

УДК 618.17-002:616.98-085

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TREATMENT OF TRICHOMONIASIS IN WOMEN WITH CHRONIC INFLAMMATORY DISEASES OF FEMALE GENITAL ORGANS

Key words: trichomoniasis, metronidazole

Abstract. A clinical and laboratory examination of 50 women with chronic inflammatory diseases of female genitals having *Trichomonas*, who were divided into 2 groups: I group - 25 women who were administered short schemes of trichomoniasis treatment with large doses of metronidazole, II group - 25 women who undergone the treatment with average therapeutic dose for 7-10 days was carried out. Treatment was reliably more effective at treating trichomoniasis for 7-10 days..

Introduction

In recent years there has been an increased incidence of urogenital infections that differ polietiologichnistiu, atypical clinical symptoms, the formation of chronic diseases and the spread of these diseases in the population that requires a differentiated approach to treatment [1]. The spectrum of causative agents of urogenital infections is extremely high - from specific pathogens TORCH-complex to pathogenic flora [3]. Increasingly important in the formation of chronic urogenital infections become such groups of microorganisms - conditionally pathogenic microflora and protozoa, especially *Trichomonas* [1,4]. According to WHO, trichomoniasis infection is detected in almost 10% of the population [2]. In certain socio-economic groups, the prevalence of trichomoniasis may reach 40-90% [1]. In the female genital Trichomoniasis can coexist with gonococcus, herpes simplex virus, Chlamydia, *Corynebacterium* and other microorganisms that are found in the lower genital area. Absorbing pathogens *Trichomonas* are agents of infectious pathogens in the upper sections of organs and abdominal cavity [1]. The importance of the problem is caused not only with widespread disease, but the consequences that arise as a result of the action of microorganisms and the emergence of complications that can cause infertility, pathology of pregnancy and childbirth. Chronic persistence of pathogens in the female reproductive organs affects the body as a whole and also causes changes in the immune system with the development of secondary immunodeficiency. [3]

The purpose of the study

To investigate the state of mikrobiotsynozu of the vagina in women with chronic inflammatory diseases of the female genital organs, including the presence

of *Trichomonas vaginalis* and to determine effective treatment in the application of different treatment regimens of trichomoniasis.

Materials and methods

To achieve this goal we conducted clinical and laboratory examination of 86 women with chronic inflammatory diseases of the female genital organs, 50 of whom were allocated *Trichomonas* (58.12%) and 20 gynecological healthy women who created the control group.

All women were somatically healthy, in anamnesis they had inflammatory diseases of female genital mutilation. Age of women ranged from 22 to 39 years (mean $30,5 \pm 0,45$ years).

The material for the study were the allocation of the vagina and cervix, scraping columnar epithelium of the cervical canal.

Methods - Bacterioscopic, bacteriological, statistical. Option study - a longitudinal study.

Discussion of the results of the study

The study established the presence of trichomoniasis in 58.12% of women with chronic inflammatory diseases of the female genital organs. A characteristic feature of *Trichomonas* infection of the mucous membrane of the vagina and cervix in 50 women was the presence of polymicrobial association with opportunistic pathogens in 36 cases (72%) of pathogenic - in 14 cases (18%). *Trichomonas* coexisted with yeast fungi genus *Candida*, staphylococcus - golden and epidermal, *Escherichia*, Chlamydia, ureaplasma, mycoplasma, herpes simplex virus (opportunistic), and gonococcus and fecal enterococci (pathogens). The 20 women of the control group revealed *Candida albicans* - 2 cases - 10%, fecal enterococcus - 1 case - 5%, lactobacilli,

Corynebacterium - 17 cases - 85%. Trichomonas create associations with such opportunistic pathogens: Candida albicans - 12 cases - 24%, S.epidermidis - 7 cases - 14%, E. coli - 9 cases - 18%, S.epidermidis and E. coli - 6 cases - 12%, chlamydia - 8 cases - 16%, herpes simplex virus - 4 cases - 8%, chlamydia, and viruses Herpes Simplex - 3 cases - 6%. In the remaining 36 (41.86%) women of the main group such microorganisms as S.epidermidis, E. coli - 15 cases - 41.67%, Candida albicans - 5 cases - 13.89%, Chlamydia - 5 cases - 13.89%, fecal enterococcus - 2 cases - 5.56%, chlamydia, ureaplasma, mycoplasma - 6 cases - 16.67%, herpes simplex virus - 2 cases - 5.56%, herpes simplex virus, chlamydia, S.epidermidis - 4 cases - 11.11% have been revealed.

