

MODERN ASPECTS OF CHLAMYDIA TREATMENT

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Introduction. According to the World Health Organization, urogenital chlamydia infection is one of the most common sexually transmitted diseases. The feature of the clinical course is (scanty symptomatology or its full absence in man and women case), so difficulties of the laboratory diagnostics lead to the thing, that infected persons refer to the specialists untimely. Therefore it prevents treatment and increases the risk of complications development.

Aim. Consider the current approaches to the treatment of Chlamydia.

The exciter of Chlamydia - *Chlamydia trachomatis*. It is gram-negative, intracellular parasite, that infect the epithelium of the mucosa of the urogenital tract, nasopharynx, conjunctiva and causes their inflammatory disease. Chlamydia is identified in every second of the explored women, who suffer from the inflammatory urogenital diseases, 2/3 of women suffer from infertility and 9/10 women suffer from miscarriage. Every second urethritis is caused by Chlamydia in the men case. The main scheme of treatment of the Chlamydia infection consists of causal therapy (antibacterial preparation), pathogenetic, eubiotic therapy, the effect on nonspecific body resistance, system enzymotherapy, immunomodulatory therapy. However it is not recommended to use the ready scheme of treatment because the course of the chlamydia's process has its own features. Currently there are three main groups of antibiotics to treat the Chlamydia infection. They are tetracyclines, macrolides, fluoroquinolones, sulfonamides, penicillins, and cephalosporins. They have the low activity and may contribute the persistence of infection. Unreasonably the long courses of antibiotics of the different classes, (that are aimed only at elimination chlamydia from the urogenital tract), fight with the specific microbe and forget about the readjustment of microorganism in which the microbe lives, and don't consider the immune dysfunction. As a result of treatment there may be some complications such as drug-induced hepatitis, dysbiosis of intestines, toxic-allergic reactions. The Chlamydia infection treatment is a big problem which must be resolved not only by the narrow section specialists, but immunologist doctor and therapist must also take part in treatment. So it is not recommended to use the ready scheme of treatment because the course of the chlamydia process has its own features.

Conclusions. The application of antibacterial preparations as a topping medical factor is allowed only for young persons who have acute phase of Chlamydia infection without any associated diseases. In other cases of Chlamydia infection, it must be checked the state of the immune status, hepatobiliary zone, microbiocenosis of intestines and urogenital tract before the course of etiotropic treatment.