WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979 (Volume 2, Issue 11, Nov., 2021

ANALYSIS OF CLINICAL CHANGES IN PATIENTS WITH ACUTE GONORRHEA IN THE THIRD AND SIXTH DAYS AFTER ANTIBACTERIAL THERAPY

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Abstract
It has been studied what antibacterial drugs patients take to achieve good results. Based on the obtained results, the indicators were statistically processed. Which antibiotics are significantly more susceptible to gonorrhea have been studied and determined. In the acute, subacute, chronic type of gonorrhea on clinical course, the use of the antibiotic Cefakim + Azithromycin has shown reliable results in clinical course and laboratory analysis. The research was conducted in 76 patients with gonorrhea aged 14 to 60 years. The diagnosis of gonorrhea was confirmed by clinical, epidemiological and laboratory methods.

Relevance of the Topic
When determining and controlling the outcome of treatment, only a bacterioscopic method is not enough [1].
Symptomatic gonococcal urethritis in men with the help of bacterioscopy is not difficult to detect [2].
In gonorrhea, a high-quality laboratory diagnosis is of great importance, when determining the diagnosis, it is important to find a causative agent of the disease in the pathological cleavage from the injured furnace. Currently, in our country, two methods - bacterioscopic and bacteriological (sowing) are widely used. The most common method is bacterioscopic (application of the Gram method of painting grease with methylene blue). [3].
When gonococcal infection occurs in men, an acute inflammatory process occurs in the urethra. In the urethra there is a purulent discharge of yellow-green color, accompanied by itching, redness, pain. When the disease is severe, a mixed divorce of

blood is added. Symptomatic course of the disease in men is rare in three casesraydi [4].

The incidence of gonococcal infection in Russia, according to 2014 year, was 23.9 per 100,000 population[5].

But in the end times, the incidence of urogenital gonorrhea infection with or without symptoms increases (up to 50% of men), which leads to a specific decrease in sensitivity to antibiotics. [6,7].

Only in 2012, 106.1 million cases of infection were recorded in all countries of the world[8].

According to the results of an experimental study of the sensitivity of gonococci in Moscow and Smolensk in 2000 year, data on a high degree of resistance of gonococci to penicillin and tetracycline were obtained. Emphasis is placed on the resistance of gonococci to spectinomycin (23%) and ciprofloxacin (7%), and in the second case, strains that are resistant and moderately resistant. [9].

According to the World Health Organization, more than 70 million people in the world are diagnosed with gonorrhea every year[10].

Purpose of the Scientific Work

1. To investigate whether clinical and laboratory results were achieved in 2019-2020 years when patients with gonorrhea were treated with antibacterial agents.
2. Statistical processing of the results obtained.

Material and Style

1. Dermatovenerological dispensary2010-a study of which antibiotics were taken and their result in 200 patients who applied with acute gonorrhea in 2018.
2. In 2019-2020 years, confirmation of diagnosis through grease from 76 patients who applied with acute gonorrhea disease and to study which antibiotics were used to achieve the result.
3. Prepared grease in gram method and check it using bacterioscopic method. Comparison of results before and after treatment.

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Table 1: Aobtained Results

Used antibacterial drugs	Number of patients	Acute gonorrhea						Acute underground gonorrhea						Chronic gonorrhea					
		Purulent detachment		Redness, swelling		Itching, aching		Purulent detachment		Redness, swelling		Itching, aching		Purulent detachment		Redness, swelling		Itching, aching	
		On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 6th day of the disease	On the 3rd day of the disease	On the 6th day of the disease
Linasiklin	15	5(33.3%)	2(13.3%)	4(26.6%)	2(13.3%)	7(16.6%)	3(20%)	7(16.6%)	4(26.6%)	5(33.3%)	3(20%)	8(53.3%)	4(26.6%)	9(60%)	4(26.6%)	7(16.6%)	4(26.6%)	10(66.6%	6(40%)
Tsiprofloxacin	16	3(18.7%)	1(6.2%)	2(12.5%)	1(6.2%)	6(37.5%)	4(25%)	6(37.5%)	3(18.7%)	4(25%)	2(12.5%)	6(37.5%)	3(18.7%)	7(43.7%)	3(18.7%)	5(31.2%)	3(18.7%)	8(50%)	5(31.2%)
Biseptal	14	4(28.5%)	2(14.3%)	2(14.3%)	1(7.1%)	5(35.7%)	3(21.4%)	5(35.7%)	3(21.4%)	3(21.4%)	1(7.1%)	5(35.7%)	2(14.3%)	5(35.7%)	3(21.4%)	4(28.5%)	2(14.3%)	7(50%)	4(28.5%)
Azithromycin	15	2(13.3%)	1(6.6%)	1(6.6%)	0	3(20%)	1(6.6%)	3(20%)	1(6.6%)	2(13.3%)	0	3(20%)	1(6.6%)	4(26.6%)	1(6.6%)	3(20%)	0	4(26.6%)	1(6.6%)
Cefakim+	16	1(6.2%)	0	1(6.2%)	0	2(12.5%)	0	2(12.5%)	1(6.2%)	1(6.2%)	0	2(12.5%)	0	3(18.7%)	1(6.2%)	2(12.5%)	0	3(18.7%)	1(6.2%)

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According to him, 15 patients with tetrcycline antibiotic therapy received 86% of the clinical symptoms before the start of treatment, clinical symptoms on the 3rd day after the start of treatment are S5(33.3%), redness and swelling 4(26.6%), itching and itching 7(16.6%), clinical signs on the 6th day after the start of treatment are 2(13.3%), redness and swelling 2(13.3%), clinical signs in 3-day after the start of treatment acute underground gonorrhea purulent discharge 7(16.6%), redness and swelling 5(33.3%), itching and aching 8(53.3%), clinical signs in 6-day after the start of treatment acute underground gonorrhea purulent discharge 4(26.6%), redness and swelling 3(20%), itching and aching 4(26.6%), clinical signs in 3-day after the start of treatment chronic gonorrhea purulent discharge 9(60%), redness and swelling 7(16.6%), itching and aching 10(66.6%), clinical signs in 6-day after the start of treatment purulent discharge in gonorrhea was 4(26.6%), redness and swelling 4(26.6%), itching and aching 6(40%).

