



Journal Website:
<https://theamericanjournals.com/index.php/tajmspr>

Copyright: Original content from this work may be used under the terms of the creative commons attributes 4.0 licence.

Research Article

BIOCHEMICAL, IMMUNOLOGICAL, SEROLOGICAL INDICATORS FOR SERORESISTANT SYPHILIS, CORRECTION IN TREATMENT

Submission Date: April 05, 2022, Accepted Date: April 15, 2022,

Published Date: April 28, 2022 |

Crossref doi: <https://doi.org/10.37547/TAJMSPR/Volume04Issue04-02>

K. A. Yuldashev

Professor, Supervisor: Doctor of Medical Sciences, Uzbekistan

Abzoirov Kudrat Musulmanovich

Republican Scientific And Practical Medical Center For Dermatology And Venerology Ministry Of Health Of The Republic Of Uzbekistan

ABSTRACT

In recent years, the world has seen a significant increase in the incidence of sexually transmitted infections, including syphilis. Despite the progress made in venereology, the problem of syphilis is an urgent problem of our time, and this especially concerns serological resistance in syphilis. Among practitioners and scientists involved in the treatment of syphilis, it is widely believed that there is an increase in the number of cases of seroresistance among patients treated for syphilis.

KEYWORDS

Biochemical indicators, syphilis, serological indicators.

INTRODUCTION

Based on a comprehensive study of clinical-serological, immunological, biochemical studies, to determine the probable risks of serological resistance in syphilis. Based on probabilistic criteria, optimize the methods

of specific treatment of seroresistance. The following tasks were set for the correction of syphilis. To determine the state of the immune status in patients with seroresistant syphilis before and after specific



treatment. To study the state of internal organs and the nervous system in patients with seroresistant syphilis using ultrasound, REG, EEG and other diagnostic methods. To study the state of serological and biochemical parameters of cerebrospinal fluid before and after specific treatment. To optimize the tactics and methods of treatment of seroresistant syphilis. The problem of sexually transmitted diseases, including syphilis, is very relevant at the present time. According to the World Health Organization, *Spirochete pallidum*, the causative agent of syphilis, infects 50 million people every year. The incidence of syphilis, despite all the measures taken, continues to be high, which is associated with the safety of the reservoirs of its spread. Syphilitic infection in terms of incidence, medical and social significance, threat to the health of the nation, certain difficulties in diagnosis and treatment, occupies a special place not only among sexually transmitted infections (STIs), but also in all infectious pathology. Syphilitic infection is inexorable not only in relation to sex, but also to age. The epidemiological situation of syphilis in the countries of the post-Soviet space, associated with deep economic and social transformations, once again highlighted the shortcomings in the clinical and laboratory examination and treatment of patients with syphilis. One of the most urgent and most difficult problems, both in practical and theoretical syphilidology, was the problem of seroresistance after syphilis treatment. It should be noted that a detailed discussion on the pages of the journal "Bulletin of Dermatology and Venereology" in the 80s of the last century between leading syphilidologists revealed more questions than answers. Moreover, disagreements among various authors concern the very definition of this state. So, if some authors propose the term "ser-resistant syphilis", others consider its use somewhat inaccurate, and propose to qualify this condition as "ser-resistant after a full treatment of syphilis". In recent years, in

