

## DEVELOPING THE PRINCIPLES OF STUDYING AND TREATMENT OF VAGINAL DYSBIOSIS DURING PREGNANCY.

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**Abstract:** *In pregnant women bacterial vaginosis was detected in 44.44%, mixed floral vaginitis in 25%, and chronic vulvovaginal candidiasis in 30.55% of cases.*

**Key words:** *Bacterial vaginosis, vulvovaginal candidiasis, vaginal dysbiosis, probiotics, prebiotics, microbiocenosis.*

Bacterial vaginosis or vaginal dysbiosis is a polymicrobial non-inflammatory syndrome associated with a violation of vaginal microbiocenosis, characterized by a decrease in lactoflora and an increase in opportunistic gram-positive anaerobic microorganisms in the vagina. The incidence of bacterial vaginosis in non-pregnant women is 15-35.5%, and in pregnant women it is 38%. [2,5,8] One of the most common manifestations of vaginal dysbiosis is bacterial vaginosis [7]. Bacterial vaginosis is a general infectious non-inflammatory syndrome associated with the dysbiosis of the vaginal biotope, with an excessively high concentration of obligate and facultative anaerobic conditionally pathogenic microorganisms, including Gardnerella vaginalis and a sharp decrease or absence of lactic acid bacteria comes with [2]. It is a temporary and dynamic state during pregnancy. In a healthy pregnancy, the microbiocenosis of the vagina is similar to that of non-pregnant women, but the prevalence of lactobacilli in the vagina is higher. The infectious factor associated with the violation of vaginal microbiocenosis in pregnant women deserves special attention. Inadequate assessment of the consequences of vaginal microbiocenosis and widespread infections of the upper and lower parts of the female reproductive system before planning a pregnancy can lead to an unpleasant pregnancy and even a miscarriage. As a result of vaginal microbiocenosis pathogenic inflammatory processes, 45% of pregnant women are unable to get pregnant, 3% of ectopic pregnancies are observed. [4,7,9] It is recommended to use modern diagnostic (laboratory) approaches to exclude exogenous sexual infections (chlamydial, Trichomonas, neisserial). For the diagnosis and treatment of exogenous sexual infection in pregnant women, this examination and treatment of their sexual partners is dependent on the implementation of preventive measures. The main symptoms of vaginal

dysbiosis are unpleasant (fishy) smell and gray-white, sometimes green, frothy genital discharge. 50% of women experience itching, burning and dysuric symptoms appear. Pain in the lower abdomen and no clinical signs are observed in 24% of cases. [1,12] In order to diagnose chronic infectious agents through modern diagnostic methods, complex clinical laboratory examination methods are carried out in stages in pregnant women and newborns. In modern practice, in order to diagnose vaginal dysbiosis in pregnant women, quality clinical-laboratory examination determines treatment tactics and selection of antimicrobial drugs. Treatment of vaginal dysbiosis in pregnant women is an important preventive process and the final stage is restoration of vaginal microflora. A combination of probiotics and prebiotics is often used for this [8]. Probiotics are living microorganisms and substances of microbial origin, which by stabilizing and optimizing the function of its normal microflora (Probinorm, Vagilak, Ecofemin, Enterol, Linex, etc.) have a positive effect on the body's physiological, biochemical and immune reactions [6,10 ] Prebiotics are antimicrobial drugs that have a positive effect on the body by selectively stimulating the growth or metabolic activity of normal microflora. These include fructose oligosaccharides, inulin, galactooligosaccharides, lactulose, and lactitol. Also, synbiotics are drugs obtained as a result of a rational combination of probiotics and prebiotics (biovestin-lacto, Solgar multidoofilus, bifidobak) [16,21,28] .

Correction and therapy of vaginal microbiocenosis disorders in pregnant women is a complex task, taking into account the development caused by many factors, the treatment should be characterized by preventive measures and measures of pathogenetic and complex therapy. In pregnant women, "Bacterial vaginosis", "vulvovaginal candidiasis", as well as "vaginitis" with a mixed pathogenic microflora include timely diagnosis, then complex treatment and restoration of normal vaginal microflora. Thus, the endogenous microflora of the vagina is a dynamic biosystem in constant balance with the macroorganism, undergoing changes under the influence of endogenous and exogenous factors.

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