DYNAMICS OF VAGINAL MICROCENOSIS DURING TREATMENT WITH CAVITATED SOLUTIONS

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Abstract. *At the present stage of development of medicine in the clinical practice of an obstetrician-gynecologist, when a number of benign diseases of the cervix and CIN are detected, the most common methods of surgical treatment remain: electrocoagulation, radio wave surgery, laser and cryodestruction, diathermoconization. We conducted a study of the microbiocenosis of the vagina of women with CIN before treatment and in two groups after treatment. The results of the study after both types of treatment indicate a significant improvement in the microbial landscape of the subjects studied after the treatment. In the comparison group, local therapy accepted in national standards for 6 days of vaginal Clindox capsules containing Clindamycin phosphate, Clotrimazole and Tinidazole was used. After a 6-day course of treatment, microbiological studies were repeated*

Key words: *cervical disease, vaginal microbiocenosis.*

Pathological vaginal discharge and the development of colpitis are associated with its clinical manifestations and may be classified as not only a medical but also a social problem, since the quality of life of women of reproductive and working age decreases. Despite the high prevalence of the disease, the ongoing research, and the many drugs designed to combat pathogenic microflora, the relapse rate of recurrent bacterial vaginosis and colpitis remains very high.

Three months after treatment, the relapse rate of bacterial vaginosis (BV) and colpitis is 15-30%, reaching 75-80% after 6-8 months. The treatment tactics for women with recurrent bacterial vaginosis remain largely unclear and in many cases are left to the discretion of the specialist [1,3,6,10-17]. The symptoms of the disease do not always develop acutely, and women often do not complete the course of treatment, especially when it requires purchasing additional packs of the medication; even minimal improvement is perceived by them as sufficient success. At the same time, incomplete therapy reduces the susceptibility of microbes to drugs and increases the likelihood of relapses and the risk of various complications.

Changes in vaginal microflora before and after various treatment methods are of great interest to researchers today because of the wide range of available treatments [5,8,9,18-26].

This directly affects the pathogenetic treatment tactics for recurrent colpitis.

The aim of this study was a comparative evaluation of the effectiveness of using vaginal suppositories and cavitated solutions, as well as traditional drug therapy, in the treatment of recurrent nonspecific colpitis.

Research objective: to conduct a comparative study, using microbiological and clinical methods, of the effectiveness of cavitated solutions and traditional therapy on the dynamics of treatment of recurrent nonspecific colpitis.

Materials and methods. We studied the vaginal microbiocenosis of women with recurrent colpitis before and after treatment in two groups. The main group (64 women) included patients treated with ultrasonic cavitation using disinfecting solutions and antibacterial agents. The comparison group (38 women) received traditional treatment as defined in national and local protocols. To fully determine the vaginal microbiocenosis, we used the FEMOFLOR 23 test method, which allows us, by means of a PCR test, to identify 23 types of microorganisms.

Research results: One of the main causes of dysbiosis is an increase in facultative microflora (Gardnerella, Candida, Atopobium, etc.) at 10^3 CFU. Gardnerella and Atopobium microorganisms form biofilms when they appear, which in turn reduces the effect of most antibiotics on the microorganisms. The existing classical bacteriological method has a number of serious drawbacks in detecting dysbacteriosis: the method is time-consuming and costly, it is impossible to identify and evaluate all strains simultaneously, and a highly qualified specialist is always required. The FEMOFLOR 23 PCR diagnostic method makes it possible to detect disease-causing microorganisms in the body even in very small amounts.

This technology makes it possible to comprehensively and quantitatively characterize the normal and opportunistic microflora of the female genital organs. Using this kit, Lactobacillus spp. and 23 types of clinically significant pathogenic and opportunistic microorganisms (facultative anaerobes, obligate anaerobes, mycoplasmas, ureaplasmas), Candida microorganisms, fungi, and their ratios are determined. Biological samples were evaluated in accordance with generally accepted guidelines, and cases exceeding 10^4 genomes/equivalents of human DNA are considered pathological. Normally, vaginal lactobacilli release H_2O_2, and the pH of the environment is 3.8-4.5. As a result of various internal and external influences, as well as objective and subjective causes, a decrease in the number of vaginal lactobacilli, an increase in the alkalinity of the vaginal environment (pH 5-6), an increase in facultative

microflora, and the appearance of pathogenic strains lead to the development of dysbacteriosis (dysbiosis).

The results of many scientific studies have shown that women infected with human papillomavirus most often have a mixed infection (2-3-4), and as a result they have chronic inflammation of the external genital organs.

Table 1 shows that the degree of change in microbiocenosis in the studied groups of women with CIN is almost the same, but it differs significantly from the control group.

