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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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DIAGNOSIS OF RELAPSING CANDIDIASIS VULVOVAGINITIS IN PREGNANT PATIENTS WITH ACQUIRED IMMUNODEFICIENCY VIRUS

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✓ Resume

This Statia talks about the course, clinic and diagnosis of relapsing candidiasis vulvovaginitis in pregnant people who have been diagnosed with HIV. The increased incidence of mycosis around the world is primarily due to various immunosuppressive effects on the human body. Therefore, fungal infections are often referred to as a "painful disease". Candidiasis (candidomycosis) is an infectious disease caused by yeast – like fungi of the genus Candida on the skin, mucous membranes and internal organs, it occurs against the background of a decrease in the body's protective forces, and this feature belongs to secondary Mycoses. Candida urugi fungi are detected in every 3 to 1 in women who have been diagnosed with HIV. For this reason, causing several clinical signs, discomfort in women the cause of this problem is still being studied.

Keywords: candidomycosis, HIV, mycosis, relapsed candidiasis, C.albicans

ORTTIRILGAN IMMUN TANQISLIGI VIRUSLI HOMILADORLARDA QAYTALANUVCHI KANDIDOZ VULVOVAGINITNI TASHXISLASH

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✓ Rezyume

Ushbu statyada OIV aniqlangan homiladorlarda retsidivlanuvchi kandidoz vulvovaginitlarning kechishi, klinikasi va tashxislash haqida so'z boradi. Dunyo bo'ylab mikozi bilan kasallanishning ko'payishi, birinchi navbatda, inson tanasiga turli xil immunosuppressiv ta'sirlar bilan bog'liq. Shuning uchun qo'ziqorin infeksiyalari ko'pincha "og'riqli kasallik" deb ataladi. Kandidoz (kandidomikoz) – yuqumli kasallik bo'lib, teri, shilliq pardalar va ichki organlarda Candida jinsining xamirturushga o'xshash zamburug'laridan kelib chiqqan holda, u tananing himoya kuchlarining pasayishi fonida yuzaga keladi va bu xususiyat ikkilamchi mikozlarga tegishli. OIV aniqlangan ayollarning har uchdan bittasida kandida urugi zamburug'lari aniqlanadi. Shu sababli bir qancha klinik belgilarni keltirib chiqarishi, ayollardagi bezovtalik sabab ushbu muammo haligacha o'rganilmoqda.

Kalit so'zlar: kandidomikoz, OIV, mikozi, retsidivlangan kandidoz, C.albicans

ДИАГНОСТИКА РЕЦИДИВИРУЮЩЕГО КАНДИДОЗНОГО ВУЛЬВОВАГИНИТА У БЕРЕМЕННЫХ С ВИРУСОМ ПРИОБРЕТЕННОГО ИММУНОДЕФИЦИТА

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✓ **Резюме**

В этой статье рассматривается течение, клиника и диагностика рецидивирующего кандидозного вульвовагинита у беременных с диагнозом ВИЧ. Рост заболеваемости микозом во всем мире в первую очередь связан с различными иммунодепрессивными эффектами на организм человека. Вот почему грибковые инфекции часто называют "болезненным заболеванием". Кандидоз (кандидомикоз) – инфекционное заболевание, вызываемое дрожжеподобными грибами рода Candida на коже, слизистых оболочках и внутренних органах, которое возникает на фоне снижения защитных сил организма, и эта особенность относится к вторичным микозам. Примерно у одной из 3 женщин с диагнозом ВИЧ обнаруживаются грибки семян candida. Из-за этого, вызывая ряд клинических признаков, дискомфорт у женщин причина эта проблема все еще изучается.

Ключевые слова: кандидомикоз, ВИЧ, микоз, рецидивирующий кандидоз, С.албиканс.

