
THE ROLE OF CHLAMYDIAL INFECTION IN PERINATAL PATHOLOGY

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Objective: To evaluate the frequency, the peculiarities of the course of early neonatal period and the results of the treatment newborn infants infected with *Chlamydia trachomatis*.

Methods: 246 newborn infants were examined. The isolation of *Chlamydia trachomatis* in swabs from the conjunctiva, pharynx, vulva of the neonates verified diagnosis of chlamydial infection. Polymerase-chain reaction as well as a cultural method was used. Antichlamydial antibodies in the blood of mothers and infants were assessed with immunofluorescent method.

Results: It was shown that newborns with chlamydial infection are formed 32 % among the newborns with perinatal pathology. The following clinical forms of the intrauterine chlamydial infection were determined: 1) generalized infection with heavy affection of the CNS, lungs, heart, gastrointestinal tract, liver and other organs; 2) meningoencephalitis; 3) intrauterine pneumonia; 4) respiratory distress syndrome (in premature infants); 5) gastroenteropathy; 6) conjunctivitis. We have made a comparative estimation of efficiency of azythromycin and erythromycin in treatment of chlamydial infection in newborn infants.

Conclusion: The results show not only high clinical effectiveness of azythromycin, lack of adverse reactions, but also about its safety.

SPONTANEOUS ABORTUS CAUSED BY ACTIVATION OF CYTOMEGALOVIRAL INFECTION: THERAPEUTIC APPROACHES AND ISSUES

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Objective. Immunotherapy of spontaneous abortions in women with long-term reactivation of cytomegalovirus infection - CMVI (positive serum anti-CMV IgM in repeated ELISA during more than one year).

Methods. 62 women (aged 20-38 years) with anamnesis of spontaneous abortions (at least two) associated with CMVI reactivation had lymphopenia, increasing of big granulocytes count and circulating immune complexes concentrations, reducing of B-cell, T-cell (mainly because of Ts-subpopulation) amounts and phagocytosis activity in comparison with 646 healthy subjects ($p < 0.010$). Patients, in dependence of clinical features, were treated by different combinations of immunomodulators (T-activin, thymogen, vilosen, sodium nucleonatis), enterosorbents and stimulating procedures (vitamins) for 6-12 months. The criteria for pregnancy planning were: 1. obvious tendency to immune parameters normalization; 2. anti-CMV IgM elimination from patient's serum.

Results. 60 women became pregnant and 3 of them had spontaneous abortions again. Other 57 women had significantly reduced incidences of gestational complications such as threatened abortions ($p = 0.001$), fetal hypoxia ($p < 0.001$) and gestosis ($p < 0.001$) in comparison with untreated women. There were no cases of intrauterine complications, antenatal death and inborn abnormalities. All of 57 women delivered alive babies on 38-40 weeks of gestation with Apgar scores 8-9.

Conclusion. Described approaches of investigation and therapy were enough to correct disturbances in reproductive function (95% of cases) associated with cytomegaloviral infection reactivation.