

MORPHOLOGICAL FEATURES OF CHRONIC INFECTIOUS AND INFLAMMATORY DISEASES OF THE CERVIX AT THE PRESENT STAGE**Khalilova Mekhriniso Tuymurodovna****Bukhara Medical Institute named after Abu Ali Ibn Sina.**

Abstract. A high recovery rate after one course of treatment and a relatively low relapse rate (associated with a change in sexual partner or the presence of a urogenital tract infection) make this drug recommended for the treatment of cervicitis.

Keywords: chronic cervicitis, reproductive age, treatment

Relevance. Inflammatory diseases of the female reproductive tract are a common pathology, accounting for 60-65% of gynecological diseases (1,3,5,7,9). The relevance of cervicitis is also associated with its numerous negative consequences for women's reproductive health. Thus, chronic cervicitis (CC) can play a significant role in the development of cervical ectopia and dysplasia (2,4,6,8,10), leading to the development of inflammatory diseases of the uterus and appendages (IDUA), infertility, and miscarriage (1). The presence of CC is associated with a high risk of premature birth, intrauterine infection of the fetus, and postpartum purulent-septic complications [14, 15]. Many fundamental studies have been devoted to the problem of CC (2,11,13). However, a number of issues remain unresolved. Thus, at the present stage, the range of etiological factors causing the development of chronic cervical cystitis requires clarification. Due to the fact that the radical socioeconomic changes that occurred worldwide at the end of the 20th century led to changes in sexual behavior patterns, the prevalence of sexually transmitted infections (STIs) has increased sharply. These infections are the main cause of inflammatory processes of the cervix (2,14). At the same time, the role of microbial associations and individual associates in the genesis of chronic cervical cystitis remains unclear, particularly the oncogenic types of human papillomavirus (HPV 16 and 18).

Despite the fact that the clinical and cytological manifestations of chronic cervical cystitis are known, and these diagnostic methods are considered screening methods, there is still no established clinical examination program for patients with this pathology. Furthermore, morphological criteria for objectively assessing the severity and dynamics of chronic cervical cystitis during treatment have not been developed. These criteria would allow for an assessment of the degree of lymphocytic infiltration, plasmation, and fibrosis of the exocervical and endocervical stroma in biopsy specimens. This creates a number of difficulties in treating patients with this condition. In light of the above, it is clear that further study of the etiology, clinical features, morphological, and immunohistochemical characteristics of chronic cervical cystitis is needed in order to develop a unified approach to diagnosing this condition and optimizing its treatment.

The objective of the study is to optimize the diagnosis and treatment of chronic cervical cystitis based on a comprehensive clinical and morphological characterization of this pathology in the current context.

Materials and methods. From 2021 to 2025, a comprehensive clinical and laboratory examination of 121 patients with chronic cystic cervix was conducted at the Kagan City Clinical Hospital in the Bukhara Region. Inclusion criteria for the study included the following: women of reproductive age, a histological diagnosis of chronic cystic cervix in cervical biopsy specimens,

identification of any infectious agent or microbial associations from the lesion (cervix), the absence of diseases leading to severe general immunodeficiency (blood diseases, cancer, HIV infection, etc.), and the absence of sexually transmitted diseases at the time of the study. This group of patients underwent an in-depth study of the causative factors, development mechanisms, and clinical manifestations of chronic cystic cervix. Exclusion criteria included pregnancy at any stage, antibacterial therapy within the last month, or the use of topical medications (vaginal tablets, creams, etc.).

Results and discussion. The first group consisted of 48 women (39.7%) who were diagnosed with pure chronic cervical cystitis during the examination. The second group included 57 patients (47.1%) with chronic cervical cystitis combined with cervical ectopy. The third group consisted of 16 patients (13.2%) with chronic cervical cystitis combined with grade 1 cervical insufficiency. The control group also included 32 healthy women whose cytological examination suggested chronic cervical cystitis, but whose histological examination of cervical biopsies revealed no abnormalities in the cervical mucosa. All women provided informed consent to participate in the study. Following a blinded clinical trial, all patients were divided into two groups based on the nature of the treatment. The study group consisted of 68 women (56.2%). These patients, along with the generally accepted treatment for chronic cystitis, received local therapy using the drug "Derinat".