Relevance

Vulvovaginal candidiasis (VVC) is the second most common cause of vaginitis after bacterial vaginosis. Three-quarters of women of reproductive age have at least one VVC episode, with *Candida albicans* leading to the development of 85 to 90% of VVC cases. Clinically, uncomplicated and complicated forms of VVC are distinguished. Uncomplicated cases are C. sporadic episodes caused by *albicans*, mild type, complications-other types of *Candida* that occur in severe form occur during pregnancy or associated with other diseases such as diabetes or immunosuppressive conditions. Relapsed VVC is also a form of complex infection, with episodes of VVC described as four or more in a Therapeutic schemes that must depend on the form of VVC. A single dose of short-term topical therapy or oral administration is effective in treating 90 percent of uncomplicated cases. Complex forms of VVC require longer treatment. Oral administration of fluconazole can be prescribed three times. With a break of 72 hours, local azole therapy also allows for one-time regimens. Thus, suppositories in the form of sertaconazole are administered intravaginally once. single dose of short-term topical therapy or oral administration is effective in treating 90 percent of uncomplicated cases. Complex forms of VVC require longer treatment. Oral administration of fluconazole can be prescribed three times. With a break of 72 hours, local azole therapy also allows for one-time regimens. Thus, suppositories in the form of sertaconazole are administered intravaginally once. Today, there is information about the use of probiotics in the treatment of VVC. The risk of horizontal transmission of *Candida* to the newborn is about 50%. Thus, pregnancy, including preparation for programs of auxiliary reproductive technologies, is one of the important tasks when planning the detection and treatment of VVC. Therapeutic approaches should correspond to the vvk form and its frequency of recurrence [1.4]. VVC is also associated with significant direct and indirect economic costs and leads to increased susceptibility to human immunodeficiency virus (HIV)infection. Candidiasis vulvovaginitis (KVV) is an infectious disease, but-an inflammatory disease of the skin of the vaginal mucosa and external genital organs due to fungi of the genus *Candida*. The literature provides evidence that up to 75% of women of reproductive age experience 1 episode of acute illness in life, up to 45% Report 2 or more cases, up to 20% are familiar with recurrent (often complication) disease course is a variant. However, under certain unfavorable conditions, fungi can cause clinically specific diseases in a person.he literature provides evidence that up to 75% of women of reproductive age experience 1 episode of acute illness in life, up to 45% Report 2 or more cases, up to 20% are familiar with recurrent (often complication) disease course is a variant. However, under certain unfavorable conditions, fungi can cause clinically specific diseases in a person. Changes in the normal flora, such as the use of antibiotics, contribute to the growth of the yeast flora. The increased incidence of mycosis around the world is primarily due to various immunosuppressive effects on the human body. Therefore, fungal infections are often referred to as a "painful disease". Candidiasis (candidomycosis) is an infectious disease caused by yeast – like fungi of the genus *Candida* on the skin, mucous membranes and internal organs, it occurs against the background of a decrease in the body's protective forces,and this feature belongs to secondary Mycoses[1.3].Relapsed (recurrent) vulvovaginal candidiasis (VVK) is an injury to the vaginal mucosa and occurs every six months during the period of reproductive and perimenopause in the vulva. Chronic VVK-its clinical manifestations occur 4 or more times for a year . The importance of the problem is the study of the patient's quality of life, a neurosis-like condition, low effectiveness of drug treatment.elapsed (recurrent) vulvovaginal

candidiasis (VVK) is an injury to the vaginal mucosa and occurs every six months during the period of reproductive and perimenopause in the vulva. For development, chronic VVC causes a number of predispositions: long-term and uncontrolled antibiotic changes, taking oral contraceptives and their long-term use, substitute hormone therapy, frequent (more than 4 once a month) use of spermicides, CA Type I and II diabetes, hypothyroidism, dysbiosis if a woman, the vaginal mucosa is caused by several sexual parties at once : infections of the bacterial, viral and protozoan genital tract.

