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ETIOLOGICAL SIGNIFICANCE OF VARIOUS MICROORGANISMS IN CHRONIC PROSTATITIS

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Abstract. The cause of U. If symptoms characteristic of U. appear, you must immediately consult a doctor, otherwise the inflammation spreads to the back of the urethra and bladder, and also inflames the epididymis (see Epididymitis), the prostate gland (see Prostatitis), and the seminal vesicle may remain (see Genitals), and ultimately the patient is infertile.In order to prevent inflammation, it is important to follow the rules of personal and sexual hygiene and promptly treat various inflammations in the body and common infectious diseases.

Key words: urethra, metabolic disorders, bacterial prostatitis, microorganisms

INTRODUCTION

Thus, microbiological studies aimed at determining the role of various microorganisms in the development of chronic bacterial prostatitis are of interest for further study.

The choice of treatment for chronic bacterial prostatitis depends on the type of microorganism and its sensitivity to antimicrobial drugs. In addition, the form of the clinical course of the disease (complicated, uncomplicated), the state of the body's immunological reactivity, as well as the properties of the antimicrobial drug used (toxicological, pharmacological, pharmacokinetic) are important.

Thus, today, studying the effectiveness of drugs of various pharmacological groups in the treatment of chronic bacterial prostatitis is an urgent problem, along with determining the duration of therapy sufficient to ensure eradication of the pathogen.

A number of researchers have hypothesized the possibility of disruption of the pharmacokinetics of drugs in the tissue of the inflamed prostate gland (Nickel J. S. et al., 1995).

Experiments on animals (outbred rats) demonstrated that bacterial prostatitis is in many ways similar to a similar disease in humans, which indicates the prospects for further experimental studies aimed at studying the etiology, pathogenesis and therapy of bacterial prostatitis (Zabirov K.I. et al. , 1999; Nickel J. S. et al. 1995).

The relevance of the problem under consideration is due to the prospect of developing new and optimizing existing methods of diagnosis and pharmacotherapy of bacterial prostatitis.

The lack of a single clear algorithm for the diagnosis and treatment of chronic bacterial prostatitis, as well as the prevention of recurrence of the disease, has led to the need for in-depth study of this problem.

Urethritis is inflammation of the urethra. It is caused by pathogenic microorganisms (Trichomonas, yeast, viruses, etc.), as well as metabolic disorders, allergies, and injuries. According to the clinical course, acute and chronic goiter, trichomonas, and nonspecific goiter are distinguished, depending on the type of pathogen. It is most often found in men. There is a burning sensation and pain when urinating; Purulent discharge comes from the urethra. U. is usually transmitted as a result of infection with gonococci during sexual intercourse (see Diarrhea).

It was determined that the prevalence of chronic bacterial prostatitis (category II) among patients with a clinical diagnosis of chronic prostatitis was 8.2%, inflammatory syndrome of chronic pelvic pain (category IIIA) - 45.3%, non-inflammatory syndrome of chronic pelvic pain (category IIIB) - 46.5%

It was revealed that the most common causative agents of chronic bacterial prostatitis (category II) are enterobacteriaceae (52.6%), mainly E. coli (31.6%).

The absence of statistically significant differences between the frequency of detection of difficult-to-cultivate pathogens (C. trachomatis, M. hominis, U. urealyticum, G. vaginalis, N. gonorrhoeae, T. vaginalis) in urethral smears and prostate secretions of patients with chronic prostatitis syndrome and healthy individuals indicate that the etiological significance of these microorganisms in chronic prostatitis has not been proven.

It has been established that the identification of difficult-to-cultivate pathogens using the polymerase chain reaction method in a separate sample of clinical material is not a basis for establishing a diagnosis of chronic bacterial prostatitis (category II) due to the most likely predominant localization of these microorganisms in the urethra.

It has been shown that a quantitative segmented bacteriological study using the Miares-Stamey method is an objective basis for the accurate diagnosis of chronic prostatitis/chronic pelvic pain syndrome, while the study of only individual samples of urine, prostate secretion, and material from the urethra does not reveal the localization of the lesion infections and establish the form of the disease.

Based on a comprehensive clinical and laboratory examination of patients with urethritis, their etiological structure and the frequency of detection of M. genitalium were determined. The features of the clinical course of lesions of the urogenital tract associated with M. genitalium were determined. It has been shown that urethritis caused by M. genitalium occurs predominantly in an acute form, but does not have specific clinical signs and manifestations. For the first time, detailed clinical and laboratory characteristics of patients were carried out both during treatment and at different periods after the end of therapy.

A comparative assessment of the identification of M. genitalium in two types of clinical material (urethral scraping and the first portion of urine) was carried out using two fundamentally different methods of nucleic acid amplification: real-time PCR and real-time NASBA. For the first time, the possibility of using independent molecular biological diagnostic methods “NASBA in real time” and “real-time PCR” was assessed, allowing to reliably determine the presence of infection by two types of genetic material DNA and RNA in asymptomatic and chronic disease.

PRACTICAL RECOMMENDATIONS

1. As the main method for diagnosing the syndrome of chronic prostatitis/chronic pelvic pain, it is necessary to use a quantitative segmented bacteriological study of urine and induced prostate secretion (according to the Miares-Stamey method).

2. The results of qualitative identification of difficult-to-cultivate pathogens using polymerase chain reaction to establish their etiological role in chronic prostatitis syndrome should be used only in cases of detection of these microorganisms in the secretion of the prostate gland in their absence in material from the urethra.

3. It is necessary to sharply limit the microbiological diagnosis of chronic prostatitis syndrome using only individual samples of urine, prostate secretions, and urethral smears.

4. The use of antibacterial drugs should be limited to microbiologically proven cases of chronic bacterial prostatitis (category II) and inflammatory syndrome of chronic pelvic pain (category IIIA).

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