
SURVEILLANCE AND ETIOLOGICAL STUDIES - A PREREQUISITE FOR OPTIMISATION OF MANAGEMENT OF INFECTIOUS GYNAECOLOGICAL CONDITIONS

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In order to allocate adequate resources for health care of gynecological infections (G.I.), a reliable surveillance program, is mandatory. Also to be able to propose screening programs and to be able to calculate the cost-effectiveness of such initiative (which may even gain money to the society) even in a short term perspective. To be able to recommend therapy in syndrome-based management of G.I. and to propose a reasonable battery of tests to work-up cases consulting with symptoms that can be assumed to be caused by such infections, etiologically studies should be performed at regular intervals in each hospital (or regional) catchment area. General recommendations based on studies performed only some years ago may be non-valid. Rapid changes in the etiological spectrum has occurred in many areas. It is also essential to up-date recommendations on antibiotic treatment. Once such recommendations have been given, it is important that they are up-dated on a regular basis if necessary. Today many out-dated recommendations do exist. Also due to the rapid change in the technology of diagnostic tests it is mandatory that laboratories use tests that are not only optimal in relation to sensitivity and specificity and has an acceptable positive predictive value. That is the test that also works well in populations with a low prevalence of the specific G.I. searched for.

EUBIOTIC PREPARATIONS IN THE FORMING OF VAGINAL MICROBIOCENOSIS IN WOMEN DURING THE PUERPERAL PERIOD

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Objective. *To study a period of the vaginal microbiocenosis recovery in puerperants taking eubiotic preparations (bifidumbacterin and lactobacterin).*

Methods. *50 patients were examined after vaginal delivery who had physiological course of the puerperal period. Daily, for the first six days after delivery, microbiological investigation of vaginal discharge and quantitative determination of lactobacilli, bifidobacteria, corynebacteria, Gram -positive and Gram -negative bacteria was carried out. Microbiological analysis was performed in 16 women who were given bifidumbacterin and lactobacterin per os 10 doses two times a day before meal from the first puerperal day.*

Results. *Restoration of normal vaginal microflora (lactobacilli, bifidobacteria, corynebacteria, a.o. in a quantity of 10^6 CFU/ml and more) occurred on the 5th-6th day. When bifidumbacterin was administered the beginning of vaginal normocenosis was noted on the 4th day. In women, taking lactobacterin, vaginal microbiocenosis began to recover from the third day.*

Conclusion. *The use of eubiotics favoured earlier restoration of vaginal microbiocenosis in the puerperal period.*