

ON IMPROVING THE OUTCOMES OF TREATMENT OF CHRONIC CERVICITIS

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Abstract. A high recovery rate after one course of treatment and a relatively low relapse rate (associated with a change in sexual partner or the presence of a urogenital tract infection) make this drug recommended for the treatment of cervicitis.

Keywords: chronic cervicitis, reproductive age, treatment

Relevance. Chronic cervicitis occurs in one in two gynecological patients and is characterized by an asymptomatic course, the inability to isolate the infectious agent, and difficulty in medical treatment. Inflammatory changes in the vaginal portion of the cervix and inflammatory changes in the vaginal mucosa are similar, so vaginitis often accompanies cervicitis. Chronic cervicitis and vaginitis are particularly common, being diagnosed in one in three women with abnormal leucorrhoea [2, 4, 6, 8, 10, 12]. Diagnosis of exo- and endocervicitis with verification of the infectious agent, most often in the presence of ectopia, is very important, as precancerous processes and cancer often develop. This is due to the fact that chronic inflammation of the cervix influences metaplasia processes in ectopia (proliferation and differentiation of reserve cells) and, in some cases, can lead to the development of dysplasia. Chronic inflammation creates a favorable environment for the development of CIN due to impaired cellular renewal of the epithelial layer and the blood supply to the underlying stroma [14, 15]. In early reproductive age, the cervical epithelium is particularly susceptible to the introduction and persistence of infectious agents due to the presence of physiological ectopia of the columnar epithelium [1, 2]. It is also important to remember that inflammation of the exocervix and endocervix can complicate a full examination, mimicking the appearance of cellular atypia during cytological examination. Therefore, all morphological studies should be performed after the inflammatory process has resolved.

Timely, comprehensive etiotropic therapy for exocervicitis and endocervicitis is essential, as recurrence of the inflammatory process leads to the development of chronic cervicitis.

The aim of this study is to improve the treatment results of chronic cervicitis using the drug benzydamine.

Materials and methods. The study included 76 women of reproductive age, aged 18 to 45, with chronic cervicitis; the average age was 28 ± 3 years. Patients were randomly selected based on their gynecological visits at the Kogon Women's Clinic. Based on clinical, laboratory, and colposcopic examinations, a diagnosis of chronic cervicitis was established. All patients were tested for sexually transmitted infections (chlamydia, mycoplasma, ureaplasma) and viral genital infections (HSV, HPV) using polymerase chain reaction (PCR). The study excluded patients with specific sexually transmitted infections (gonorrhea, chlamydia, trichomoniasis, syphilis), severe extragenital pathologies (diabetes mellitus, thyroid dysfunction), those taking antibacterial medications within the last three months, and pregnant women.

Throughout the study, women used barrier methods (condoms) for contraception. Treatment effectiveness was assessed based on subjective and objective symptom trends and laboratory diagnostic and colposcopic examination results.

Results and discussion. Clinical and colposcopic examinations revealed signs of inflammation in the cervical mucosa in all patients. The main clinical manifestation was abnormal leucorrhoea, the frequency of which at the time of presentation to a gynecologist reached 65 (85.5%). Itching and burning in the genital area were complained of by 17 patients (22.4%). Vaginal pain and discomfort were reported by one in three patients (24 (31.6%)). Colposcopic examination revealed signs of cervicitis in all patients. The most consistent colposcopic symptoms of inflammation, according to our data, were abnormal cervical discharge and hyperemia around the external os of the cervix, as well as dilated subepithelial vessels with a regular course that bleed on contact, and uneven dark-brown epithelial staining during the Schiller test with adequate visualization of the transformation zone. These signs were identified in all patients. Colposcopic examination revealed the development of cervical ectopia in a third of patients. A history review revealed a significant obstetric and gynecological history in 62 (81.6%) patients with chronic cervicitis. Thirty-two (42.1%) patients had undergone induced abortions, 36 (47.4%) had inflammatory diseases of the lower genitalia, 25 (32.9%) had inflammatory diseases of the upper genitalia, and 26 (34.2%) had cervical ectopia. Among patients with chronic cervicitis, almost every second woman—39 (51.3%)—had an early onset of sexual activity. The average age at onset of sexual activity in patients with cervicitis was 17.4 ± 0.6 years ($\chi^2 = 15.6$; $\chi^2 > \chi^2$ critical at $p < 0.05$). More than half of the patients with chronic cervicitis were unmarried, and 41.7% had two or more sexual partners in the past year. Analysis of the disease duration revealed that chronic cervicitis was characterized in all cases by a long, recurrent course. Microscopic examination revealed an elevated white blood cell count (over 30 per field of view) in cervical and/or vaginal discharge

in all patients, indicating a grade IV vaginal flora purity. Taking all factors into account, we used benzydamine, a nonsteroidal anti-inflammatory drug (NSAID) belonging to the indazole group, to treat cervicitis. It has anti-inflammatory and local anesthetic effects, as well as antiseptic activity against a broad spectrum of microorganisms. The drug's mechanism of action involves stabilizing cell membranes, inhibiting prostaglandin synthesis, and suppressing Il-1 and TNF. Benzydamine exerts antibacterial and specific antimicrobial activity by rapidly penetrating microbial membranes, causing damage to cellular structures, disrupting metabolic processes, and causing cell lysis. It also has antifungal activity against *Candida albicans*. Vaginal douching was performed once daily for 10 days. The procedure should be performed lying down, with the fluid remaining in the vagina for several minutes. The entire 140 ml bottle was used for a single douche.

Conclusions. The clinical and laboratory efficacy of the treatment was 86.8%. Insufficient efficacy or ineffectiveness of the treatment was reported in 13.2% due to partner change and/or urogenital tract infection. The mean white blood cell count was 12 per high-power field, and *Gardnerella vaginalis* and *E. coli* were eradicated. No serious adverse events were reported across the entire group during the safety and tolerability assessment.

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