medical practice, the opinion of an increase in the number of cases of seroresistance has been widely spread. This phenomenon is explained, first of all, by the unprecedentedly high incidence during the epidemic of the 90s, many believe that this is due to the methods of treatment used during this period: the widespread use of foreign penicillin drugs and the shortening of the duration of treatment. However, some authors believe that the very concept of "seroresistance" is ambiguous. The study of seroresistance has deep roots; in the last century, many scientific works were devoted to this problem, starting with the works of M.N. Bukharovich (1964), L.M. Dubashevskaya-Zenina and ending with the works of S.I. Danilova (1986) and E.V. Sokolovsky (1985). The group of serological studies included a complex of classical (microprecipitation reaction, Wasserman reaction with cardiolipin and ultrasound treponemal antigens) and specific (immunofluorescence reaction in two modifications and the immobilization reaction of pale treponema) reactions. Microprecipitation reaction. The principle of the method is based on the precipitation in the form of white flakes of an antigen-antibody complex, a precipitate formed by adding an emulsion of a cardiolipin antigen to the blood serum of a patient with syphilis. Wasserman reaction (RV). The essence of the method lies in the phenomenon of complement binding. In the formulation of the reaction, specific (antigens from pale treponema) and nonspecific antigens (extract of the muscle of a bovine heart) are used. Complement fixation is produced by a complex of lipid antigen and reagin of the test serum). To indicate the complex, a hemolytic system is used (sheep erythrocytes and hemolytic serum). Statement of RV with cardiolipin antigen is more sensitive. Immunofluorescence reaction. The principle of the method is based on the detection of fluorescent antibodies, since fluorochrome-labeled antibodies do not lose their ability to bind to the corresponding

antigen and thereby cause the drugs to glow in blue-violet rays, the source of which is a mercury-quartz lamp. Instrumental research methods. The technique of lumbar puncture and the study of cerebrospinal fluid by biochemical and serological methods. Spinal puncture was performed in the department in a room specially designated for this purpose. The patient was in a sitting position, with his head lowered to his chest, while his back had to be arched, his hands folded on his stomach. The puncture site was determined along the line connecting the superior iliac crests, which corresponded to the intervertebral fissure of the III and IV lumbar vertebrae. The development of seroresistance in syphilis is due to many factors, among which not the last role belongs to the phenomena of endotoxemia of the body. In this regard, we studied the state of the syndrome of endogenous intoxication of the body by determining the level of medium molecular weight peptides and the sorption capacity of the liver. The leukocyte and hematological (GPI) index of intoxication were also calculated. The study of indicators of endogenous intoxication in patients with syphilis was carried out by some domestic researchers, however, in patients with seroresistant syphilis, we carried out for the first time. Seroresistance after a full-fledged specific treatment occurs against the background of disturbed indicators of the T-cell link of cellular immunity and an increased syndrome of endogenous intoxication. The study of the state of internal organs and the nervous system in patients with seroresistance reveals multiple organ disorders, among which the largest proportion is occupied by neurological disorders. The study of the nervous system of patients with seroresistance using an electroencephalogram and a rheoencephalogram reveals functional changes in the bioelectrical activity of the brain in 29% of the examined, changes in cerebral hemodynamics in 73.1% of the examined, and more pronounced changes correlate with the duration of the

disease. Additional treatment with three treatment modalities showed the advantages of ceftriaxone, especially when administered by the lymphotropic method, as a result of treatment with which it is possible to achieve a shift towards negative serological reactions in more than half of the patients.

REFERENCES

1. Arifov S.S. Syphilis. Tashkent. 2001. p.146.
2. Averbaks M.M., Moroz A.M. Immunogenetics of infectious diseases Publisher: Meditsina. - 1985 256 p.,
3. Akovbyan V.A. Pharmacokinetic studies and results of a clinical study of extencillin. 1994;
4. Aleksandrov M.V., Piryatinskaya V.A., Sokolovsky V.V. The cyclic nature of the incidence of syphilis and nonspecific resistance of the macroorganism. – 1997
5. Amelina P.O. Serological resistance after treatment of acquired syphilis: current situation and prognosis: dissertation for the competition. cand. honey. Sciences. 2006
6. Bogush P.G., Vazhbin L.B., Chuksina Yu.Yu. Evaluation of immunological reactivity in patients with syphilis. 2003;
7. Borisenko K.K., Vinokurov I.N., Toporovsky L.M. Features of the course of latent forms of syphilis. 1989.
8. Dmitriev G.A., Afonin A.V. On the possible cause of seroresistance in syphilitic infection. 2003.
9. Dovzhansky S.I. Clinical evaluation of seroresistance in syphilis. 1998.