<sup>6</sup>, Farkad Bantun<sup>7</sup> and Ahad Amer Alsaari<sup>1</sup>

1-Department of Clinical Laboratory Sciences, College of Applied Medical Sciences, Taif University, P.O. Box 11099, Taif 21944, Saudi Arabia.

2-Laboratory Medicine Department, Faculty of Applied Medical Sciences, Umm Al-Qura University, Makkah 21912, Saudi Arabia.

3-Department of Preventive Medicine & Public Health, Hera General Hospital, Makkah, Saudi Arabia

4-Department of Health and Biological Sciences Abasyn University Peshawar, Khyber Pakhtunkhwa-25130-Pakistan.

5-Department of Emergency Medical Services, Faculty of Health Sciences, AlQunfudah, Umm Al-Qura University, Makkah 21912, Saudi Arabia.

6- Department of Microbiology, University of Karachi-75270-Pakistan.

7- Department of Microbiology, Faculty of Medicine, Umm Al-Qura University, Makkah 21912, Saudi Arabia.

\*E. Mail: [sulemankhanzmat333@gmail.com](mailto:sulemankhanzmat333@gmail.com)

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### ABSTRACT

Several cell types and a wide variety of inflammatory mediators are involved in the chronic airway inflammation that characterizes asthma. The study aims to uncover a link between high serum immunoglobulin E IgE levels and childhood asthma. This cross-sectional study was conducted from March to July 2022 at Khyber Teaching Hospital Peshawar, Pakistan. Asthma patients traveling to the clinic's out-of-the-way chest medication branch were given a clear explanation of the review's goal, its system, and its security measures. This study included 65 patients. This study lists demographic, clinical, and useful characteristics. The research review included 18–60-year-old patients. 40 (66.67%) of our 60 patients were men, and 20 (33.33%) were women. Out of 60 cases, 56.67% had severe asthma. The researchers concluded that the serum levels of immunoglobulin E in asthmatics were much higher than those in normal patients. The severity of the patient's asthma was correlated with an increase in their IgE levels, on average.

### INTRODUCTION

Asthma is a persistent respiratory problem on the aviation routes that is characterized by bronchial hyper-responsiveness, respiratory side effects, underlying rebuilding, and reversible, and variable wind stream restriction (Sandeep *et al.*, 2010). Although their scientific validity against positive allergens is well established, the predictive value of plain blood IgE levels is debatable. The results of this study (Kumar *et al.*, 2017) also showed that there is a link between a person's clear serum IgE levels and their clear serum IgE levels.

In adversely susceptible asthma, a sensitivity response is triggered, which is initiated by immunologic components and is then intervened by IgE antibodies. IgE has a pivotal role in both the instigation and spread of the inflammatory response, which leads to the hypersensitive reaction (Sharma *et al.*, 2006).

IgE has been considered the primary natural target in the treatment of allergic reactions and asthma ever since. Numerous medical professionals have been working toward the goal of inhibiting the production of IgE or its capability in the immune system ever since that time. This is supported by the findings of the counter IgE monoclonal immune response, also known as mAb, which was carried out in the treatment of asthma and sensitivity. Anyhow, this medication has been linked to side effects like hypersensitivity, urticaria, and serum affliction, and it is expected that repeated infusions at a very high cost will be needed to keep the patient (Deal, 2011). There were a few case studies that demonstrated that children who had irregular bronchopneumonia had high levels of IgE and that fluctuations in IgE levels may be compared to the reality of bronchopneumonia in young people (Hansel *et al.*, 2013). During this period, messes that had bronchopneumonia, particularly those that had extreme pneumonia, were frequently accompanied by safe brokenness. Broken immune systems can affect the occurrence and course of lower respiratory tract illnesses, which can lead to recurrent cases of bronchopneumonia in children and adolescents (Borish *et al.*, 2005). Current rules evaluate the degree of asthma severity. In most cases, the asthma control and severity organization are evaluated using an abstract, which may include clinical evaluation and personal satisfaction polls, and target measurements, such as spirometry, top expiratory stream rate, and Broncho provocation testing (Deal, 2011). At this time, asthma treatment is directed following clinical evaluation and pneumonic capacity testing (PFT) sensitivity as per the seriousness of side effects, utilization of salvage medicine, asthma intensifications, and seriousness of wind stream obstruction (Chandran *et al.*, 2015). The primary purpose of the research is to investigate a correlation between elevated serum IgE

levels and the presence of bronchial asthma in children.