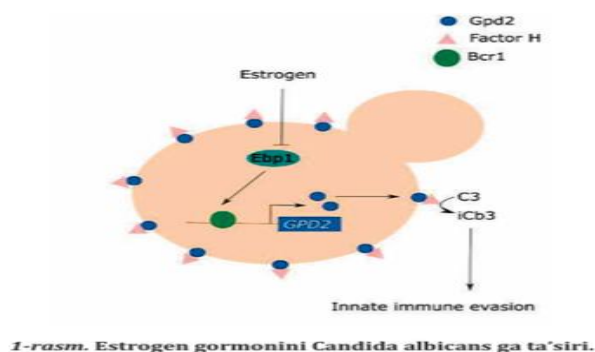
The purpose of the study: to study the course of relapsing candidiasis vulvovaginitis in pregnant patients with the Acquired Immunodeficiency Virus, to analyze the clinic.

Examination methods and materials: examination materials 30 HIV-identified pregnant women, 20 HIV-negative women were taken from tugruq complex No. 3 in Samarkand. he purpose of the study: to study the course of relapsing candidiasis vulvovaginitis in pregnant patients with the Acquired Immunodeficiency Virus, to analyze the clinic.

Examination methods and materials: examination materials 30 HIV-identified pregnant women, 20 HIV-negative women were taken from tugruq complex No. 3 in Samarkand. Examination methods microscopy, IFA, UTT, vaginal grease, HIV ga express test.

Result and discussions

Three-quarters of women of reproductive age have at least one VVC episode, with *Candida albicans* leading to the development of 85 to 90% of VVK cases. Clinically, uncomplicated and uncomplicated forms of VVK are distinguished. In cases where pregnant women who have not been diagnosed with HIV infection are admitted, an express test was carried out in the reception department when they arrive without an exchange sheet. HIV-detected pregnancies ,on the other hand, are recruited by the HIV Center into tugruq chambers in the cross-section of the yawl-sealed areas and are mainly addressed to tugruq complex from Urgut, Tayloq district, Samarkand region. HIV-detected pregnancies ,on the other hand, are recruited by the HIV Center into tugruq chambers in the cross-section of the yawl-sealed areas and are mainly addressed to tugruq complex from Urgut, Tayloq district, Samarkand region. Each woman had a UTT examination. Often (82-94%) inflammatory diseases are caused by yeast-like fungi : *Candida albicans*, less often (3-10%). In particular, KVV occurs in patients with endocrine system pathology, pregnant and HIV-infected women. Fungi of the genus *Candida* are polymorphic microorganisms that live mainly in tissues rich in glycogen. In 55-75% of cases, the causative agent of KVV is *Candida albicans*, in other cases *C. glabrata*, *C. tropicalis*, *C. guilliermondii*, C.n particular, KVV occurs in patients with endocrine system pathology, pregnant and HIV-infected women. Fungi of the genus *Candida* are polymorphic microorganisms that live mainly in tissues rich in glycogen. In 55-75% of cases,).



Candidiasis vulvovaginitis (KVV) is the second pathological vaginal cause in women of reproductive age in terms of prevalence lycheal discharge after bacterial vaginosis . The species name ry is an etiological agent in 85-90% of cases of Kv, *Candida albicans*, which is mainly a tautology, since ku "Candida" (lat.) White, albicans (lat.)- "turned whiteandidiagnosis vulvovaginitis (KVV) is the second pathological vaginal cause in women of reproductive age in terms of prevalence lycheal discharge after bacterial vaginosis . The species name ry is an etiological agent in 85-90% of cases of Kv, *Candida*

albicans, which is mainly a tautology, since ku "Candida" (lat.) White, albicans (lat.)- "turned white". Nevertheless, this name is well reflected waiting for the evolution of two phenotypic States of colonies.

Due to the high prevalence of Vulva and vaginal infections, problems in modern gynecology, frequent recurrence, adverse effects on reproductive functions remain the most pressing problems due to gynecological diseases and systems that increase the risk of aku . The most common forms of vulvovaginitis are: bacterial vaginosis (BV), vulvovaginal candidiasis (VVC), aerobic vaginitis (AV), and trichomoniasis. In infections whose properties are conditionally caused by biocenosis and immune status pathogenic microorganisms, prone to recurrence of BV, AB and VVK, against the background of which a mixed infection develops. Treatment mixed infection and Prevention of the development of vvk in patients provides the use of antimicrotics with BV, the elimination of Candida albicans infection remains the first stage of treatment .

