

Experience of the Combination of Tiflox and Immunomax in the Treatment of Trichomoniasis Combined with a Bacterial Process

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Introduction: Sexually transmitted infections (STIs) and urogenital infections pose a serious medical and social problem due to their widespread prevalence, the asymptomatic course of most of them, as well as errors in diagnosis and treatment. For this reason, the urgent task of dermatovenerology will always be the search and development of new methods of therapy for patients with various urogenital infections. You need to search in two directions:

- 1). Development and improvement of traditional antimicrobial, antiparasitic, antifungal, antiviral drugs and
- 2). Development of fundamentally new drugs that have a combined etiopathogenetic effect.

The problem of urogenital trichomoniasis is perhaps the most urgent and complex among infections, mainly sexually transmitted. This is due to the high level of infection of the population, the possibility of domestic infection, the rapid development of ascending inflammatory processes in the pelvic organs and the active spread of polyresistant strains of the pathogen, often associated with pathogenic and conditionally pathogenic microorganisms. The difficulties of primary diagnosis, the increase in the number of latent and torpid forms, the difficulties in selecting adequate and effective therapy, the uncertainty of the criteria for cure-all this makes trichomoniasis of the genitourinary organs a serious, socially significant and demanding task of modern healthcare [1, 2].

The problems associated with trichomoniasis are much more complex than the subjective manifestations of discomfort that occur in patients both after sexual contact and during relapse. The clinical features of the process and the likelihood of complications depend on the adequacy

of the humoral and cellular immune responses, the complex of exogenous and endogenous provoking factors, the duration and nature of infection, the state of autoflora in the primary infection zone, the degree of activity of Doderlein bacillus, as well as the number and degree of virulence of the pathogenic strain. In 35-39% of men who go to a dermatovenerologist for uncomfortable sensations in the urethra, trichomonas is detected. In the families of parents with chronic trichomoniasis, which often occurs with little symptoms, it is the household infection of the daughter that is a marker that allows you to establish the infection in the parents. Non-compliance with the norms and rules of personal hygiene, close household contact often leads to infection of girls, which is due to the anatomical and physiological characteristics of their genitals, the lack of adaptation of the autoflora to exostresses [3, 4,].

As a monoinfection, urogenital trichomoniasis is relatively rare and is mainly represented by a mixed protozoan-bacterial process. Given the tendency of trichomonas to active phagocytosis, they are often a reserve for the preservation and persistence of various pathogenic microorganisms, which leads to a weakening of the effectiveness of antibacterial therapy and causes subsequent relapse. In addition, the clinical symptoms of the disease may vary depending on the increase or decrease in the virulence of the associated bacteria. From conditionally pathogenic mixt_microorganisms, α _ and β _hemolytic streptococci and enterococci (up to 48%), Staph are most often isolated. epiderm. (14%), Staph.saprophyt. (13%), Staph. aur. (3%), Escherichia coli (4%), Proteus m. (2%), Klebsiella (3%), Pseudomonas (3%), etc. These are coccous forms of bacteria with their pronounced pathogenic and persistent aggressiveness and cause, apparently, a tendency to torpidity of the course, to the development of multi-foci of the process and resistance to the therapy. Over the past 20 years, the sensitivity of trichomonads to the main systemic etiotropic drugs-nitroimidazole derivatives-has decreased tenfold. This is due to the activation of lysosomal cytoplasmic enzymes of the pathogen, which have a pronounced proteolytic activity, which allows them to inhibit the action of metronidazole. In addition, there is evidence of the ability of coccobacillar microflora to block the nitro group of imidazole compounds, thereby weakening their anti-trichomonasal effect, contributing to the chronization of the process [5, 6, 7].

Modern tactics of treatment of trichomoniasis as a mixed protozoan-bacterial process should be based on complete eradication of both trichomonas and concomitant pathogenic microflora, which will avoid the development of complications and relapses. Therefore, treatment should be rational, adequate and combined, with the use of etiotropic systemic drugs of general and local exposure (antiprotozoal, antibiotics), immunomodulators, biogenic stimulants and vitamins, eubiotics and enzymes, physiotherapeutic methods of exposure. The most important stage of treatment should be the restoration of normal microflora and normalization of physiological processes in the organs and tissues of the urethra [7,8].

The purpose of the study: In our study, we tried to study the clinical efficacy and safety of the use of Tiflox in combination with Immunomax for the treatment of patients with one of the most common infections of the urogenital tract caused by tr.vaginalis.

Materials and methods: We observed 37 patients with urogenital trichomoniasis (21 men and 16 women). The criteria for inclusion in the study were: the presence of clinical manifestations, unsuccessful treatment of these infections with other drugs; microscopic confirmation of infection caused by tr. vaginalis. 17 patients were diagnosed with fresh trichomoniasis with acute and subacute course, and 20 patients with chronic trichomoniasis with subacute, torpid or latent course, with corresponding clinical symptoms (mucosal hyperemia, mixed, often bubbling

discharge, subjective sensations of itching and burning both at rest and during urination, discomfort in the genital area or its complete absence).

| Diseases | Number of patients |
|--|--------------------|
| Trichomonas urethritis in men | 12 |
| Trichomonas urethrocystitis in men | 2 |
| Trichomonas balanoposthitis in combination with trichomonas urethritis | 3 |
| Trichomonas balanoposthitis in combination with lesions of the skin of the penis | 2 |
| Trichomonas urethroph prostatitis | 2 |
| Trichomonas salpingopharitis | 4 |
| Trichomonas vulvovaginitis | 10 |
| Trichomanadal cervicitis | 2 |
| Total | 37 |

The duration of the disease varied from 3 weeks to 2 years.

