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UROGENITAL CHLAMYDIOSIS IS A CAUSE OF STERILITY AND CHRONIC PROSTATITIS IN MEN

Akhmedov Shavkat Kurbonalievich
Assistant of the Department of Skin and Venereal Diseases, Samarkand State Medical University
dr.shavkat2011@mail.ru
Nazarov Jamshid Abdurashidovich
Assistant of the Department of Skin and Venereal Diseases, Samarkand State Medical University
jamshid_nazarov89@mail.ru
Tillakobilov Ismoil Bakhodirovich
Assistant of the Department of Skin and Venereal Diseases, Samarkand State Medical University
ismoil1193@gmail.com
Oripov Rustam Anvarovich
Assistant of the Department of Skin and Venereal Diseases, Samarkand State Medical University
r-oripov62@mail.ru

Abstract *Chlamydia also causes atherosclerosis, bone weakening, vascular disease, and even diabetes. Cases of it causing blindness (also called trachoma) have also been recorded. Chlamydia regularly weakens the immune system and deprives the body of its ability to protect itself.*

Key words: *chlamydia, urogenital, opportunistic microorganisms, oxygen radicals.*

Introduction

Incidence: An average of 100 million people are infected with urogenital chlamydia every year. That's 5-15 percent of the world's sexually active men and women. The disease is caused by C. Trachomatis and causes urinary tract diseases, erectile dysfunction, and infertility.

Ways of transmission: sexual intercourse and from a sick mother to a fetus. Urogenital chlamydia is one of the factors that cause spermatozoa to fail to fertilize. Studies confirm the high therapeutic efficiency of levofloxacin in the treatment of almost all forms of urogenital infection. It should be noted that low rates of natural population growth are observed all over the world even in countries with the highest quality of life. In addition to purely socio-economic reasons, the problem of reproductive health of men and women takes a leading place in the demographic crisis. It is known that approximately 40% of the causes of infertility in couples are related to the male factor, of which 70% of men have oligoasthenoteratozoospermia, and 13% have azoospermia. Uropathogenic and a wide range of opportunistic microorganisms play an important role in the development of pathology of reproductive organs, including the colonization of sexually transmitted infections (STIs) in the urogenital system, which leads to pathological changes in ejaculation.

Another important factor that causes a decrease in male fertility is prostatitis. It is known that the change in the secretory function of the gland leads to a violation of the quantitative and

qualitative composition of the seminal fluid, and the toxic effect of microorganisms and their metabolic products has a harmful effect on spermatogenesis. There is evidence that chronic prostatitis leads to an average 8-fold increase in the production of KAF (the active form of oxygen radicals) in sperm.

The purpose of the study: to study the efficacy and safety of the 3rd generation fluoroquinolone levofloxacin with the trade name levorex in the treatment of chronic bacterial prostatitis (CBP) and chronic prostatitis (CP) accompanied by urogenital chlamydia.

Research materials and methods: 48 men between the ages of 30 and 50 were taken under our observation, and the patients were divided into 2 groups: Group 1 (14 people) - men who presented with characteristic clinical manifestations of prostatitis due to the provocation of chronic prostatitis; According to the anamnesis of the patients presented in this group, it was revealed that they have been troubled by various symptoms of chronic prostatitis for the last 8 years. In particular, almost all patients had symptoms such as urination disorders, urine dripping from the urethra after urination, persistent pain in the areas below the navel, and 5 men had persistent pain in the lumbar region. Also, in the remaining 9 patients, in addition to the above-mentioned symptoms, pathological symptoms such as constant feeling of cold in the genital area and profuse sweating, general weakness, irritability, and decreased sexual ability have been bothering. Group 2 (34 people) - men who applied for a check-up before planning a pregnancy in the family also had symptoms such as urinary disorders, urine dripping from the urethra after urination, persistent pain in the areas below the navel, and 8 men had persistent pain in the lumbar region. All patients under our observation (42) were diagnosed as follows after standard andrological, clinical and laboratory examinations, i.e., as a result of microscopic and bacterioscopic examinations of urine discharge, prostate gland secretions and sperm: 14 patients in group 1 were diagnosed with chronic bacterial prostatitis. Out of 34 men in group 2, 28 men (category 4) were diagnosed with chronic prostatitis, and another 6 patients were diagnosed with chronic prostatitis associated with chlamydia infection. In the 6 men shown at the end, what is characteristic of the chronic prostate identified in the above patients is the presence of mucous discharge from the urethra in addition to the general loins, the lips of the urethra sticking together a little, and sometimes pains in the joints are disturbing. At the same time, in the patients of group 2, against the background of chronic prostatitis and bacteriospermia, different forms of violations of normal spermogram parameters (asthenozoospermia, asthenoteratozoospermia, spermagglutination, leucospermia) were noted. All of the above-mentioned patients have been seen by urologists, venereologists, andrologists several times, and received treatment courses according to their recommendations based on the results of urine smear, urine analysis, prostate gland juice analysis, and ultrasound diagnosis. During and after the treatment, the patients felt some relief in their general condition, but soon the symptoms of the disease started bothering them again.

Pathogenic microorganisms detected during bacterioscopic examination in all patients were sensitive to Levorex. The drug is released in three different doses of 250, 500 and 750 mg. Levorex (levofloxacin) is a broad-spectrum fluoroquinolone antibiotic that retains the left-rotating isomer of ofloxacin as an active ingredient. It blocks DNA gyrase (topoisomerase II) and topoisomerase IV in bacteria and disrupts DNA supercoiling and breaks. As a result, they suppress DNA synthesis, cause deep morphological changes in the cytoplasm, cell wall and membranes. It is effective both in

vitro and in vivo against most strains of microorganisms. Patients with chronic bacterial prostatitis were recommended Levorex at a dose of 500 mg once a day for 20 days; in men with impaired fertility and chronic prostatitis category 4 and chronic prostatitis associated with chlamydia, the duration of treatment was 10 days, the drug was prescribed at a dose of 500 mg once a day.

In addition to the main Levorex therapy, all men were simultaneously recommended physiotherapy treatments, immunomodulating rectal suppositories (polyoxidonium), vitamin therapy and sedative treatments to achieve faster elimination of the infection from the body. The effectiveness of Levorex was assessed after 14-21 days of treatment in patients with chronic bacterial prostatitis and after 28-35 days in patients with chronic prostatitis diagnosed with chronic prostatitis category 4 and chlamydia. Evaluation was based on microscopic and bacterioscopic examination of prostate gland secretions and ejaculate, while spermogram and C. Trachomatis were also monitored in group 2 men.

Results: Microbiological cure was recorded in all cases. In particular, the number of leukocytes in prostate secretion and ejaculate reached moderate values. At the same time, in 14 patients with chronic bacterial prostatitis, symptoms of prostatitis were almost completely eliminated, and in men with an asymptomatic form of chronic prostatitis and accompanying pathospermia, ejaculate values approached normal values" - and C. Trachomatis was not detected again in the tests.

Conclusions: We can draw the following conclusions from our research. Levofloxacin shows high therapeutic efficiency in the treatment of almost all forms of urogenital infection. The fact that the drug has an excellent ability to penetrate into the tissues of the prostate gland, as well as the ease of use of Levorex (1 time per day), makes it possible to recommend it as one of the highly effective antibacterial agents in the treatment of patients with chronic bacterial prostatitis. It is also highly effective in chronic prostatitis associated with chlamydial infection and has almost no serious side effects.

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