
CLINICAL AND IMMUNOLOGICAL EFFECTS OF LOCAL THERAPY WITH CYCLOFERON LINIMENT IN PATIENTS WITH VAGINAL INFECTIONS

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Objective: *This communication describes the role of immunotherapy in management of vaginal infectious diseases. We tested the effects of local treatment with Cycloferon-liniment (synthetic interferon inducer, Russia) in patients with vaginal candidosis, nonspecific bacterial vaginitis and bacterial vaginosis.*

Methods: *Intravaginal instillation's with Cycloferon-liniment were given to 50 patients of reproductive age. The results were confirmed by clinical and microbiological laboratory indices as the number of immunocompetent cells - CD 3, CD 4, CD8, CD 20, CD 56, CD 25, HLA-DR lymphocytes, the phagocytic activity of neutrophils and the migration ability of granulocytes. Then we have analyzed the variations in permeability (functional state) of hystohaematic barrier of vagina by integrative data of concentration of albumin, Ig A, M, G in the serum and vaginal secretion. This research was performed twice — before and after the course of therapy.*

Results: *We have found high effectively of the treatment with Cycloferon-liniment both in monotherapy and combinative treatment of vaginal infections: bacterial vaginosis in 96% of cases, vaginal candidosis in 75% and nonspecific bacterial vaginitis in 62%.*

Conclusions: *Was shown the prospectively of use of Cycloferon-liniment as the interferon inducer in the immune-associated treatment of vaginal infections both in monotherapy and in combination with traditional treatment. Cycloferon-liniment increases the permeability of hystohaematic barrier and compensates originally lowered local synthesis of IgG raising its penetration from serum. The accessory effects and allergic reactions are lacking.*

DIAGNOSTIC IMPORTANCE OF UTERAL SONOGRAPHY IN AMENORRHEIC PATIENTS

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Objective: *to obtain the sonographic criteria for assessment of endometrial hormonal reaction.*

Methods: *68 patients with normogonadotropic secondary amenorrhea were observed. Mean duration of amenorrhea was $6,8 \pm 2,4$ year. Estradiol dipropionate 0,1% solution 2,0ml i/m during 2 days was given to stimulate hormonal transformation of endometrium. Ultrasound monitoring of uterus was performed daily. Mean duration of monitoring was $4,4 \pm 1,2$ day. Endometrial thickness and sonographic structure was registered.*

Results: *Menstrual reaction had 12 patients (17,6%) after exogenous estradiol administration. However, prolipherative reaction of endometrium after estradiol treatment was occur in majority of patients 59 (86,8%). Mean endometrial thickness was $0,3 \pm 0,1$ cm. Only 9 from 56 patients failed menstrual reaction on estradiol stimulation, had no increasing in endometrial thickness, detected during ultrasound monitoring. Thus, it became possible to diagnose Asherman's syndrome among that group of patients.*

Conclusion: *Exogenous estradiol administration along with sonographic monitoring of the endometrium appeared to be a useful diagnostic criteria for distinguish the level of lesion in the reproductive system at patients with normogonadotropic amenorrhea.*