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Primedia E-launch LLC, 5518 Flint St, Shawnee, 66203, USA

<https://orcid.org/0000-0001-9154-6049>  
[instituteforscientificresearch@gmail.com](mailto:instituteforscientificresearch@gmail.com)

**Influence of CHLAMIDIA infection on the activity of the rheumatoid arthritis****Dilrabo Abdurazzakova<sup>1</sup>, Seytbay Matchanov<sup>1</sup>, Nikolai Soroka<sup>2</sup>**<sup>1</sup>Tashkent Medical Academy, Republic of Uzbekistan<sup>2</sup>Belarusian State Medical University, Republic of Belarus**Abstract**

The presence of chlamydial infection in rheumatoid arthritis patients requires the eradication of chlamydial infection before prescribing basic anti-inflammatory therapy, which improves the general condition of patients and favorably affects the course of the underlying disease.

**Keywords:** rheumatoid arthritis, basic therapy, chlamydial infection, disease activity.

Many factors affect the course of rheumatoid arthritis (RA), including infection. In the study of synovial fluid in patients with RA by polymerase chain reaction (PCR), a higher incidence of Chlamydia trachomatis infection (*C. trachomatis*) was found in comparison with the control group. The aim of the study was to evaluate the effect of chlamydial infection associated with RA on disease activity. 120 patients with RA were examined. The study included patients with RA who met the classification criteria of the American College of Rheumatology/European Anti-Rheumatic League (ACR / EULAR, 2010), who were hospitalized in the multidisciplinary clinic of the Tashkent Medical Academy. Patients were divided into 3 groups: group I - 53 patients with RA, II - 32 patients with RA in combination with chlamydial infection treated with chlamydial infection, Group III - 35 patients with RA combined with chlamydial infection who did not eradicate chlamydial infection. For all examined RA patients, methotrexate at a dose of 20 mg / week was prescribed as basic therapy. A re-evaluation of the effectiveness of treatment in patients with RA was carried out after 3 months. The results of the studies showed that indicators such as the Disease Activity Score (DAS-28), the number of swollen joints (NSJ), the number of painful joints (NPJ), the erythrocyte sedimentation rate (ESR), and the health assessment indicators Questionnaire (HAQ) of patients in group I were significantly lower than similar indicators of

groups II and III of patients. This may indicate that when RA is combined with chlamydial infection, the activity of the disease is higher than with RA without chlamydial infection. In the first group, basic therapy with methotrexate 20 mg / week for three months had a positive effect on RA activity indices. In the treatment dynamics, such indicators as DAS-28 ( $p < 0.01$ ), NSJ ( $p < 0.01$ ), NPJ ( $p < 0.01$ ), ESR ( $p < 0.01$ ), HAQ ( $p < 0.01$ ) differed significantly in the dynamics of treatment. In the II group, after the eradication of chlamydial infection, positive dynamics of DAS-28, ( $p < 0.01$ ), NSJ ( $p < 0.01$ ), NPJ ( $p < 0.01$ ), ESR ( $p < 0.01$ ), HAQ ( $p < 0.01$ ). At the same time, in group III, where patients with RA did not undergo eradication of chlamydial infection, only ESR significantly decreased ( $p < 0.05$ ). The study showed that the presence of chlamydial infection in patients with RA is associated with an increase in the activity of the pathological process. When managing patients with chlamydial infection, the recommended treatment goal is much less often achieved - remission or low disease activity. The presence of chlamydial infection in patients with RA requires the eradication of chlamydial infection, which helps to improve the general condition of patients, has a favorable effect on the course of the underlying disease before prescribing basic anti-inflammatory therapy.