## MATERIALS AND METHODS

This study was carried out in the Khyber Hospital in Peshawar between March 2022 and July 2022 using a cross-sectional design. The asthma patients who were going to the outpatient branch of chest medicine at the clinic, it was given a clear definition of the objective behind the review, the system that was embraced, and the security measures that were embraced while inspecting blood had been supplied. 35 male and 15 female patients in the age range of 18–60 years who were experiencing severe attacks of bronchial asthma volunteered to take part in the assignment. Ten healthy workers in the age range of 18–60 were chosen as the control group after receiving informed consent from them. Patients with asthma who had taken bronchodilators within the previous twenty-four hours, as well as patients with other conditions that make them more likely to experience adverse effects, were excluded from the study. Patients who did not have a strong immune system or who had long-term respiratory illnesses other than asthma were not allowed to be examined. To compile and organize the information, MS Excel 2020 was utilized. To carry out the statistical analysis, the statistical software program SPSS 19.0 was utilized.

## RESULTS

The information for this study came from sixty-60 different patients. Table 1 includes a rundown of the characteristics, including demographic information, clinical benchmarks, and practical applications. The current analysis found that, on average, patients had been followed for 37.48 years. Our investigation included 60 patients, 40 of whom were male (66.67%) and 20 of whom were female (33.33%). There was a total of 60 cases, and 34 (56.67%) of the people being looked at had severe asthma that didn't go away.

**Table 1:** Patient profiles, including demographic and biological information.

Patients profile	Patients	p-value
Age (years)	37.48 ± 1.93	0.91
Male/female	40/20	0.75
Height (cm)	121.03 ± 15.17	0.18
Weight (kg)	57.64 ± 5.01	0.268
Level of total serum IgE (IU/mL)	268.11 ± 149.97	<0.001***

**Table 2:** Elevated level of total serum IgE (>150 IU/mL).

Characteristics	Total serum IgE, >150 IU/mL (n = 60) (%)	$\chi^2$	p-value
Male	40 (66.67)	1.89	0.180
Female	20 (33.33)		
Raised	37 (61.67)	7.10	0.008**
Normal	23 (38.33)		

## DISCUSSION

There are two subtypes of asthma: the extrinsic and the intrinsic forms. Patients with hyper-responsive aviation routes set the stage for the response to a large extent by an initial sharpening of breathed-in antigens and substance antigens (Menon, 2017). Atopic asthma is a subtype of outward asthma. Patients with atopic asthma have a hyper-responsive aviation route. The analysis of the data revealed that the mean levels of IgE were significantly different across all of the groups, with p 0.001 for each comparison. It also showed that IgE levels follow a pattern, with the lowest levels in the "typical" group and the highest levels in the "severe" group. This shows that IgE plays a significant role in the severity of asthma; however, it was not possible to determine whether or not this undeniable amount is a causative determinant of the severity of side effects. Asthmatics with IgE levels above 1000 IU/mL (Satwani et al., 2009) were not given a full workup for adversely susceptible bronchopulmonary aspergillosis (ABPA) because of the situation with the parasite refining in the patients. Asthmatic people have been reported to have greater IgE levels compared to the general population across a variety of tests. The antibody IgE is thought to play a significant role in the initiation and development of the allergic response

(Sandeep *et al.*, 2010). The delayed results of our study were like those of a local report that was published in JPMA. That report found that total IgE level is a good indicator of responsiveness in children and that full-scale IgE level is also a good way to measure responsiveness in asthmatic children (Lama *et al.*, 2013; Ozol *et al.*, 2008). This study showed that no matter how IgE levels in children were categorized, those with higher IgE levels had a higher chance of being hospitalized again in the first year after their first stay.

## CONCLUSION

It was determined that the levels of serum immunoglobulin E in asthmatics were much higher than those in normal patients. There was a positive correlation found between the severity of the patient's asthma and an increase in their IgE levels, on average.

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