Women with trichomoniasis diagnosis were divided into 2 groups: I group - 25 women who were prescribed short treatment regimen with large doses of metronidazole (2.0 per day per os and 1.0 topically as vaginal suppositories), II group - 25 women who were prescribed the treatment with medium doses (1.0 per day per os and 0.5 topically as vaginal suppositories) for 7-10 days.

After examination of women after the first course of treatment, the presence of trichomonads has been stated in 22 women of the first group and 23 women of the 2nd one.

Treatment during one menstrual cycle was ineffective. Significant differences were detected. All women continued treatment for three menstrual cycles. The effectiveness of the treatment was judged by clinical symptoms and absence of Trichomonas vaginalis in smears during examination in month after the treatment. Treatment was effective in 9 women of the first group (40.9% ± 12,6) and 18 women (78.3%±9,4) (p <0,05) of the second group.

After receiving the results of the study we have made a conclusion as to significant differences in the treatment of trichomoniasis using different regimens. Treatment with metronidazole for 7-10 days at a dose of 1.5 was significantly more effective than an increased single dose of the drug.

Conclusions

1. Trichomonas, associating with other opportunistic pathogens and pathogenic microorganisms contribute to the development of chronic inflammatory diseases of female genital mutilation.

2. Insufficient effectiveness of trichomoniasis treatment of only during one menstrual cycle,

regardless metronidazole dose and duration of treatment (p > 0.5) has been established.

3. We found a significant difference when applying medium therapeutic doses of metronidazole for 7-10 days and a single dose of 3.0 metronidazole for three menstrual cycles.

Prospects for further research

Determination of the effectiveness of treatment in the application of different schemes, depending on the duration of the disease

References. 1. Буданов П.В. Нарушения микроценоза влагалища / П.В.Буданов, О.Р.Баев, В.М.Пашков // Вопросы гинекологии, акушерства и перинатологии. - 2005. - №4(2). - С.78-88. 2. Колесник В.Л. Способы оптимизации реабилитации женщин репродуктивного возраста, больных на хронический сальпингофорит / В.Л.Колесник, Л.Д.Москаленко // Актуальные вопросы медицины та биологии. - 2005. - №1-2. - С.15-17. 3. Мавров Г.И. Особенности микрофлоры урогенитального тракта при воспалительных заболеваниях мочеполовых органов / Г.И.Мавров, И.Н.Никитенко, Г.П.Чинов // Укр. Ж. дерматології, венерології, косметології. - 2004. - №2(13). - С. 64-67.

ЛІКУВАННЯ ТРИХОМОНІАЗУ У ЖІНОК З ХРОНІЧНИМИ ЗАПАЛЬНИМИ ЗАХВОРЮВАННЯМИ ЖІНОЧИХ СТАТЕВИХ ОРГАНІВ

А.В.Семеняк, О.А.Андриць, І.Р. Ніцович

Резюме. Проведено клініко-лабораторне обстеження 50 жінок із хронічними запальними захворюваннями жіночих статевих органів за наявності трихомонад, які були розділені на 2 групи: I група – 25 жінок, яким призначалися короткі схеми лікування трихомоніазу великими дозами метронідазолу, II група – 25 жінок, яким проводилося лікування середньою терапевтичною дозою впродовж 7-10 днів. Лікування було достовірно ефективнішим при 7-10 денному лікуванні трихомоніазу.

Ключові слова: трихомоніаз, метронідазол

ЛЕЧЕНИЕ ТРИХОМОНИАЗА У ЖЕНЩИН С ХРОНИЧЕСКИМИ ВОСПАЛИТЕЛЬНЫМИ ЗАБОЛЕВАНИЯМИ ЖЕНСКИХ ПОЛОВЫХ ОРГАНОВ.

А.В.Семеняк, О.А.Андриец, И.Р. Ницович

Резюме. Проведено клиничко-лабораторное обследование 50 женщин с хроническими воспалительными заболеваниями женских половых органов при наличии трихомонад, которые были распределены на 2 группы: I группа – 25 женщин, которым назначались краткие схемы лечения трихомониаза большими дозами метронидазола, II группа – 25 женщин, которым проводилось лечение средней терапевтической дозой длительностью 7-10 дней. Лечение было достоверно эффективнее при 7-10 дневном лечении трихомониаза.

Ключевые слова: трихомониаз, метронидазол

Clin. and experim. pathol. - 2013. - Vol.12, №3 (45). - P.162-163.

Надійшла до редакції 03.09.2013

Рецензент – проф. О.М.Юзько

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