CHARACTERISTICS OF UROGENITAL TRACT MICROBIOCENOSIS IN WOMEN WITH NON-DEVELOPING PREGNANCY

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Abstract. *This article examines the characteristics of urogenital tract microbiocenosis in women with a history of fetal failure.*

Key words: *uterine, non-developing pregnancy, reproductive system, microbiocenos , genitourinary tract, vaginos, antibacterial drugs, pathology.*

ХАРАКТЕРИСТИКА МИКРОБИОЦЕНОЗА УРОГЕНИТАЛЬНОГО ТРАКТА У ЖЕНЩИН С НЕРАЗВИВАЮЩЕЙСЯ БЕРЕМЕННОСТЬЮ

Аннотация. *В статье рассматриваются особенности микробиоценоза урогенитального тракта у женщин с фетальной недостаточностью в анамнезе.*

Ключевые слова: *матка, неразвивающаяся беременность, репродуктивная система, микробиоценоз, мочеполовой тракт, вагиноз, антибактериальные препараты, патология.*

Relevance: The retention of a dead embryo in the uterine cavity poses a great threat not only to the health, but also to the life of a woman. The severity of complications during a non-developing pregnancy is directly proportional to the duration of stay of the dead fertilized egg in the uterine cavity. Artificial termination of pregnancy has an adverse effect on a woman's health and her reproductive system, and is one of the main causes of gynecological morbidity and subsequent disorders of generative function.

Purpose of the study: to study the microbiocenosis of the genitourinary tract in women with non-developing pregnancy

Materials and methods of research: The most interesting, in our opinion, is the study of the role of an infectious agent in the etiology of non-developing pregnancy, namely, bacterial infection and STIs.The women were divided into 2 groups and underwent bacteriological examination of vaginal contents, the cervical urethra, as well as the content of antibodies to the most common STIs, such as CMV, HSV, ureoplasma, chlamydia, mycoplasma, as well as toxoplasmosis and brucellosis.In group 1, 56.2% of women had clinically manifest forms of infection of the female genital organs. During a bacteriological study, conditionally pathogenic and pathogenic flora were identified in 52.7% of cases. Microflora was represented by pyogenic streptococcus - in 45.9%, Escherichia coli - in 21.3%, Candida fungi - in 21.4%, gardnerellosis -

in 14 .8%, fecal streptococcus – in 11.5%, trichomoniasis – 8.2% of cases.The depressing fact is that, along with conditionally pathogenic and pathogenic flora, in the 1st group of those examined, the presence of STIs was detected in 72.6%. Inflammatory diseases of the female genital organs were noted in the 2nd main group - in 62.7% of women. Conditionally pathogenic and pathogenic flora were also found in group II - in 60.7% of women. Bacterial vaginosis was detected in 25.0% of patients in the main group.In every fifth of them, vaginosis was combined with a mixed infection (22.9%), in which there were 2-3 or more associated microbes, and the bacterial contamination rate ranged from 105 to 106 CFU/ml. In 51.4% of women in group II, candidiasis, represented by fungi of the genus Candida, was detected. It should be noted that over the last decade, there has been an increase in contamination of the external genital organs with fungi of the genus Candida by more than 2 times, respectively, from 21.4% (1998-99) to 52.9% (2004).

Results and discussion: The next most numerous microorganisms seeded from the cervical canal were represented by streptococci - 11.2%, then by a group of enterobacteria, the overwhelming number of strains of which were represented by Escherichia coli - 9.7% Enterob. Cloacae was detected in 4.2% of cases, Staphylococcus epidermidis was cultured in 2.7% of cases, Citrobacterium diversus - in 1.59%, Staphylococcus aureus - in 0.98% of cases, Trichomonas - in 1.6%.

Detection rate of TORCH infection: antibodies to HSV were detected in 30% of cases, to CMV - in 36.7%, anti-chlamydial antibodies - in 26.7%, a combination of HSV and CMV - in 28.2%, a combination of chlamydia, HSV and CMV - in 32.8%. The combination of TORCH infection with bacterial flora was detected in 72.4% of women.

In our opinion, the above is due to the irrational use of antibacterial drugs in women of fertile age, the high infectious index in this group of women, and, possibly, the inattentive attitude of obstetricians and gynecologists to this pathology. At the same time, the latest data from the world literature indicate the leading role of fungi as pathogenic microflora in the human body, with high resistance to antifungal drugs. We determined the sensitivity of all isolated microorganisms to antibacterial drugs. Analysis of the results obtained showed that the sensitivity of these microorganisms to antibacterial drugs has changed.

Thus, if, according to analyzes of retrospective results, the most effective antibiotics in 1996-1998 were carbenicillin (55.0%), oxacillin (41.6%), lincomycin (36.6%), gentamicin (35.0%), ampicillin (30.0%), while in our study the identified microflora turned out to be sensitive to ciproflaxacin (ciprocor, cyprinol) – 86.7%, penfloxacin (abactal) - 84.3%, cefazolin (kefzol) - 82.3%, ceftazidime (Fortum) - 82.9%, cefuraxime (zinacef) - 81.7%, cefotaxime (clofaran) - 76.6%, ceftriaxone - 71.9%, gentamicin - 62.6%, ampicillin - 51.7%.

At the same time, it was revealed that 21.6% of strains were sensitive to one of the tested

antibiotics, 10.6% to two, 5.7% to three, 5.7% to four, 12.2% to five. , to six – 7.4% and to the rest – from 2.2 to 9.6%.

Studies have shown that the resistance of fungi to antifungal drugs has sharply increased. Thus, the greatest sensitivity remains to 5-NOK - in 80.9% of cases, gentian violet - in 85.6%, nystatin sensitivity decreased to 61%, nizoral, levorin, fargals - sensitivity decreased and ranged from 24% to 33%, and to Diflucan and Mycosist - from 16 to 42%.

Thus, our observations indicate variability in the microbiocenosis of the genital organs, both in infectious agents and in the bacteriogram, which is apparently associated with irrational antibiotic therapy, without determining the type of causative agent of their sensitivity and taking into account the pharmacodynamics and pharmacokinetics of prescribed antibiotics and antimycotic drugs.

Conclusions: Thus, we can conclude that the leading cause of undeveloped pregnancy is the combination of an STI with a bacterial viral infection.

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