

## COMPLEX EXAMINATION, DIAGNOSIS, TREATMENT AND PREVENTION OF INFLAMMATORY DISEASES OF THE REPRODUCTIVE SYSTEM IN GIRLS

<sup>1</sup>F.S.Aripova, <sup>2</sup>A.J.Shoumarova, <sup>3</sup>D.I.Raxmatullaeva

<sup>1</sup>Tashkent Pediatric Medical Institute, Assistant Department of obstetrics and gynecology, children's gynecology

<sup>2,3</sup>Students of TPMI

<https://doi.org/10.5281/zenodo.10241607>

**Abstract.** To assess the physical and sexual development of girls, complex method's using survey is recommended, along with general clinical methods to include the study of hormonal status, cell immunity and IgG and Enzyme immunoassay, EIA - modern methods of investigation of inflammation of the reproductive system.

**Keywords:** physical development of girls, diagnosis, treatment, examination.

Actuality. The problem of inflammatory diseases of the reproductive system remains relevant in childhood and adolescent gynecology. Recently, diseases caused by non-gonorrheal urogenital infection (ureoplasma, chlamydia and mycoplasma) are being studied separately.

The aim of research- comprehensive examination, diagnosis, treatment and prevention of inflammatory diseases of the reproductive system of girls.

Materials and methodology. We examined 320 patients aged 1 to 15 years. Among the diseases of the reproductive system, inflammatory diseases of the genitals accounted for 51.2%. 165 girls with various inflammatory diseases of the reproductive system are under observation: vulvovaginitis in 66 patients aged 1 to 12 years - 40%, adnexitis in 62 patients aged 10 to 15 years - 37%, under 4 years Synechia in 19 patients. - 6.6%, salpingitis and salpingoophoritis in 6 girls aged 14-15 - 3.6%, in 1 girl aged 15 - 0.6%, gangrenous - perforative appendicitis complicated by metroendometritis. 102 of them had an acute and acute course of the disease, 63 had a chronic course

The etiological factor of the appearance of inflammatory diseases of the genital organs in girls is the presence of chronic infection foci - chronic tonsillitis, chronic pyelonephritis, urinary tract infections, exudative diathesis, anemia, enterobiosis, mycoses, non-compliance with the rules of personal hygiene in girls and by their parents.

All patients underwent a complete clinical and biochemical examination, including generally accepted research methods, as well as a special gynecological examination, including bacterioscopic and bacteriological examination of vaginal smear after vaginoscopy. The examination included examining the state of the internal genital organs, kidneys and bladder with the help of ultrasound, performing a vaginoscopy and perirectum examination according to the instructions, while the hormonal and immunological status of the girls' body was determined. studied.

Methods of direct and indirect separation of chlamydia, mycoplasma and ureaplasma antibodies in blood serum were also performed - immunofluorescence, immunoenzyme analysis.

Patients were examined by a pediatrician, otorhinolaryngologist, urologist, gastroenterologist and dentist.

Results and discussion. In 60% of patients, microorganisms were found in the form of associations, in 30% in the form of monoculture, and in 10% of cases pathogenic microorganisms were not identified.

Ecoli, staphylococci, enterococci, fungi of the Candida group, chlamydia, mycoplasma, ureaplasma and other gram-negative microflora were found to be the main causes of inflammatory diseases of the genitals in girls

We found a decrease in the humoral activity of the ovaries and a violation of the T-immune system.

In the complex treatment of inflammatory diseases of the reproductive system, great attention was paid to the sanitation of chronic infection foci, the individual selection of antibiotics depending on the etiology (the results of bacterioscopic and bacteriological analysis, as well as RNIF and IFA), the age, weight and localization of the inflammatory process of patients. Complex therapy includes: tetracycline group antibiotics, macrolides, vitamin therapy containing trace elements. Immunotherapy, desensitizing therapy and physiotherapy (electrophoresis, local and general quartz radiation, laser therapy) were carried out according to the instructions to increase the body's defense power. Restoration of vaginal biocenosis was carried out with the help of acidophilic grafting. For the treatment of synechia of the external genitalia - pretreatment of the external genitalia for 3-4 days on the basis of 0.1% folliculin ointment was carried out, and the recurrence of the disease was eliminated. After that, blunt separation of the synechia was performed, followed by sanitation of the external genitalia against the background of anti-inflammatory, restorative and physiotherapy. Clinical and laboratory results were achieved in 97 cases, relapses were observed in 2.3%.

