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**MODERN ASPECTS OF DIAGNOSIS AND TREATMENT OF CHRONIC CERVICITIS IN
WOMEN OF REPRODUCTIVE AGE*****Bazarova Zarina Zafarovna****Assistant of the Department of Obstetrics and Gynecology No1 Samarkand State Medical University,
Samarkand, Uzbekistan***ABOUT ARTICLE****Key words:** Chronic cervicitis, nonspecific chronic cervicitis, bacterial vaginosis.**Received:** 13.05.2024**Accepted:** 18.05.2024**Published:** 23.05.2024**Abstract:** The problem of cervicitis and vulvovaginitis is given special attention all over the world due to the increase in the frequency of their occurrence among women of reproductive age. At present, the significant role of chronic cervicitis in the development of oncological and other diseases of the reproductive system, including cervical cancer, has been proven. epidemiology of cervicitis. However, it should be emphasized that many researchers unconditionally recognize the need for further study of both etiological factors and pathogenetic mechanisms of the formation of inflammatory cervical disease for the reasonable treatment of patients suffering from this disease.**INTRODUCTION**

Inflammatory diseases of the pelvic organs remain one of the most pressing problems of modern gynecology, which is associated with the high frequency of their occurrence, negative impact on the reproductive function and quality of life of patients [1-3]. However, no less significant and relevant are the studies affecting the lower genital tract. Inflammatory processes of the lower genital tract are the most common reason for women to consult an obstetrician-gynecologist and account for 54-76% of the structure of gynecological diseases. Among the inflammatory diseases of the lower parts of the reproductive system, the most common are cervicitis - inflammatory diseases of the cervix, caused in most cases by opportunistic pathogenic microflora. Inflammatory diseases of CMM in the female population occur in 40% of cases and occur mainly in a chronic asymptomatic form.

The aim of the research. Comparative analysis of clinical and laboratory characteristics of chronic cervicitis in women of reproductive age.

Materials and methods of research

To conduct a comparative analysis of the clinical and laboratory characteristics of the studied cervical pathology (CM), we retrospectively analyzed the outpatient records of the antenatal consultation of patients of reproductive age with chronic cervicitis with the presence of ECE on the exocervix, the transformation zone of type I. After obtaining a histo-response from the biopsy of the cervix, the morphological diagnosis of "chronic cervicitis" was clarified in all these patients (the main group with traditional management - 50 women). The inclusion criterion was also the presence of a PCR examination for HPV of high oncogenic risk. Exclusion criteria: the presence of physiological ectopy of the cervix, which requires exclusively dynamic observation, and the presence of cervical intraepithelial neoplasia in the histological examination of the biopsy results. We also analyzed cases of chronic cervicitis on multilayered squamous epithelium (comparison group - 40 women), where the traditional examination protocol was also used.

By the results of the examination for the presence of human papillomavirus of high oncogenic risk, all women of the main group (n=50) were divided into two subgroups. The first - 25 (50%) patients with the detected human papillomavirus (HPV) are of high oncogenic risk. The second included 25 (50%) women without the presence of HPV of high oncogenic risk. The comparison group included patients diagnosed with chronic cervicitis on multilayered squamous epithelium (n=40). A total of 90 outpatient cards were analyzed. A total of 200 medical documents were analyzed. The distribution of women by age groups with chronic cervicitis with the presence of ectopic cylindrical epithelium and transformation zones located on the exocervix, i.e., according to the 2023 classification of colposcopic signs "Transformation zones type I" (HrC with ECE-NT1), and women with the presence of chronic cervicitis on MPE is presented in Table 1. As follows from the data obtained, the peak incidence of chronic cervicitis fell on the age interval of 20-29 years. At the age of 20-24 years, there were 42.8% of women and 25-29 years - 41.5% with chronic cervicitis in general, with no significant difference in subgroups 1, 2 of the main group and the comparison group. The average age of patients with chronic cervicitis was 24 years in general. A significant proportion of acute and chronic pelvic inflammatory diseases was observed in this group of patients (32.2%), and 1.6 times more often in the study group. It is noteworthy that the patients of the study group had a high level of a history of STIs (73.8%), inflammatory diseases associated with ureaplasma and mycoplasma infection.

RESULTS AND DISCUSSION

According to bacterioscopic, bacteriological and molecular biological methods, it was revealed that chronic cervicitis was associated with nonspecific opportunistic microflora. In 73% of women of the main group, the inflammatory process was associated with *Escherichia coli* (in the 1st subgroup - 82.6%, in the 2nd subgroup - 64.8%). To a lesser extent, nonspecific flora was represented by *Streptococcus agalactiae* - in 194 cases (38.8%), and in the subgroup with HPV 1.3 times more often, than in the second. *Enterococcus faecalis* was detected in 110 cases (22%), 1.3 times more in the HPV subgroup. *Ureaplasma* (titer more than 10⁶ st) and *Mycoplasma* (titer more than 10⁵ st) infections were detected in 49% of patients of the study group, and significantly more often in the 1st subgroup (69.6%) of the study. In outpatient charts among those examined for *Mycoplasma genitalium* in the subgroup with HPV, it was found significantly more often (62.6% and 37.4%, respectively). Nonspecific flora in the group of inflammatory changes against the background of multilayered squamous epithelium was more often represented by a combination of *Enterococcus faecalis* (34%) and *Escherichia coli* (32%). *Streptococcus agalactiae* was detected in 25% of the examined. *Ureaplasma spp.* (titer more than 10⁵ st.) was observed in 16% of patients, and in 5% - *Mycoplasma hominis* (titer > 10⁵ st.).

A PCR study for the presence of chlamydial infection revealed it in 12% of women in the study group, which is slightly more common (9%) than in the comparison group. Chlamydia was 2.6 times more common in the HPV subgroup than in the second. Trichomoniasis occurred in the compared groups with the same frequency (24% and 22%). Human papillomavirus type 16/18 was significantly more often detected in women of the 1st subgroup than in the comparison group (82% and 5%, respectively), and HPV type 31/32 was detected only in patients with the presence of cylindrical epithelium ectopic on exocervix (12%). During extended colposcopy, all patients showed signs of a chronic inflammatory process. Widespread mottling of iodine-negative and iodine-positive areas was also detected in 100% of the Schiller test.

CONCLUSIONS

At the first stage of treatment, both groups underwent comprehensive anti-inflammatory therapy, depending on the type and nature of the causative agent. Of the 50 patients in the study group, 1.6% of women underwent ablation of the pathological area of the cervix in the next 3 months in this medical institution. Most of the women (98.4%) of the subgroup with HPV were scheduled to appear for the next appointment. But, judging by the data of the cards, the patients did not come to the appointment,

which required their calling. 97.6% of women did not show up for an appointment after taking a cervical biopsy within the next two weeks, half of whom did not come to find out the results of the biopsy within a month, apparently in the hope that in case of an unfavorable outcome they would be informed about it. This fact indicates little interest of women with chronic cervicitis in preserving reproductive health. Thus, chronic cervicitis with the presence of ectopic cylindrical epithelium on the exocervix and the transformation zone of type I is a fundamentally different nosological form in contrast to chronic cervicitis on the multilayered squamous epithelium. This nosology cannot be defined in the statistical diagnosis according to ICD-X only as "chronic cervicitis" (N72), but there must be a characteristic of the presence of ectopic cylindrical epithelium on the exocervix and the zone of transformation of the first type, which is so important for this chronic process.

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