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ANTIBIOTIC RESISTANCE OF INFLAMMATORY PROCESSES OF FEMALE GENITAL ORGANS

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Introduction. The main reason for women seeking gynecological care is infectious and inflammatory diseases of the female genital organs. This pathology occurs in more than 65% of the total female population, of which 80% are women of reproductive age, and this is the main cause of premature fetal loss and various complications during pregnancy. Moreover, nonspecific chronic diseases of the genital tract are more common than infections caused by absolute pathogens [1,2,5,6].

According to research data, in addition to gonococci and chlamydia in the structure of causative agents of inflammatory diseases, microorganisms of the family Enterobacteriaceae (*E. coli*), *Peptococcus* spp., *Peptostreptococcus* spp., *Bacteroides* spp., *Gardnerella vaginalis*. spp., *Enterococcus* spp. .. The sensitivity of the isolated strains to antibacterial drugs indicates a high level of resistance to penicillins and cephalosporins [3,4,7].

An important role in the pathogenesis of chronic inflammatory diseases of the urogenital tract belongs to the development of secondary immune deficiency, which is characterized by incomplete functioning of the cellular and humoral links of immunity. The polymicrobial etiology of this group of diseases has been proven with a predominance of sexually transmitted pathogens, in particular *N. gonorrhoeae* and *C. trachomatis* [1,6].

Based on the foregoing, the treatment of chronic inflammatory diseases of the genital tract should be complex and consist of etiotropic chemotherapeutic agents aimed at eliminating the pathogen, as well as immunomodulating agents aimed at normalizing the functional activity of the patient's immune system.

Materials and methods. Analysis of the microflora from the genital organs of women was carried out in 55 in patients who applied to the clinic of the Tashkent Medical Academy.

Research results and conclusions. Of the 40 analyzes carried out, 44 strains of microbes were isolated. Of these, in 18.2% of cases, associations of two types of microorganisms were found, in 81.8%, monoculture was isolated. The leading microorganisms were gram-positive cocci, accounting for 68.2% of all isolated cultures, 31.8% were classified as gram-negative bacteria - *Candida* fungi. But if in the cervical canal the main representatives of the flora were *Escherichia coli* up to 27%, *Candida* were associates of staphylococci in the urethra. Gram-positive rods were usually discharged from the vagina, the urethra - *Staph. aureus*, *St. haemolyticus*.

All isolated strains were tested for sensitivity to the most commonly used antibiotics: Ceftriaxone, Ceftazidime, Cefoperazone, Cefotaxime, Ticarcillin, Piperacillin, Gentamicin, Amikacin, Doxycycline, Azithromycin, Levofloxacin, Ofloxacin, Ciprofloxacin; to *Escherichia coli* - Polymyxin, Clindamycin, Levomycetin.

Due to the fact that staphylococci dominated in the crops, here we give their antibiotic resistance to various groups of antibiotics. Analysis of the results of antibiotic patterns of staphylococci showed that 56.8% are sensitive to

cephalosporins, 28% to penicillins, 65% to aminoglycosides, 60% to tetracyclines, 40% to macrolides and 60% to quinolones of isolated staphylococci. Consequently, the greatest resistance was observed to penicillins (72%), macrolides (60%), and there is a tendency to increase resistance to cephalosporins (44.2%). The most effective drugs against staphylococci were aminoglycosides and quinolones, which should be taken into account when prescribing empirical therapy.

The selection of resistant strains occurs for a number of reasons. Firstly, due to the irrational use of antibiotics - not according to indications, as a prevention of possible complications. An important role is played by the non-prescription availability of antimicrobial drugs in pharmacies and, as a result, self-medication of patients.

The health and economic implications of antimicrobial resistance are very negative, leading to significant costs that are difficult to quantify due to the lack of comprehensive statistics for a number of countries. In addition, antimicrobial resistance means a significant additional burden for the patients themselves (pain, disruption of life, psychological trauma), which is even less calculable.

Based on the foregoing, it is necessary to conduct a bacteriological study to detect the causative agent of a purulent-inflammatory process and selective therapy of this pathology.

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