Conclusion. Timely diagnosis on the basis of examination data, comprehensive and adequate treatment with the coordinated efforts of doctors of various specialties, taking into account the established etiology, prevention of disorders and recurrence of reproductive function diseases in the future.

**Table 1**

***Indicators of cellular immunity and phagocytosis in girls aged 2-17 years.***

Group of subjects by age	Number of observations	Content of the lymphocyte population in peripheral blood				
		T Lymphocytes M ± M%	B Lymphocytes M ± M%	T Helpers M ± M%	T Suppressors M ± M%	Phagocytosis M ± M%
2-6	30	44,1 ± 4,7	21,6 ± 3,9	32,1 ± 4,5	-7,3 ± 2,3	41,6 ± 4,7
		49,3 ± 4,6	19,1 ± 3,6	34,4 ± 4,4	-9,7 ± 2,7	46,3 ± 4,6
7-10	30	58,8 ± 1,7	29,3 ± 2,8	31,6 ± 3,4	-11,4 ± 2,4	49 ± 3,7
11-15	103	52,1 ± 4,4	3,4 ± 3,9	38,4 ± 4,1	9,5 ± 2,6	58,9 ± 4,3
16-17	30					

Thus, in addition to general clinical methods for assessing the physical and sexual development of girls, it is recommended to include modern methods of studying hormonal status,

immunity, as well as RNIF and IFA- modern methods of studying inflammatory processes in the reproductive system.

In all cases of examination, the detection of one or another inflammatory pathological process was accompanied by a change in the immunological resistance of the body. In particular, the violation of cellular immunity indicators was expressed in a significant ( $P < 0.05$ ) decrease in the number of T and B cells, and an increase in T-suppressors.

In chronic inflammatory processes, regardless of age, there is a clear inhibition of the phagocytic activity of leukocytes (on average up to 18.2 against the background of a decrease in the number of T and B cells and an increase in T suppressors. (Table 1)

In conclusion, from what has been analyzed above it can be inferred that the problem of inflammatory diseases of the reproductive system remains relevant in childhood and adolescent gynecology. Recently, diseases caused by non-gonorrheal urogenital infection (ureoplasma, chlamydia and mycoplasma) are being studied separately.

### **REFERENCES**

1. Bogdanova E.A., Sokolova Z.P. Psixogen kelib chiqadigan ikkilamchi amenoreyali qizlarda gipotalamus-gipofiz-tuxumdon tizimidagi munosabatlar. / Ona va bola salomatligi masalalari, 1982 - N3. -49-52-betlar.
2. G'arib F.Yu., Zalyalieva M.V. Inson periferik qonidagi limfotsitlarning individual subpopulyatsiyalari tarkibini yosh nuqtai nazaridan tartibga soluvchi materiallar. /Usul, tavsiya - Toshkent. - 1983.- 15-bet
3. Matveeva L.A., Osina A.Ya. Aholini tibbiy ko'rikdan o'tkazish sharoitida bolalarning immunitet holati ko'rsatkichlarini baholash./Lab. ish, 1989. N3. - Bilan. 26-29. .
4. Smetnik V.P., Tumilovich L.G. Operatsiyasiz ginekologiya. S. - Peterburg 1995. 219-223-betlar. 5. O.I. Nemchenko, Z.A. Plieva, E.V. Qizlarda Uvarov genital xlamidiya. / Ginekologiya. Moskva - 6 jild 6 N1. 4-10-bet.