

UROGENITAL CHLAMYDIOSIS: TACTICS OF MANAGEMENT AND PREVENTION OF PATIENTS

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Annotation: this article attempts to reveal the main reasons for the optimization of immunocorrection schemes in the treatment of urogenital chlamydia using an integral assessment of the state of various microbiocenoses of the human body. To carry out scientific work, the author studied the microflora of the mucous membranes of the vagina, cervical canal, urethra, prostate gland, urine samples, contents of the large intestine and peripheral blood in 193 patients (124 women and 69 men) with chronic chlamydial infection. The problem in question is still little studied, therefore, requires more thorough research.

Key words: Chlamydia, sexually transmitted infection.

Introduction: Chlamydia is a sexually transmitted infection caused by *Chlamydia trachomatis*. It is one of the most common sexually transmitted diseases.

According to statistics, 100 million people fall ill with chlamydia every year in the world, and the number of people infected with chlamydia around the globe, according to the most conservative estimates, reaches one billion. According to WHO and numerous domestic and foreign researchers, urogenital chlamydia is one of the most common sexually transmitted diseases, therefore, for modern venereology, the creation of the most effective means of treating so-called non-gonococcal inflammatory diseases of the genitourinary system remains relevant.

According to various sources, from 5 to 15% of young sexually active people are infected with chlamydial infection. In patients of dermatovenerological dispensaries of the Russian Federation, this infection occurs 2-3 times more often than gonorrhoea. The frequency of non-gonococcal inflammatory diseases of the genitourinary system is 5-6 times higher than that of gonorrhoea, their incubation period is longer, clinical manifestations are less pronounced, complications occur more often, chlamydia predominates among pathogens. The widespread occurrence of chlamydial infection is associated primarily with the asymptomatic course of the disease.

Aim: optimization of immunocorrection schemes in the treatment of urogenital chlamydia using an integral assessment of the state of various

microbiocenoses of the human body.

Materials and methods: we studied the microflora of the mucous membranes of the vagina, cervical canal, urethra, prostate gland, urine samples, contents of the large intestine and peripheral blood in 193 patients (124 women and 69 men) with chronic chlamydial infection. Monitoring was carried out against the background of complex etiopathogenetic treatment with the use of combined immunocorrection with roncoleukin, betaleykin, pyrogenal, and interalem-P. The control group consisted of 46 clinically healthy patients (23 women and 23 men) with no laboratory and instrumental signs of infectious and inflammatory diseases.

Results: an integral assessment of combined immunocorrection by using a neural network established a high efficiency in changing microbiocenoses in women when using the full course - phased immunocorrection (52.2–100%): combined use of ronco-leukin and pyrogenal (40–60%); negative efficiency when using Roncoleukin (-4.8; -14.6%); interal-P and betaleykin (-50%). In men, the highest efficiency of changing microbiocenoses was stated when using the full course (47.1–100%); roncoleukin (50–100%); roncoleukin and betaleykin (42.9-100%); negative efficiency in the combined use of betaleykin and pyrogenal (-25.3%).

Conclusions:

1. The method of mathematical modeling of various microbiocenoses of the body allows us to evaluate the effectiveness of the use of immunocorrection schemes in the treatment of urogenital chlamydia.

2. Complex step-by-step immunocorrection has the highest efficiency in the treatment of urogenital chlamydia.

3. The method of mathematical modeling proved the greatest efficiency of the full course for microbiocenosis of the cervical canal and blood in women and microbiocenosis of urine in men. At the same time, the negative effectiveness of individual immunocorrection schemes is noted.

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