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**Title:** Association of bronchial hyperresponsiveness and acute respiratory viral infections (ARVI)

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**Body:** Hyperresponsiveness is hypersensitivity of irritative bronchial receptors, when they respond with bronchospasm and appearance of wheezes in the lungs to the impact of specific and nonspecific stimuli. Aim. Determining the presence of bronchial hyperresponsiveness in patients who have had ARVI. Materials and methods. We examined 80 persons aged 20 to 60 years with ARVI including: men - 43, women - 37. In all patients we studied respiratory function (RV): measured vital capacity (VC), forced vital capacity (FVC), peak expiratory flow (PEF), forced expiratory volume in 1 second (FEV1), maximum flow rate at large bronchi (MEF75), maximum flow rate at secondary bronchi (MEF50), maximum flow rate at the level of the small bronchi (MEF25). Those patients (50), in which marked paroxysmal cough under normal RV we performed a test with beta-blockers to detect latent bronchial hyperresponsiveness. Results. Bronchial hyperresponsiveness was found in 62.25% of patients (53), of whom in 39.6% patients ARVI observed on the background of pneumonia (21) and in 22.6% men – on the background of acute bronchitis (12), the remaining 37.7% (20) had ARVI without complications. ARVI patients without bronchial hyperresponsiveness (47) had complication of pneumonia in 23.4% (11) and acute bronchitis - in 14.9% (7). Conclusion: ARVI can be a predictor of bronchial hyperresponsiveness. With the development of complications of ARVI (such as pneumonia or acute bronchitis) there is an increase of cases of bronchial hyperresponsiveness.