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ADVANTAGES OF COMBINED TREATMENT OF CHLAMIDIAL PROSTATITIS

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Abstract: The article highlights the complex features of the treatment and diagnosis of chlamydial urethritis in men affecting the reproductive function and disorders in the sexual sphere. The improvement of the method of treating complex urogenital pathology by a combination of immuno and enzyme therapy, as a result of which reliable positive data of general and local therapy have been achieved.

Keywords: Urogenital chlamydia, chlamydial prostatitis, wilprafen solutab, longidaza, laferobion, miramistin.

Introduction: Chronic chlamydial prostatitis is characterized by a variety of subjective and objective disorders associated with it, the most important of which is a dysfunction of the prostate gland that ensures male fertility. [12]. Being a reservoir of C. trachomatis, it also leads to their infection of the female genitals, which in turn often leads to infertility, pathology of pregnancy and childbirth. [3, 4]. Urogenital chlamydia is the most common STI, usually accompanied by a chronic, torpid, complicated course, multifocal lesions and frequent (> 80%) association with other causative agents of genitourinary infections [5, 6]. Thus, the development of new effective methods for the treatment of chlamydial prostatitis is a very urgent problem of modern dermatovenerology. Numerous studies have been devoted to solving this problem, both in our country and abroad [7, 8,]. So, in order to increase the effectiveness of the treatment of chlamydial prostatitis, a number of authors propose to introduce antibiotics directly into the parenchyma of the prostate gland or into the vas deferens. However, these methods of antibiotic therapy are technically difficult and traumatic, and injections of antibiotics into the prostate gland lead to damage to its tissue, followed by hardening. [8.9]. Treatment of this disease should be carried out in a comprehensive manner: anti-chlamydial antibiotics in combination with immuno- and physiotherapy, adequate local treatment, as well as enzyme therapy. As an enzyme therapy, we used the drug Longidase. Longidase has hyaluronidase (enzymatic) activity of prolonged action, chelating, antioxidant, immunomodulatory and moderate anti-inflammatory action. Prolonged action is achieved by covalent binding of the enzyme to a physiologically active polymeric carrier (azoxymer). Longidase exhibits anti-fibrotic properties, reduces the course of the acute phase of inflammation, regulates (increases or decreases, depending on the initial level) the synthesis of inflammatory mediators (interleukin-1 and TNFα), increases the humoral immune response and the body's resistance to infection. The pronounced anti-fibrotic properties of the Longidaza preparation are provided by the conjugation of hyaluronidase with the carrier, which significantly increases the resistance of the enzyme to denaturing effects and the action of inhibitors: the enzymatic activity of the Longidaza preparation remains when heated to 37 ° C for 20 days, while native hyaluronidase under the same conditions loses its activity during the day.

In the Longidaza preparation, the simultaneous local presence of the hyaluronidase enzyme and a carrier capable of binding the enzyme inhibitors released during hydrolysis of the matrix components and stimulators of collagen synthesis (ions of iron, copper, heparin and others) is ensured. Due to these properties, Longidase has not only the ability to depolymerize the connective tissue matrix in fibrous-granulomatous formations, but also suppress the reverse regulatory reaction aimed at the synthesis of connective tissue components. As you know, mixed infection enhances the pathogenicity of each of the pathogens, and therefore urogenital chlamydia with it flows more heavily, shows greater resistance to anti-chlamydial antibacterial drugs, often with the formation of resistant species of pathogens, including persistent species of Chlamydia trachomatis. In this regard, and also on the basis of the important role in the pathogenesis of chronic urogenital chlamydia of immunopathological mechanisms (with switching the immune response from Th1 to Th2, the production of IL-6, IL-10, overproduction of secretory IgG and IgA, a decrease in the production of interferon-γ, stimulating starting autoimmune reactions and stopping the cell cycle of the pathogen at the stage of reticular bodies, its treatment should be carried out in a complex: anti-chlamydial antibiotics in combination with immuno- and physiotherapy, adequate local treatment, as well as systemic enzyme therapy. complicated urogenital chlamydia, but also persistent chlamydial infection.Application of Longidase in chronic urogenital chlamydia provides conditions for the physiological development of inflammation, preventing its transition to a pathological form, which is due to the following properties of the drug: ticular hyaluronidases are glycosaminoglycans (hyaluronic acid, chondroitin, chondroitin-4-sulfate, chondroitin-6-sulfate), which form the basis of the connective tissue matrix. As a result of depolymerization (breaking of the bond between C_1 of acetylglycosamine and C_4 of glucuronic or induric acids) glycosaminoglycans change their basic properties: viscosity decreases, the ability to bind water and metal ions decreases, the permeability of tissue barriers temporarily increases, fluid movement in the intercellular space is facilitated, the elasticity of connective tissue increases , which manifests itself in a decrease in tissue swelling, flattening of scars, an increase in the range of motion of joints, a decrease in contractures and the prevention of their formation, a decrease in the adhesion process.

Biochemical, immunological, histological and electron microscopic studies have shown that Longidase does not damage normal connective tissue, but causes destruction of the connective tissue that has changed in composition and structure in the area of fibrosis. Longidase has no mutagenic, embryotoxic, teratogenic and carcinogenic effects. The drug is well tolerated by patients, there are no local and general allergic reactions. It is with these effects, according to the literature, that the effectiveness of the drug is associated with chronic chlamydial prostatitis and chronic mycoureaplasmosis. In this regard, attention should be paid to the effect of SET on immunity, which is reduced to the stimulation of monocytes-macrophages, natural killer cells, cytotoxic T-lymphocytes and regulation of their level; regulation of cytokine levels; decrease in the production of pathogenic immune complexes; regulation of the level of adhesive molecules, as well as its regulatory effect on lipid and protein peroxidation.