The comparison group included 53 patients (43.8%) who received traditional therapy for CC (Rusakevich P.S., 2000; Bayramova G.R., 2000). It included josamycin at a dose of 0.5 g twice a day for 14 days for chlamydial, ureaplasma and mycoplasma infections, Viferon at a dose of 500 thousand IU per day rectally for 10 days. For bacterial vaginosis (BV), metronidazole was prescribed enterally at 0.25 g twice a day for 7 days, and for urogenital candidiasis - fluconazole 150 mg once. Local treatment included sanitation of the vagina and cervix with a 1% lactic acid solution. For herpes simplex virus infection of the cervix, acyclovir was prescribed at 0.2 g four times daily for 14 days, and Viferon at a dose of 1 million units was administered endovaginally once daily for 14 days. For chronic cervical cystitis associated with HPV, Viferon was administered at a dose of 1 million units twice daily for 10 days. The second stage was to restore normal intestinal and vaginal microflora. For this purpose, a liquid bifidobacteria concentrate was administered enterally at a dose of 5 ml daily for one month, and Acylact vaginal suppositories were taken at night for 10 days. All patients underwent a comprehensive examination, which included a general clinical and gynecological examination, vaginal fluid pH testing, bacterioscopic and bacteriological testing, polymerase chain reaction (PCR), immunocytochemistry, cytological examination of cervical smears, simple and extended colposcopy, and targeted cervical biopsy with subsequent histological examination. All patients underwent a pelvic ultrasound to rule out upper reproductive tract pathology. Microorganism identification was performed at the microbiology center of City Clinical Hospital No. 6 using bacterioscopic, culture, immunocytochemistry, and polymerase chain reaction (PCR) in all patients before and after treatment. We compiled a medical and social profile of 121 examined patients with chronic cystitis. The women's age ranged from 17 to 47 years, with an average age of 25.6 ± 1.2 years. The youngest patients were in Group 2 (CC + cervical ectopy), with an average age of 21.4 ± 0.9 years. The average age of patients in Group 1 ("pure" CC) was 24.1 ± 1.1 years, while in Group 3 (CC + CIN grade I) it was 31.4 ± 0.9 years.

Housewives and service industry workers predominated among the examined patients in all groups. It should be noted that no significant differences were found between the groups in terms

of educational level. Most patients had a moderate or high standard of living, were financially secure, and many were unemployed. In the study population, 41.3% of patients were smokers, including all women in Group 3. Approximately one-third of the examined patients had extragenital pathology, with gastrointestinal and hepatobiliary disorders predominating. 62% of women were married or had one regular sexual partner for two or more years. This figure was 78% in Group 1, 54% in Group 2, and 81% in Group 3. Moreover, 67.8% of the total number of patients reported having begun sexual activity before age 18. Of these, three-quarters were women in groups 2 and 3, with one in five of them practicing non-traditional forms of sexual intercourse. 91.7% of women reported using some form of contraception. However, this cannot be considered rational. For example, patients in groups 1 and 3 who preferred intrauterine contraception had a high rate of chronic inflammatory diseases of the uterus and appendages (CIUD). More than half (52.1%) of the women had a history of pregnancy and childbirth, slightly less than half (47.9%) were nulliparous, and 9.9% of them suffered from primary infertility. The high rate of spontaneous (16.5%) and induced (28.1%) abortions is noteworthy. It should be noted that women in group 3 had the highest number of abortions. Due to their relatively high educational level and hygiene standards, the vast majority of patients (81.0%) visited a gynecologist regularly (at least once a year). Of the women in Group 3, 75% had not been examined for more than a year and a half. Women in all three study groups were diagnosed with various gynecological diseases, with chronic pelvic inflammatory diseases in remission predominating (35.5%), occurring most frequently in Group 1 (64.6%) and Group 3 (25%) patients. One in four women reported colpitis, STIs, and menstrual irregularities, while one in five had various types of mastopathy. 48.7% of patients were asymptomatic, which is very important from an epidemiological perspective, as in this situation, women have no reason to seek medical care. 28.9% of patients complained of discharge from the genital tract, 23.9% of women of itching and burning in the vulva, and 15.7% of women of periodic pulling pain in the lower abdomen.

