

A MODERN APPROACH TO THE TREATMENT OF CHRONIC SALPINGO-OOPHORITIS

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Abstract. *Salpingo-oophoritis is characterized by inflammation of the ovaries and fallopian tubes, which is caused by the introduction of the pathogen through the ascending, lymphogenic, hematogenous intestine from the uterus and vagina. Salpingo-oophoritis is the most common inflammatory disease of the pelvic organs. This disease can be caused by conditionally pathogenic and pathogenic microorganisms (for example, enterococci, staphylococci, E. coli, streptococci), non-spore-forming anaerobes, chlamydia, urea and mycoplasmas, and exacerbation of chronic salpingo-oophoritis.*

Keywords: *exacerbation of chronic salpingo-oophoritis, exacerbation of salpingo-oophoritis, classification of the disease, symptoms of salpingo-oophoritis.*

Inflammatory processes of the ovaries and tubes have a common pathogenesis, similar symptoms, and it is rare to observe their development separately. Inflammation starts from the endosalpinx, then spreads to the serous and muscular membrane of the tube, as well as to the integumental epithelium of the ovary. Due to the adhesion of fimbriae and the development of adhesions in the ampullary part of the tube, grassy formations with purulent (pyosalpinx) or serous (hydrosalpinx) content appear.

Purulent salpingo-oophoritis is characterized by the formation of adhesions of the omentum, pelvic cavity and intestine with the parietal peritoneum. Depending on the development of the disease, salpingo-oophoritis can be acute, subacute and chronic.

Classification of the disease

Based on the existing etiology, two forms of this disease can be distinguished:

Non-specific salpingo-oophoritis, which is caused by microorganisms that are part of the microflora of the female body, including Escherichia, staphylococci, enterococci;

Specific salpingo-oophoritis caused by sexually transmitted pathogens that have already entered the female body, including gonorrhoea, chlamydia and the like.

Depending on the course of this disease, the following three forms of the disease can be distinguished:

Acute salpingo-oophoritis formed in the tube. Later, through this tube, microorganisms manage to enter the ovary. In the lumen of the tube there is an outflow of inflammatory fluid. If there is a lot of fluid, the patient may feel pain in the abdomen and pus. Depending on how damaged the tissues are, acute salpingo-oophoritis is accompanied by signs of irritation of the peritoneum and rupture of the tubo-ovarian formation.

Subacute salpingo-oophoritis, a disease that appears for the first time, but does not have very clear symptoms. This form of salpingo-oophoritis is not characterized by severe pain, on the contrary, it is painful and dull. The pain does not appear in one particular place, but spreads to different parts of the abdomen.

Chronic salpingo-oophoritis occurs when acute salpingo-oophoritis is not treated. This form of this disease can lead to the formation of adhesions in the pelvic cavity, which leads to obstruction of the fallopian tubes and infertility. Chronic salpingo-oophoritis is accompanied by long duration, relapses, as well as menstrual disorders.

According to localization, two forms of salpingo oophoritis are distinguished:

Unilateral salpingo-oophoritis, characterized by inflammatory processes of the uterine appendages, is only on one side: left or right. Left-sided salpingo-oophoritis, unlike the right, is less common. If only one tube is affected, a woman can become pregnant without special treatment.

The most complicated form of this disease is chronic bilateral salpingo-oophoritis. This form of the disease is a serious threat to a woman's health. Bilateral salpingo-oophoritis often becomes the cause of female infertility. If pregnancy occurs, there is a risk of intrauterine infection. Bilateral salpingo-oophoritis can cause miscarriage. In addition, it can lead to ectopic pregnancy, which poses a great threat to the life of the woman. When bilateral salpingo-oophoritis is diagnosed, timely treatment is necessary.

What factors cause salpingo-oophoritis?

