

Combination Therapy of Chronic Endometritis in Women with Infertility and Miscarriage

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Abstract: The problem of chronic endometritis (CE) is very relevant nowadays, because in recent years the frequency of this disease, which has taken an important place in the composition of inflammatory diseases of the genital organs, is increasing. This is partly due to the widespread use of various intrauterine manipulations, abortions, IUDs, etc., which are risk factors for this pathology [41, 97, 118]. CE is of not only medical but also social importance because it often causes reproductive dysfunction, infertility, failed IVF attempts, miscarriage (NP), complicated pregnancy and delivery [26, 27, 84, 168].

Key points: CE diagnosis, anamnestic data, patient complaints, gynecological, immunological examination.

Bacteriological research methods use ultrasound [12, 164] and hysteroscopy [151]. The "gold standard", the most reliable method for the diagnosis of CE, remains the histological examination of endometrial biopsy [113]. From a practical point of view, it is interesting to study the aspirate taken from the uterine cavity with determination of the quantitative content of immunoglobulins. The low invasiveness of aspiration and the high data content of the method determine that it is performed in an outpatient setting and repeatedly [183], and can be used to monitor the effectiveness of treatment for cholecystectomy.

In modern conditions, CE is characterized by a number of features: a change in the etiological structure with an increase in the importance of viral and opportunistic flora, an increase in the resistance of the flora to pharmacotherapy, long-term therapy and its high cost. [138]. In this regard, the work aimed at finding effective and relatively inexpensive methods of treatment of CE is of particular importance.

Antibacterial therapy for CE was fully evaluated in the PEACH study (2002) of endometritis showed that antibacterial agents are ineffective in the chronic stage. A change in the state of immunity during the period of CE necessitates the need to prescribe drugs that increase the body's resistance. An interesting one is biosynthetic a polyribonucleotide complex of polyadenylic and polyuridylic acids, which is an inducer of endogenous interferon synthesis and has a pronounced antiviral effect. In the literature, there are insufficient studies on the effectiveness of this drug in the treatment of CE.

The difficulties of treating patients with CE with drugs are explained not only by the resistance of microorganisms to drugs, but also by the difficulty of creating and long-term maintenance of therapeutic concentrations of these drugs at the site of inflammation. Therefore, it is urgent to search for new non-traditional methods of applying drugs to the lesion site during cholecystectomy. Among these 7 methods of intrauterine administration of drugs should be noted.

The ideal combination of drugs and their combined use with preformed physical factors makes it possible to successfully combat the manifestations of CE [71]. Low-frequency ultrasound radiation (LFUS) is of great interest among the physiotherapeutic agents used for the treatment of CE. is

achieved [33, 52]. However, there are insufficient studies on the effectiveness of NCUS (especially when used intrauterine) for cholecystectomy.

Thus, it is very relevant and modern to study the intrauterine use of NUS and immunomodulator for the treatment of CE in women with infertility and abortion.

The purpose of the study Evaluation of the effectiveness of a new method of combined use of low-frequency ultrasound and immunomodulator - polyadenyluredylic acid in the treatment of chronic endometritis in women with infertility and abortion.

Research objectives

1. Conduct a comparative assessment of the dynamics of the clinical presentation of chronic endometritis after conventional therapy and 8 combined use of low-frequency ultrasound and immunomodulator - polyadenyluredylic acid.
2. Conventional therapy and low-frequency ultrasound and immunomodulator - polyadenyluredylic acid Evaluation of the dynamics of laboratory data in women with chronic endometritis after joint use.
3. To study the dynamics of instrumental studies in chronic endometritis before and after the combined use of low-frequency ultrasound and immunomodulator - polyadenyluredylic acid, in comparison with conventional therapy.
4. To determine the characteristics of the concentration of immunoglobulins M, G, A in the endometrium in women with chronic endometritis before and after combined intrauterine therapy (polyadenyluredylic acid + low-frequency ultrasound).
5. Traditional and recommended Evaluation of long-term results of treatment of chronic endometritis after combined intrauterine therapy.

The novelty of the obtained results

For the first time, a combined method of treating chronic endometritis in women with reproductive dysfunction by intrauterine use of immunomodulators and low-frequency ultrasound was shown in comparison with conventional therapy: this method helps to eliminate it more clearly compared to conventional therapy. opportunistic flora, improvement of structural, histological and immunological parameters of the endometrium in women. The analysis of the research results was determined significant reduction of IgA, IgG and IgM in endometrial homogenate after treatment with the recommended method.

For the first time, it was shown that the determination of the quantitative content of immunoglobulins in the endometrial aspirate can serve not only as a diagnostic test for chronic endometritis, but also can be used to monitor the effectiveness of the treatment of this disease.

Theoretical and practical significance

This work contains theoretical information that helps to understand the mechanism of effect of NCUS and intrauterine administration of immunomodulator on reproductive function of women with chronic endometritis. This effect consists in eliminating lymphohistiocytic infiltration of the endometrium and reducing the content of immunoglobulins in it.

This work made it possible to put into practice the optimal method of treatment of chronic endometritis, which increases the efficiency of treatment, shortens the treatment time, reduces the drug burden on the patient's body, reduces reproductive losses, and has no contraindications for use. method and complications make it accessible to all women with CE.