The spectrum of microorganisms causing chronic cervical cystitis was diverse. A single cervical infection was observed in 43.8% of the women examined. However, more than half of the patients had a combination of different microorganisms. Genital chlamydia was detected in 18.2%, mycoplasmosis in 15.7%, and ureaplasmosis in 8.3%. Cultures revealed diagnostic titers of urogenital mycoplasmas and ureaplasmas in all cases. All were sensitive to josamycin. Genital herpes was detected in a third of the patients, primarily in association with other microorganisms. HPV was diagnosed in 23.1% of the women examined. This suggests that viral pathogens play a significant role in the genesis of chronic cervical cystitis, consistent with published data ().

Conclusions. Chronic cervicitis is a collective clinical and morphological concept that includes inflammatory lesions of the cervix, associated to a large extent with mixed infection, often of viral genesis, characterized by complex changes in the exo- and endocervix in the form of a complex of inflammatory-dystrophic, adaptive, immunopathological, dysregenerative processes and accompanied by a violation of the reproductive health of women.

BIBLIOGRAPHY

1. Савельева И.В., Полянская И.Б. Возможности комбинированной терапии у больных бактериальным вагинозом в сочетании с кандидозным вульвовагинитом. Российский вестник акушера-гинеколога. 2016; 16; 3: 69-72. doi: 10.17116/rosakush201616369-72

2. Роговская С.И., Бебнева Т.Н. Доброкачественные заболевания шейки матки. В кн.: Шейка матки, влагалище, вульва. Руководство для практикующих врачей. Под ред. С.И. Роговской, Е.В. Липитовой. М.: Статус Презенс, 2014.
3. Руководство по амбулаторно-поликлинической помощи в акушерстве и гинекологии. Под ред. Радзинского В.Е. М.: ГЭОТАР-Медиа, 2015; 1054.
4. Khamdamova M.T., Zhaloldinova M.M., Khamdamov I.B. The state of nitric oxide in the blood serum of patients with cutaneous leishmaniasis // New Den Medicine. - Bukhara, 2023. - № 5 (55). - P. 638-643.
5. Khamdamova M.T., Zhaloldinova M.M., Khamdamov I.B. The value of ceruloplasmin and copper in the blood serum of women wearing copper-containing intrauterine devices // New Den Medicine. - Bukhara, 2023. - № 6 (56). - P. 2-7.
6. Khamdamova M.T., Khasanova M.T. Various mechanisms of pathogenesis of endometrial hyperplasia in postmenopausal women (literature review)// New Den Medicine. - Bukhara, 2023. - № 8 (58). - P. 103-107.
7. Khamdamova M.T., Akramova D.E. Genetic aspects of genital prolapse in women of reproductive age // New Den Medicine. - Bukhara, 2024. - № 2 (64). - P.420-426.
8. Khamdamova M.T., Akramova D.E. Immediate and long-term results of surgical treatment of genital prolapse in elderly women // New Den Medicine. - Bukhara, 2025. - № 3 (77). - P. 201-207.
9. Khamdamova M.T., Akramova D.E. Efficiency of various methods of treatment of women with genital prolapse // News of dermatovenerology and reproductive health. - Tashkent, 2025. - № 2 (109). - P.30-33.
10. Khamdamova M.T., Khasanova M.T. genetic mechanisms of development of endometrial hyperplastic processes in women in menopausal age)// New Den Medicine. - Bukhara, 2025. - № 3 (77). - P. 207-211.
11. Khamdamova M.T., Khasanova M.T. Морфологические изменения эндометрия при гиперплазии // Новости дерматовенерологии и репродуктивного здоровья.-Ташкент.- 2025.- № 2 (109). - P. 12-14.
12. Khamdamova M.T., Umidova N.N. Генитальный эндометриоз – болезнь активных и деловых женщин // Новости дерматовенерологии и репродуктивного здоровья.-Ташкент.- 2025.- № 2 (109). - P. 33-14.
13. Khamdamova M.T., Akramova D.E. Генетические аспекты генитального пролапса у женщин репродуктивного возраста) // New Den Medicine. - Bukhara, 2024. - № 2 (64). - P. 420-426.
14. Koreeva NV, Dobrokhotova YuE. The use of local cytokine therapy in obstetric and gynecological practice. Rossiyskiy Vestnik AkusheraGinekologa. 2018; 5: 13: 99-104.
15. Yakovleva S.V., Sidorenko S.V., Rafalsky V.V., Spichak T.V. Strategy and tactics of the rational use of antibiotics in outpatient practice: Russian practical guidelines. Presto Publishing House. 2018; P.121