Materials and methods: Our study is based on the examination and treatment of 50 patients with chronic chlamydial prostatitis, whose age ranged from 25 to 60 years (on average 34 ± 5.4 years), the duration of the disease from 2 to 12 years (on average 3.4 ± 0.2 years)). For prostatitis, 30 (60%) patients were previously unsuccessfully treated. On average, there were 3.4 extragenital diseases for each patient. The diagnosis of chronic prostatitis in each case was established by the results of ultrasound, palpation of the prostate gland and the study of its secretion (variation in the number of leukocytes from 15 to 100 in the field of view (x 400). In 10 (20%) patients the disease was asymptomatic, in 40 (80 %) - with persistent or periodic objective and subjective, including functional disorders (consisting of symptoms of anterior and posterior urethritis, sexual disorders, etc.) In particular, the following clinical manifestations were identified by the nature of dysuric disorders: burning sensation and cramps during urination - in 32 (64%), discharge from the urethra - in 8 (16%), difficulty urinating - 10 (20%), increased urination - 12 (24%). complaints of pain in the lower back and sacrum - 14 (28%), perineum - 3 (6%), groin - 7 (14%), urethra - 15 (30%), penis - 9 (18%), inner thighs - 3 (four%). Pain on palpation of the prostate gland was comparatively often noted - 30 (60%). The main manifestations of sexual dysfunction were decreased erection - 20 (40%) and premature ejaculation - 12 (24%). 30 (60%) men had no complaints of sexual dysfunctions. Among neurotic disorders, fatigue dominated - 36 (72%) and insomnia - 30 (60%).

As noted above, the listed symptoms and / or their combination were observed in 41 (82%) patients, while the rest of the patients considered themselves healthy, and chronic prostatitis in them was first detected after palpation (with microscopy of prostate secretion) or ultrasound of the prostate gland. Moreover, among patients with chronic prostatitis, 20 (40%) had a catarrhal stage of the disease, in which the prostate gland was not changed by palpation; in 18 (36%) the follicular stage, in such cases on its surface areas of compaction and softening were determined, as well as the smoothness of the interlobar groove, in 12 (24%) - the parenchymal stage of chronic prostatitis, characterized by an increase in the entire gland or its lobe, asymmetry of this organ , the fuzziness of its boundaries. In 22 (44%) cases, chronic prostatitis was associated with chronic vesiculitis (in 4 - bilateral, in 11 - left-sided, in 7 - right-sided), in 5 (10%) - with palpation signs of chronic epididymitis (in all cases left-sided). Although an increase in the level of leukocytes was found in the secretion of the prostate gland in all patients, in 34 (66%) cases, an increased number of leukocytes was noted only with repeated (from 2 to 5 times) studies of the secretion. Thus, in the group of patients examined, fresh urethritis was diagnosed in 2 (4%) cases, chronic urethritis - in 48 (96%) cases, chronic vesiculitis - in 22 (44%), chronic unilateral epididymitis - in 5 (10%) cases, and in 22 (44%) chronic prostatitis was associated with chronic vesiculitis and chronic epididymitis. The most severe endourethral complications were observed with the association of C. trachomatis and M. genitalium, which occurred in 10 out of 12 cases of transitional infiltration and in 5 out of 7 cases of solid urethral infiltration, as well as in chlamydial urethral infection (in 2 out of 12 cases of transitional infiltration and in 2 of 7 - solid infiltrate). The results obtained were taken into account in the development of new approaches to the treatment of chronic urethrogenic prostatitis and associated urethral lesions. In particular, the need to include Longidase in the complex of therapy stemmed from the presence of chronic cicatricial lesions of the urethra and prostate gland in patients. At the same time, the results of an immunological examination, noting significant violations of the immune status in patients with chronic chlamydial prostatitis, indicated the advisability of using Loferobion in the complex therapy of daily intramuscular administration at a dose of 2 million IU per course of 10 injections. Loferobion has an antiproliferative effect on tumor cells, and also has antiviral and immunomodulatory effects.

The action of interferon alpha-2b is manifested by its binding to specific receptors on the surface membrane of the cell and initiating a complex of sequential intracellular reactions associated with the induction of a number of enzymes and the implementation of cellular functions, namely: suppression of viral replication in an infected cell and a decrease in the proliferation of tumor cells; with the implementation of immunomodulatory processes.

Thus, the results of examination of 50 patients with chronic chlamydial prostatitis indicated the need for its complex treatment with the use of etiotropic (Vilprafen solutab 1000 IU 2 times a day before meals for 20 days), pathogenetic (Longidaza 3000 IU rectally for a course of 20 injections, Loferobion daily intramuscular injection at a dose of 2 million IU per course of 10 injections) of drugs corresponding to local therapy (instillation of the urethra with 1% solution of Miramistin No. 10, prostate massages No. 12).

Results: Clinical recovery was achieved in 45 (90%) cases, improvement - in 5 (10%) cases. Eradication of chlamydia and other causative agents of genitourinary infections occurred in 50 (100%) cases. The tolerability of the treatment was satisfactory in all patients. Analysis of clinical and laboratory data indicated the absence of relapses, respectively, in each of 42 cases at 6 months and in each of 34 cases at 1 year after treatment.

Findings: Thus, the effectiveness of complex treatment of patients with chronic chlamydial prostatitis using anti-chlamydial drugs in combination with Longidaza, Loferobion, as well as local treatment has been proven not only by clinical recovery, but also by a high percentage of elimination of the pathogen from the urinary tract.

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