If staphylococci, E. coli, streptococci, mycobacteria, tuberculosis, gonococci and other pathogenic microorganisms enter the fallopian tubes, and then the ovaries, salpingo-oophoritis is possible in a woman. Escherichia coli, as well as cocci, enter from the uterus, mycobacterium tuberculosis enters from the lungs and other organs through the hematogenous route, through the bloodstream. Salpingo-oophoritis can occur due to overwork, weak immunity or swimming in cold water. Timely treatment is necessary in each case of the disease. Acute inflammation of the uterine appendages can be a general infectious disease as a result of weakening of the immune system. In this case, the pathogen enters the pelvis from the infected focus, which can be purulent tonsils or an inflamed maxillary sinus.

Infection can also be transmitted sexually, mainly after a decrease in local immunity, abortion or other intrauterine interventions. Often, acute salpingo-oophoritis or exacerbation of chronic salpingo-oophoritis is diagnosed if an abortion has occurred, because it is a very strong stress for the female body. And exacerbation of existing chronic salpingo-oophoritis can be facilitated by hypothermia, stress, constant overwork and lack of proper nutrition.

What are the symptoms of salpingo-oophoritis?

Clinical manifestations of chronic salpingo-oophoritis are diverse. All of them are divided into local and general:

Local Views:

leukorrhea of a serious, purulent or mucous nature;
severe pain in the pelvic cavity, intercurrent diseases, hypothermia, increased before and during menstruation;
menstrual disorders, often associated with ovarian dysfunction.

Common manifestations include:

all symptoms characteristic of inflammatory processes - weakness, fatigue, increased body temperature, restlessness;
malfunctions in the work of digestive organs are often observed - enteritis, colitis, etc., as well as disorders in the urinary system - pyelonephritis, cystitis, bacteriuria;
changes in the activity of the hepatobiliary system.

With a prolonged illness and regular relapses, the pathological process quickly involves the nervous, endocrine and vascular systems, as a result of which the disease becomes a multisystemic process. A gynecological examination can detect purulent discharge from the cervical canal and painful sensations during the examination.

In addition, enlarged painful appendages or tumor-like infiltrates can be identified. Thickening, swelling and pain during palpation of the fallopian tubes are detected.

The main symptoms of salpingo-oophoritis are:

Dysmenorrhea;

Fever (body temperature 38 ° C and above);

Trembling;

Peritoneal symptoms (if salpingo-oophoritis is acute);

Purulent discharge from the genital tract;

Pain in the appendix area when the cervix moves;

Pain in the lower abdomen during palpation;

acceleration of ESR;

Enlarged uterine appendages and bilateral pain;

Leukocytosis - $10 \times 10^9/l$ and more.

How does the exacerbation of salpingo-oophoritis occur?

When salpingo-oophoritis worsens, the patient feels severe pain in the lower abdomen, body temperature rises, and the amount of flow increases. Due to exacerbation of chronic salpingo-oophoritis, genital organs may be disturbed: there is no libido, sexual intercourse is painful. If the disease lasts for a long time, disorders of the vascular, endocrine, urinary and nervous systems can be detected. The most dangerous consequence of salpingo-oophoritis is infertility. Every fifth woman suffering from this disease develops infertility. When chronic salpingo-oophoritis is diagnosed, infertility can occur not only as a result of anatomical and physiological changes in the fallopian tubes, but also as a result of a violation of the woman's menstrual cycle and the normal functioning of the ovaries, including anovulation.

It is very difficult to treat such mixed forms of infertility, which usually appear as a result of inflammatory processes in the appendages. Chronic salpingo-oophoritis is often accompanied by the development of adhesions in the pelvic cavity, which leads to the violation of the permeability of the fallopian tubes and the development of infertility.

Modern methods of treatment of salpingo-oophoritis

Treatment of salpingo-oophoritis is carried out taking into account the causes of the development of the infectious process and the clinical course.

If salpingo-oophoritis is acute, treatment is carried out only in hospital. The patient is prescribed mandatory bed rest, light food and plenty of fluids. In the treatment of acute salpingo-oophoritis, medicinal or surgical methods can be used.

If drug therapy is used, anti-inflammatory, antibacterial and pain relievers are prescribed. Desensitization and immunostimulating therapy are carried out.

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