Basic rules presented to the defense

1. Combined intracavitary therapy of chronic endometritis with polyadenyluredylic acid combined with low-frequency ultrasound helps to completely restore the normal structure of the endometrium and the volume of the uterine cavity, eliminates inflammatory infiltration of the endometrium,

Eliminates 10 opportunistic microorganisms, alleviates the clinical manifestations of chronic endometritis and restores a woman's reproductive function.

2. When using combined intracavitary therapy with polyadenyluridylic acid for chronic endometritis with low-frequency ultrasound, the amount of immunoglobulins in the endometrium decreases by an average of 3 times compared to standard treatment. Determination of the quantitative composition of immunoglobulins in endometrial aspirate can be used not only for diagnosis, but also for monitoring the effectiveness of treatment of this disease.

Risk factors and etiology of chronic endometritis

Risk factors for the development of CE are all invasive interventions in the uterine cavity: hysteroscopy, diagnostic curettage, endometrial aspiration biopsy, hysterosalpingography, intrauterine insemination, in vitro fertilization (IVF), postpartum infectious inflammatory complications, IUD infections, abortion. vagina and cervix, bacterial vaginosis, cervical stenosis, deformation of the uterine cavity, radiation therapy of the pelvic organs [24]. According to a number of authors, CE can occur without an acute stage of inflammation [5, 8, 24, 27, 84, BUT, 117, 118, 138, 151, 162, 164].

Most often, CE occurs as a result of acute postpartum or post-abortion endometritis, the development of which is facilitated by repeated intrauterine interventions due to uterine bleeding;

Postpartum endometritis is one of the most common. forms of purulent-inflammatory diseases in the postpartum period. Its frequency after spontaneous birth is 2-5%, after caesarean section - 10-20%, according to some data up to 50% [24, 29, 55, 84, 117, 164]. 80 out of 100 postpartum endometritis are associated with caesarean section. The main prognostic factors for postpartum endometritis are related to childbirth: a long period without water (more than 12 hours), vaginal examinations during childbirth (more than three). During pregnancy, foci of infection come to the fore both in the extragenital organs and in the lower genitals. In addition, important risk factors are the threat of termination of pregnancy at different times and the combination of two or more extragenital diseases in one woman [63]. In rare cases, CE can be caused by suture material after caesarean section [65].

(1984) and GP Parafeinik et al. (1987) showed that 21.7% of women experience acute gynecological diseases 5-7 days after abortion, and chronic inflammatory processes in the pelvic organs worsen in more than 50% of women [49, 77]. According to Dellinger, ER et al. (1996), the frequency of infectious complications after abortion is 7-25% and does not tend to decrease, 2 months after medical abortion, a chronic inflammatory process in the pelvic organs is detected in 18% of cases and within two years. Pelvic inflammatory disease after abortion was reported in 12.5% of women [161]. Data on the frequency of development of CE after abortion are contradictory: according to observations of Ross JD (2004), the development of endometritis after abortion was noted in 1.58% of women, and Demidova EM (1993), these complications occur in 7% of cases [12, 164].

When using an IUD, the risk of an infectious process increases 3-9 times, especially in women with previous inflammatory diseases of the genitals and with several sexual partners. Apparently, the IUD affects phagocytosis and other defense mechanisms, induces microerosion and an inflammatory response in the endometrial stroma [36]. This assumption is confirmed by the fact that 5% of women who have used an IUD for 5 years or more have isolated pathogenic bacteria from the uterine cavity even without symptoms of inflammation [21].

The ascending route of infection is predominant in the genesis of CE [101, 113]. This is especially true for opportunistic flora - staphylococci, streptococci, enterococci. The inflammatory process can also develop as a result of the activation of the normal endogenous flora of the vagina, for example, when the body's defense forces or local immunity are weakened, or changes in the endocrine system due to external influences (birth, abortion, intrauterine contraceptives).). The possibility of spread of infection through lymphogenous and hematogenous routes cannot be excluded. The

inflammatory process in the uterine appendages can occur as a result of primary infection of the peritoneum with cholecystitis, pancreatitis, pyelonephritis [62].

According to the etiological factor, chronic endometritis is divided into nonspecific and specific (Table 1). Nonspecific CE develops in patients with IUD use, pelvic radiation therapy, bacterial vaginosis, and HIV [24, 27, 164]. Specific ones include chlamydia, viral, tuberculosis, gonorrheal endometritis, as well as endometrial damage in sarcoid [97]. Opportunistic microorganisms (Ech. coli, Enterococcus, and Saint epidermicus) were cultured from the uterine cavity in 19–53% of women with CE [61]. Charpin S. et al. [102] includes specific infectious (bacterial, viral, fungal) and parasitic endometritis. In turn, they divide bacterial endometritis into tuberculosis, gonorrhea, chlamydia, and actinomycosis of the uterine mucosa.

If the role of the microbial factor in acute endometritis is clear, then the issue of its importance in maintaining the chronicity of the inflammatory process remains controversial. There are no clear criteria for when the microbial factor disappears from the body - during or after therapy [2, 14].

The use of physical factors in the treatment of chronic endometritis

Traditionally, physical factors, particularly preformed factors, have been used in the complex treatment of chronic endometritis [70]. By having a beneficial effect on regional hemodynamics, cell division processes and the activity of receptors of the endometrium, electrotherapy helps to eliminate the clinical symptoms of the disease and restore the tissue structure.

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