Ciprofloxacin antibiotic was administered in 16 patients and the following results were obtained. Clinical signs before the start of treatment 82%, clinical signs on the 3rd day after the start of treatment 3% purulent discharge in acute gonorrhea 3(18.7%), redness and swelling 2(12.5%), itching and irritation 6(37.5%), clinical signs on the 6th day after the start of treatment 1(6.2%) purulent discharge in acute gonorrhea, redness and swelling 1(6.2%), itching and-clinical signs of acute subcutaneous gonorrhea purulent discharge 6(37.5%), redness and swelling 4(25%), itching and itching 6(37.5%),%), clinical signs in 6-day after the start of treatment acute underground gonorrhea purulent discharge 3(18.7%), redness and swelling 2(12.5%), itching and aching 3(18.7%), clinical signs in 3-day after the start of treatment chronic gonorrhea purulent discharge 7(43.7%), redness and swelling 5(31.2%), itching and aching 8(50%), clinical signs in 6-day after the start of treatment chronic gonorrhea in gonorrhea, purulent discharge 3(18.7%), redness and swelling 3(18.7%), itching and bitterness 5(31.2%).

Clinical signs before the start of treatment with Biseptol antibiotics in 14 patients 87%, clinical signs in 3 days after the start of treatment with acute gonorrhea purulent discharge 4(28.5%), redness and swelling 2(14.3%), itching and irritation 5(35.7%), clinical signs in 6 days after the start of treatment with acute gonorrhea purulent discharge 2(14.3%), redness and swelling 1(7.1%), itching 21.4%), clinical signs on the 3rd day after the start of treatment acute subcutaneous purulent Detachment 5(35.7%), redness and swelling 3(21.4%), itching and aching 5(35.7%), clinical signs in 6-day after the start of treatment acute underground gonorrhea purulent discharge

3(21.4%), redness and swelling 1(7.1%), itching and aching 2(14.3%), clinical signs in 3-day after the start of treatment chronic gonorrhea purulent discharge 5(35.7%) redness and swelling 4(28.5%), itching and aching 7(50%), clinical signs in 6-day after the start of treatment in gonorrhea, purulent discharge 3(21.4%), redness and swelling 2(14.3%), itching and bitterness 4(28.5%).

Azithromycin antibiotic was administered in 15 patients and the following results were obtained. Clinical signs on the 3rd day after the start of treatment acute gonorrhea purulent discharge 2(13.3%), redness and swelling 1(6.6%), itching and aching 3(20%), clinical signs on the 6th day after the start of treatment acute gonorrhea purulent discharge 1(6.6%), redness and swelling 0, itching and aching 1(6.6%), clinical signs on the 3rd day after the start of purulent Detachment 3(20%), redness and swelling 2(13.3%), itching and bitterness 3(20%), clinical signs on the 6th day after the start of treatment acute subcutaneous purulent Detachment 1(6.6%), redness and swelling 0, itching and aching 1(6.6%), clinical symptoms on Day 3 after the start of treatment chronic gonorrhea purulent discharge 4(26.6%), redness and swelling 3(20%), itching and aching 4(26.6%), clinical symptoms on Day 6 after the start of treatment chronic gonorrhea purulent discharge 1(6.6%), redness and swelling 0, itching and aching 1(6.6%).

Cefacime+azithromycin antibiotics were used in 15 patients and the following results were obtained. Clinical signs on the 3rd day after the start of treatment acute gonorrhea purulent discharge 1(6.2%), redness and swelling 1(6.2%), itching and aching 2(12.5%), clinical signs on the 6th day after the start of treatment acute gonorrhea purulent discharge, redness and swelling, itching and aching 0. Clinical signs in 3-day after the start of treatment acute underground gonorrhea purulent discharge 2(12.5%), redness and swelling 1(6.2%), itching and irritation 2(12.5%), clinical signs in 6-day after the start of treatment acute underground gonorrhea purulent discharge 1(6.2%), redness and swelling 0, itching and irritation 0. Clinical signs in the 3rd day after the start of treatment chronic gonorrhea purulent discharge 3(18.7%), redness and swelling 2(12.5%), itching and soreness 3(18.7%), clinical signs in the 6th day after the start of treatment chronic gonorrhea purulent discharge 1(6.2%), redness and swelling 0, itching and soreness 1(6.2%).

Conclusion

it should be said that acute, acute subcutaneous and chronic gonorrhea disease, which group of antibiotics is currently used, has been analyzed for the possibility of achieving better results. Laboratory and clinical changes were studied. Accordingly, it was found that the results obtained when applied with the addition of antibacterial

drugs Cefakim and azithromycin, which gave a good result among them, were reliable. The results of this analysis were shown on the basis of the above tables.
Reliably (R<0.05< 0.001) changes of the above indicators were determined.

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