The clinical structure of morbidity is presented in Table 1.

In their manifestations, trichomonas lesions had a classic clinical picture. The main complaints of women were itching and foamy discharge from the genital tract; in men, itching, mucous discharge, burning, discomfort in the area of the glans penis and urethra. The clinical examination of all women revealed hyperemia and edema of the genital mucosa, the presence of abundant milk or foamy secretions in the vagina (in 14 women); in men, redness of the glans mucosa (in 8 men) and the presence of purulent plaque (in 10 men), redness of the urethral sponges and the presence of mucous secretions (in 5 men). Trichomonas were detected both bacterioscopically and using culture methods (SCDS). Conditionally pathogenic concomitant microorganisms-bacterioscopically and culturally. Thus, 17 patients with urogenital trichomoniasis had associated streptococci and enterococci, 10-staphylococci of all types (with a predominance of saprophytic and epidermal), 10-Escherichia, protea and Klebsiella. Previously, 16 patients with mixed trichomonas infection received antitrichomonal treatment with metronidazole (clion, tricoside, flagil) and imidazole (tinidazole, fazizhin) both independently and in the conditions of specialized medical institutions. A possible reason for the failure of previous therapy with subsequent chronization of the process could also be a mixed protozoan-bacterial infection. For the main etiotropic treatment, all 37 patients were offered a combined antitrichomonal drug tiflox, 1 tablet (700 mg) 2 times / day for 10 days. As an immunotherapy, we recommended "Immunomax" for the first course of 1,2,3, a day of 200 units intramuscularly, and 4,5,6,7, - we took a break for days, then 8,9,10-we recommended days of 200 UNITS intramuscularly (the second course). If the patient's weight was more than 80 kg and there were no concomitant diseases of the digestive canal, the dose was increased to 1 tablet 3 times / day for 10 days. The choice of tiflox as the main drug is due to the rational and original combination of two components in one drug that combine a powerful antiprotozoal and antibacterial effect. 500 mg of ornidazole contained in one tablet have an effective anti-trichomoniasis effect and are currently successfully used as part of modern drugs for the treatment of trichomoniasis (tiberall, meratin). And ofloxacin (200 mg), which is a broad-spectrum antibiotic, actively suppresses the growth of most of the conditionally pathogenic microorganisms associated with trichomonads.

Results: When examining patients after treatment, a pronounced effect of the drug on the clinical condition of patients was noted. The disappearance of signs of inflammation, observed after the first day of treatment, was achieved in almost all patients who had very strong inflammatory phenomena before treatment, and after treatment, mild mucosal hyperemia persisted. Such a pronounced clinical anti-inflammatory effect was accompanied by positive dynamics of microscopic studies. None of the patients, taking tiflox, did not notice any unpleasant sensations and side effects. Discomfort in the genitourinary region disappeared on the 2nd-4th day from the start of therapy, clinical symptoms regressed from the 3rd-5th day. Pathogenetic therapy, including non-specific immunomodulatory agents, biostimulants, as well as drugs for local therapy of etiological and pathogenetic effects, was prescribed to all patients differentially depending on the duration of the pathological process, its prevalence and the severity of clinical symptoms. After the end of the combined treatment, the patients underwent a comprehensive clinical and laboratory examination. The curability control showed complete clinical and laboratory recovery in 16 patients with fresh trichomoniasis and in 18 patients with chronic trichomoniasis. A possible reason for the ineffectiveness of therapy in 4 patients was non-compliance with the treatment regimen, violation of the rules of the regime and norms of a healthy lifestyle, as well as encapsulated foci of the pathological process, the use of various antiprotozoal drugs and antibiotics in the past, which led to cross-resistance of pathogenic strains. The priority in the treatment of trichomoniasis is the rapid relief of clinical symptoms that significantly reduce the quality of life of patients. In this regard, attention is drawn to the pronounced effect of the drug on the clinical condition of patients. In almost all patients, a rapid subsiding of inflammatory phenomena in the urogenital tract was observed. Perhaps this is due to the inhibition of the production of trichomonads of enzymes, which are one of the leading components of inflammation.

When evaluating microscopic data before and after treatment, we noticed a decrease in the number of white blood cells in smears from the urethra, vagina, and cervical canal, and the disappearance of tr.vaginalis. The positive results obtained were quite stable: when patients were followed up for 3-5 months, relapse of the disease, accompanied by clinical symptoms, was observed only in 1 patient.

Conclusions: The drug Tiflox has a pronounced anti-trichomoniasis effect, allows to achieve clinical and etiological cure in 98% of patients with trichomoniasis. The use of tiflox in combination with immunomax in the complex treatment of urogenital trichomoniasis combined with a bacterial process, such as a common protozoan-bacterial process, is a new, effective, rational and convenient method of etiotropic therapy. Thus, our studies have shown good tolerability and high effectiveness of this combination of drugs for the treatment of urogenital trichomoniasis mainly by a mixed protozoan-bacterial process.

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