EXPERIENCE IN THE CLINICAL USE OF AZICLAR® IN THE TREATMENT OF UROGENITAL CHLAMYDIAL INFECTION

V.P. Fedotov, N.I. Temnik, V.V. Gorbuntsov

Dnepropetrovsk State Medical Academy

This study shows the results of using Aziclar® (clarithromycin) in the treatment of urogenital chlamydial infection. The obtained results allow to conclude that Aziclar® (clarithromycin) by Ananta Medicare is highly therapeutic in the treatment of urogenital chlamydial infection.

According to WHO, urogenital chlamydial infection is one of the most common diseases among STIs [1,3,4,5]. The systemic nature of lesions, the possibility of changes in the musculoskeletal system [5], gastrointestinal tract and other organs and systems [2,6], difficulties in therapy have predetermined the social and general medical significance of this problem.

Treatment of urogenital chlamydial infection, complicated by mixed infection, is very difficult and often ineffective, despite the increase in the number of antibacterial drugs. For a long time, the main means in the treatment of urogenital chlamydial infection were tetracycline drugs requiring long-term administration. As a result the risk of severe side effects increases. Currently, macrolides are considered the most active antichlamydial drugs, and some of them are approved for use in pregnant women and newborns. From the group of macrolides, erythromycin belongs to such drugs. However, this antibiotic has a number of features limiting its use and efficacy in vivo, especially when long-term treatment is required in the case of chronic recurrent chlamydial infections: instability in the acidic environment of the stomach, insolubility in water, and the potential hepatotoxicity of some of its metabolites.

When choosing an etiotopic therapy for urogenital chlamydial infection, we settled on Aziclar® (clarithromycin) by Ananta Medicare. This macrolide antibiotic with high antibacterial (bacteriostatic and bactericidal) activity penetrates well into biological fluids and tissues of the body. In addition, an important aspect of the mechanism of action of the drug is the ability to penetrate into the cell, which provides an advantage in the treatment of infections caused by microorganisms multiplying inside the host cell, in particular reticular bodies in chlamydial infection. Clarithromycin is 8 times more active than erythromycin against 9 clinical and 2 laboratory strains of Chlamydia trahomatis. The longer half-life of clarithromycin, compared with erythromycin, provides a convenient two-time use of the drug in outpatient practice. In addition, as a result of clarithromycin therapy, the phagocytic-macrophage system and a number of enzymes involved in the destruction of pathogenic bacteria are activated [7]. This fact points to the unique immunostimulatory properties inherent in this antibiotic. Given the above, we have chosen this drug in the treatment of urogenital chlamydial infection.

Complex therapy with Aziclar® in combination with cycloferon was carried out in 28 patients with urogenital chlamydial infection (26 men and 2 women) aged 18 to 35 years. In all cases, the infection was transmitted sexually. The diagnosis of urogenital chlamydial infection was established taking into account the history (terms of infection, previous treatment), the clinical picture of urethritis or endocervicitis, confirmed by the following standardized

methods: direct immunofluorescence (DIF), polymerase chain reaction (PCR), and bacterioscopic method to detect Chlamydia trahomatis in biological material (scraping) from the cervix and cervical canal. The general clinical feature of the course of urogenital chlamydia in our patients should be noted. Subjective complaints, as a rule, were insignificant, and the moderate leukocytosis in biological material (scraping) from the cervix and cervical canal indicated the presence of a mild inflammatory process.

By forms: subacute fresh chlamydial urethritis was diagnosed in 5 patients, chronic – in 21 patients, and chronic chlamydial endocervicitis – in 2 women.

All patients were treated with oral Aziclar® and intramuscular injection of a 12.5% cycloferon solution.

Depending on the clinical forms of concomitant mixed infection (Candida albicans - 2 patients, mycoplasmas - 3, gardnerella - 3, trichomonas - 2), the classical therapy for the elimination of identified pathogens, followed by treatment of urogenital chlamydia was carried out initially. Patients with subacute chlamydial urethritis (5 men) were treated with Aziclar® 250 mg twice a day (first dose of 500 mg), the course dose is 3.5 g for 7 days. In chronic chlamydial urethritis (21 men) and 2 women with chronic chlamydial endocevicitis, Aziclar® was prescribed at a dose of 250 mg twice a day (first dose of 500 mg) for 10-14 days, the course dose is 5-7 g, depending on the duration of the disease, clinical features (existing relapses) against the background of a 12% cycloferon solution of 2.0 intramuscularly for the first 2 days in a row, and then every other day for 20 days.

The treatment was well tolerated by all patients, and no adverse reactions were reported. As a result of treatment, all patients noted the complete cessation of mucus discharge, the absence of complaints and discomfort. Clinical recovery was confirmed by the negative results of laboratory tests. The effectiveness of the therapy was 92.2%. Only in 2 cases, additional treatment was prescribed to patients. These patients did not deny sexual intercourse during the course of treatment, and therefore the possibility of reinfection. In repeated control studies, no chlamydial inclusions were detected in all 28 patients.

Thus, the studies allow to draw conclusions about the high efficacy of Aziclar® in the treatment of urogenital chlamydia.

References:

1. Bakalov L.A. Dermatology Journal// 1992 - P. 11-12, 30-32.

2. Khamaganova I.V., Olisov A.O., Zherekhov E.P. Dermatology Journal // 1997 - P. 73-74.

3. Mashkilleison A.L., Gomberg M.A. Dermatology Journal // 1992 - P. 11-12, 53-56.

4. Bischaff // W Infection -1986 - 14: 4: 316 -317

5. Breusted // W Dermatol MSCHR - 1989 - 175 : 7 : 443-449

6. Nettleman MD, Gones R. B. Transmitt Dis - 1989 16:1:36-40

7. Auteri A., Pasguu AL, Bruni Fetal // Iut I Immunotherapy - 1993 - Vol IX №4 -P. 211-216.