

**TREATMENT PROSTATITIS JOSAMYCIN AS THE PRIMARY DRUG****Tillakobilov IB**

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***Abstract:** Treatment of urogenital chlamydia remains a difficult practical task. Due to the formation of resistance of these microorganisms to antibiotics, the duration of therapy increases, relapses often occur. At the same time, the increase in the frequency of this pathology currently tends to increase and is observed mainly among young and middle-aged people, which leads to a decrease in not only copulatory, but also reproductive function. In this regard, the choice of an effective drug in the*

*treatment of prostatitis associated with chlamydia infection still remains an urgent problem.*

**Keywords:** *Urogenital prostatitis, chlamydia infection, effectiveness of treatment, josamycin.*

**Introduction:** According to the European recommendations for the treatment of infections caused by *Chlamydia trachomatis*, up to 90% of cases of chlamydia infection in women and up to 50% of cases in men are asymptomatic, which leads to the development of complications from the reproductive system. According to studies based on the principles of evidence-based medicine, urogenital chlamydia infection can cause urethritis, epididymitis and male infertility. Clinical manifestations of chlamydia infection depend on the virulence of the pathogen, the duration of stay of chlamydia in the body, the topography of the lesion, the severity of local and general reactions of the macroorganism. Despite a significant number of studies, there is still no unequivocal opinion on the role of chlamydia infection in the development of prostatitis, which is largely explained by the difficulties of identifying the pathogen in the prostate tissue. The present period is characterized by an extremely high prevalence of sexually transmitted infections (STIs), which, along with the expansion of their spectrum, indicates a serious medical, social and demographic danger of diseases and complications caused by them, one of which is chronic chlamydia prostatitis. Chronic chlamydial prostatitis is the most common complication of urogenital chlamydia, characterized by a prolonged recurrent course and difficult to treat. Since *Chlamydia trachomatis* is one of the most common pathogens of STIs, it is one of the most frequent causes of adverse consequences of urogenital chlamydia, such as impaired sexual function and infertility, and thus represents an important socially significant problem causing significant economic and demographic damage to society. High frequency of chlamydial mixinfection, as well as the same clinical picture of chronic prostatitis and associated urethritis (often asymptomatic) regardless of the type of microorganisms that caused these processes, they require the use of a whole complex of modern

laboratory studies in the examination of such patients, as well as the establishment of a topical diagnosis, including lesions of the urethra. Meanwhile, widely used for the diagnosis of urogenital chlamydia, only polymer chain reaction (PCR) or cultural examination, which are the methods of choice for acute infection, may be false negative for ascending infection. As for the complexity of the treatment of chronic chlamydial prostatitis, it is due to: firstly, the high frequency of the mixed chlamydial infection causing it, in which both the pathogenicity of each pathogen and their resistance to antibacterial drugs increases, which contributes to a more severe course of the inflammatory process with the activation of humoral, inhibition of cellular immunity and activation of the interferon system. The problem of treating chronic chlamydial prostatitis is related to the fact that all groups of anti-chlamydial antibiotics (tetracyclines, macrolides, fluoroquinolones) provide a sufficiently high concentration of intracellular metabolically active reticular bodies (which is important to take into account due to the increasing role of intracellular microorganisms, primarily chlamydia and mycoplasma, in the development of chronic prostatitis in recent years), however, extracellular elementary bodies of chlamydia metabolically inactive, resistant to antibiotic therapy. In view of this, antibiotic therapy for chronic urogenital chlamydia, in order to avoid treatment failures, should be carried out for at least 3 weeks (in order to overlap 8 cycles of chlamydia division). The unresolved problem of the treatment of chronic chlamydial prostatitis is due to the lack of clear criteria for establishing recovery from this disease. At the same time, the "real-time" PCR method is rarely used as laboratory criteria for *C. trachomatis* eradication in men with chronic inflammatory diseases of the genitourinary sphere.

**Aim.** To study the therapeutic efficacy of josamycin in the complex treatment of men suffering from chronic urethrogenic prostatitis (CCP) associated with chlamydia infection.

**Materials and methods** 46 men with CCP associated with chlamydia infection were under observation. between the ages of 24 and 35. Clinically, during the examination, the following syndromes were detected in men suffering from CCP: pain

– in (92%), dysuric – in (76%), urethral – in (100%), sexual – in (58%). Diagnosis of a CCP associated with chlamydia infection. it is exposed on the basis of the clinical course of the disease of a standard andrological clinical and laboratory examination and on the basis of microscopic and bacterioscopic examination of the discharge from the urethra and prostate secretion (pancreas) / sperm, violations of normal sperm parameters (asthenozoospermia, asthenoteratozoospermia, spermagglutination, leukospermia).

Detection of *Chlamydia trachomatis* was performed using ELISA methods. In all patients, pathogens detected during bacterioscopic examination were sensitive to josamycin. In addition to basic therapy with josamycin, all men, in parallel with general therapy, received a course of immunotherapy in the form of immunomodulating rectal suppositories of polyoxidonium to achieve better elimination of the pathogen from the body.

**Results.** As a result of the therapy with 500 mg of josamycin 3 times a day for 15 days in combination with concomitant therapy, it was possible to achieve elimination of *Chlamydia trachomatis* in (96%) after 1 month, which were confirmed by clinical and laboratory data (no complaints: pain stopped in (84%), dysuric phenomena disappeared in (71%), urethral discharge stopped in (91%), sexual function improved in (37%) patients. No undesirable side reactions were detected during the treatment.

**Conclusions.** Thus, the data obtained prove the high (96%) effectiveness of josamycin in prescribed therapy in men suffering from CCP associated with chlamydia infection and allow us to recommend it as one of the highly effective antibacterial drugs.

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