

EFFICIENCY OF STAGED RESTORATIVE TREATMENT OF PATIENTS WITH CHRONIC ENDOMETRITIS AND REPRODUCTIVE DISORDERS

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Materials and methods. We reviewed the available publications that reflect the state-of-the-art in the diagnosis and treatment of patients with CE.

Results. At present, a point of view has been formed about the advisability of carrying out a complex two-stage therapy for CE. According to some experts, the empiric prescription of antibacterial agents is justified, but a number of authors believe that when prescribing them, it is necessary to take into account the types and quantitative composition of microorganisms detected in endometrial biopsy.

Summary. Most of the modern studies that show various methods of treating CE, analyzing the effectiveness of CE therapy, are aimed at alleviating the clinical symptoms of the disease and normalizing the ultrasound image of the endometrium. At the same time, to adequately assess the therapy, it is necessary to study the morphological picture of the endometrium before and after treatment. The effectiveness of etiotropic therapy for CE is mainly determined by the accuracy of identifying the pathogen in biopsy samples of the uterine mucosa. Despite the diversity of recommended treatment methods for CE, the treatment of this disease is associated with significant methodological and practical difficulties. Given the connections in the pathogenesis of CE and the new diagnostic possibilities, it is necessary to further search for innovative integrated approaches in the treatment of CE.

chronic endometriosis antibacterial drug treatment

A major event of the last decade is the implementation of the Human Microbiome Project at the US National Institutes of Health (NIH) in 2010 [1]. Research has shown that more than 10,000 microorganisms of viral-bacterial nature, represented by 8 million unique genes encoding proteins necessary for maintaining metabolic processes in the host organism, live in the human body. The results obtained from this project showed that the maximum number of microbial species lives in the gums and colon, and the minimum in the vagina, which is explained by the ability of the vaginal and cervical epithelium to produce antimicrobial peptides [1].

Mucous membranes of various biotopes, which perform a barrier function together with mechanisms of immunological reactivity, are involved in ensuring the resistance of the macroorganism to colonization [2] - a physiological phenomenon that maintains microecological

homeostasis through the interaction of the host organism and the local population. permanent) microflora. The stability of the local vaginal microflora is under the control of hormonal and immune mechanisms that ensure the dominance of lactobacilli. A characteristic feature of the vaginal microflora is its variability under the influence of exogenous and endogenous factors. Violation of homeostasis, use of antibacterial (AB) drugs, hormone therapy, surgical interventions, as well as the development of intestinal dysbiosis have a great impact [3]. This leads to the destruction of the local vaginal microflora and an increase in the population density of the temporary microflora, which is accompanied by a decrease in resistance to colonization, a violation of the vaginal microocenosis, and the secondary development of inflammatory diseases [3-5].

Chronic endometritis (CE) is considered as a clinical and morphological inflammatory syndrome, characterized by a complex of morphofunctional changes in the endometrium, which leads to a violation of its cyclic transformation and receptivity [6-10]. The prevalence of CE has not been fully studied and ranges from 0.8 to 66%, with an average of 15% [6, 7, 11-13]. According to a 2015 leading ACOG expert opinion [14], CE is a polymicrobial disease characterized by abnormal uterine bleeding, recurrent miscarriage, and infertility.

The diagnosis of CE is based on the identification of its morphological signs: the presence of lymphoid infiltrates in the endometrium, which are often located around glands and blood vessels, the presence of plasma cells and focal fibrosis in the stroma, together with sclerotic changes in the walls. of spiral arteries [6, 15-18]. Foreign morphologists describe the "golden" standard for the diagnosis of CE and mean: in one view of the endometrial sample (magnification $\times 400$) in the stroma 5 or more neutrophils and 1 or more plasma cells ($\times 120$) [18, 19] or only The presence of 5 or more neutrophils ($\times 400$) [5]. A number of researchers [5] interpret this morphological picture as an increase in the chronic inflammatory process in the endometrium. The presence of only 1 or more plasma cells ($\times 100$) and the absence of neutrophils in one field of view is considered by them as chronic or plasmatic endometritis. According to the morphological criteria proposed by A. Takebayashi et al. [20], detection of 1 or more plasma cells in 10 non-overlapping fields of view ($\times 400$) is sufficient for diagnosis.

The leading role in the origin of the disease belongs to opportunistic pathogens (OPM), their detection rate reaches 58-77.5% [21, 22]. The most common facultative anaerobes include enterobacteria, staphylococci, enterococci, and streptococci, obligate anaerobes, and among microaerophiles, peptostreptococci [21-23]. According to the expert opinion of leading ACOG experts in 2015 [14], ureaplasma was added to them. A unique causative agent of CE is the herpes

simplex virus, as well as microorganisms associated with sexually transmitted infections and tuberculosis [16, 23, 24].

Adequate treatment of CE in modern conditions causes certain difficulties due to the transition of clinical signs to muted and atypical forms of the disease, increased resistance to AB drugs in UPM released from the genital tract.

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