AIDS and vaginal candidiasis. When asymptomatic vaginal colonization frequency was studied, different population groups were found to differ. Candida colonization occurs in $10\pm 20\%$ of women who are not HIV negative pregnant. In pregnant women, this frequency is increased by up to $15\pm 30\%$, and in postmenopausal women, the sensation decreases to laryngeal levels. IDS and vaginal candidiasis . When asymptomatic vaginal colonization frequency was studied, different population groups were found to differ. Candida colonization occurs in $10\pm 20\%$ of women who are not HIV negative pregnant. In pregnant women, this frequency is increased by up to $15\pm 30\%$, and in postmenopausal women, the sensation decreases to laryngeal levels. Women in STD clinics have a high frequency of asymptomatic colonization. In addition to external factors for fungal diseases in the vagina, Vaginal microflora and vaginal candidiasis are of great importance. Especially Lactobacillusturs that dominate the vaginal microflora. Studies have found that dominant lactobacilluscrispatus and Lactobacillus species in the vagina have an antoganistic effect on the development of Candida albicans.

Treatment.

Many people with vaginal infections are treated with salt cream, candles and tablets. Medicines are usually taken between 1-7 days, depending on the degree of illness. The remedies are mainly taken at night Treatment. Many people with vaginal infections are treated with salt cream, candles and tablets. Medicines are usually taken between 1-7 days, depending on the degree of illness. The remedies are mainly takeTreatment. Many people with vaginal infections are treated with salt cream, candles and tablets. Medicines are usually taken between 1-7 days, depending on the degree of illness. The remedies are mainly taken at night. Medicines used in the treatment of Vaginal candidiasis drug clotrimazole 1% (cream) duration of treatment clotrimazole 2% (cream) 7-14 days 3 days miconazole 2 % (cream) miconazole 4 % (cream) 7 days 3 days. Miconazole 100 mg (vaginal suppositories) miconazole 200 mg (vaginal suppositories) 7 days miconazole 400 mg (vaginal suppositories) 3 days for 1 day. In addition to it, drug preparations such as butoconazole, clotrimazole, miconazole, Nystatin, thioconazole, terconazole are also prescribed (11). Vaccine against Vaginal candidiasis wax kin? The detection of the immune response in the vagina Nishi became the basis for the discovery of vaccine or immunotherapy methods against vaginal candidiasis. C acting on mucous membrane infectionsIn addition to it, drug preparations such as butoconazole, clotrimazole, miconazole, Nystatin, thioconazole, terconazole are also prescribed (11). Vaccine against Vaginal candidiasis wax kin? The detection of the immune response in the vagina Nishi became the basis for the discovery of vaccine or immunotherapy methods against vaginal candidiasis. C acting on mucous membrane infections.aspartil-proteinase (Sap2), an important immunodominant antigen and virulence factor of albicans, was spun with viomas and the pev7 vaccine was obtained. Results obtained in the mouse model and in a clinical study conducted by Pevion in women showed that the intra vaginal insertion pev7 vaccine has the therapeutic potential of rag batlan repellent for the treatment of recurrent vulvovaginal candidiasis. This gives way to a method of protection against Candida at the level of the mucous membrane. You can often prevent vaginal fungal infections by changing your usual style.revention. You can often prevent vaginal fungal infections by changing your usual style. Therefore, we are required to be more reliable in treatment. Vaginal candidiasis vaccine is being tested than in recent experiments.

Conclusion

In place of the conclusion, it can be said that due to the decrease in immunity in the human body due to HIV, an increase in infectious processes occurs, conditions for various fungi cause. Candida seed fungi were found in 36.4% of women who were diagnosed with HIV. The importance of the microscopic method in diagnosis was determined by the speed of time according to the pZR and bacteriological method.

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