Influence of the etiological factor on the course of infection urinary tract HE. Brown, N.P. Seregina (Medical center "Edis", Vladivostok, Russia)

Infection urinary ways (IMP), conditioned growth microorganisms in various parts of the kidneys and urinary tract, can cause an inflammatory process, according to localization pyelonephritis, cystitis, urethritis, etc. UTI is a bacterial disease caused by various microorganisms: bacteria, viruses, fungi. The most common etiological agent of UTI is bacteria - gram-negative and gram-positive conditional pathogens, many of which belong to the normal human microflora. The most significant pathogen is Escherichia coli. Currently, there has been a decrease in the frequency of detection of Escherichia coli. The role of such problematic pathogens as P. aeruginosa, E. faecium is increasing.

Over the past 10 years, an increase in the role of fungal infection has been noted in the etiological structure of UTIs from 1% to 8%. Most often, candida albicans appears in the etiology of UTI. At the same time, the possibility of lesions of the urinary tract in actinomycosis and aspergillosis is well known. Long-term antibiotic therapy (especially a wide spectrum of action) contributes to mycotic damage not only to the urinary tract, but also to other internal organs. Many authors emphasize that Candida albicans produces "lush growth" primarily in the respiratory, intestinal and urinary tracts. Candida mites are able to penetrate (pass) through the intestinal wall and then enter the bloodstream and urine.

The pathogenesis of nephromycosis is complex and insufficiently studied. A single and asymptomatic detection of a yeast-like fungus in urine sediment in healthy people does not mean a fungal disease. Candiduria does not require the use of systemic antifungal drugs. However, in some cases, candiduria may be the first clinical manifestation of systemic candidiasis with damage to the urinary tract. Candidiasis of the urinary tract is diagnosed when candiduria is combined with symptoms of their lesion. These are mainly dysuric disorders, leukocyturia, hematuria, and sometimes proteinuria appear in urine tests. Candidiasis can cause a chronic renal process that is often unrecognizable. When appointing

antibacterial therapy of candidiasis, yeast-like fungi of the genus Candida are absorbed from the intestine, followed by their entry through the blood into the kidney. The defeat of the urinary tract by fungi has not yet been adequately studied.

The purpose of this work: to identify the frequency of candidiasis, the association of fungi with bacteria in children with recurrent urinary tract infections and to analyze the effectiveness of their therapy.

We examined 18 patients with recurrent leukocyturia aged from 3 to 12 years. The survey was carried out in a polyclinic. Pyelonephritis was diagnosed in 10 patients, UTI in 8. Repeatedly conducted antibacterial therapy (uroseptics, antibiotics) in all patients was without significant dynamics. The examined patients underwent a bacteriological analysis of urine. The patients were examined by a child a gynecologist, as a result, no one was diagnosed with pathology. For the analysis of the obtained research data, only diagnostically significant indicators were taken into account, taking into account the reference values. As a result of the survey it was found that 78% of patients had a high titer of antibodies in the blood to Candida albicans (using the ELISA method). When analyzing the results of PCR urine in 22% of patients, a positive reaction to Candida albicans was revealed, in 21% E. coli was combined with Candida albicans. In 28% of cases, ureaplasma urealiticum was diagnosed, in 11% - mycoplasma hominis.

Thus, the identified spectrum of etiological factor a recurrent UTI is wide, which requires not to be limited to the bacterial etiologicaly factor in UTI, but also to take into account the role of fungi in the development of the disease. The selection of drug therapy in such cases is difficult. Antibiotic therapy further promotes the colonization of the urinary tract mucosa by fungi, which, in turn, increase the virulence of bacteria. Mycotic sensitization of the body creates a favorable background for the development of the bacterial process.

During the treatment, the patients were divided into two groups. The first group of patients received treatment with drugs on an outpatient basis antibiotics, uroseptics, bacteriophages, antifungal drugs. However, it took a long time to achieve a positive result. The patients received anti-inflammatory and antifungal therapy. They were examined by an immunologist. In connection with the diagnosed secondary immunodeficiency, immunomodulatory therapy was prescribed.

The second group of patients was examined at the Edis center using the MINI-EXPERT-DT apparatus. The examination was carried out using the ART method, which revealed:

- indication of the presence of radioactive, electromagnetic loads (in 100% of cases);
- bacterial burden of the urinary tract Escherichia coli, Proteus, Klebsiella pneumonia, Enterobacter fecalis, Morganella morgani, Enterococcus fecalis (mixed infections were detected in some patients);
- burdening with fungi of the urinary tract candida albicans (in 60% of cases); grabrat's candida in 30%, other candida representatives 10%;
- burdening with fungi was also detected in the large and small intestines (in 100% of cases), in the bile ducts 60%;
- all patients had a bacterial burden of the nasopharynx with Staphylococcus aureus, green streptococcus, mycoplasma pneumonia. Staphylococcus aureus was combined with candida albicans. Treatment was prescribed:
- a course of resonance frequency therapy with the aim of sanitizing the nasopharynx and treatment with antifungal frequencies of the gastrointestinal tract;
- invert targeted urine nosode with drawing up a "portrait" of the urinary tract (organopreparations, urinary tract nosodes, nosodes of detected bacteria and fungi);
- drainage preparations of the company "OHOM" were additionally prescribed (mainly drainage of the urinary tract, lymph, gastrointestinal

intestinal tract);

- diet therapy with sugar limitation. The inclusion in the diet of lingonberries, cranberries, seaweed, fermented milk products that inhibit the growth of fungi and bacteria;

- bioresonance therapy was performed in a circular manner along all meridians (the number of sessions was selected in each case individually).

- treatment of concomitant diseases - mainly of an allergic nature by ART and BRT.

Urine analyzes in 60% of patients returned to normal after the first course of therapy, in 40% - after the first course there was an improvement. We managed to achieve normalization of urine analyzes in all patients without the use of medications. The targeted urine nosode was used 3 to 5 times during the year, due to persistent bacterial and fungal burden on normal urinalysis (treatment of asymptomatic bacteriuria and candiduria). It is possible that fewer prescriptions of targeted urine nosodes can be used during therapy. It depends on the severity of the disease. In addition, SDA was not used in all patients, which undoubtedly reduced the quality of the therapy.

Thus, in case of recurrent leukocyturia, it is necessary to search for the etiological factor of the disease, taking into account not only the bacterial agent, it must be taken into account during long-term anti-inflammatory therapy, the colonization of the urinary tract by fungi. Targeted urine nosodes in combination with drainage drugs in children contribute to the normalization of urine analyzes without the use of drug therapy. None of the patients had an exacerbation of the disease during treatment.

Literature

1. Brown O.N., Vasilieva T.G. The role of fungi in the development of infectious process of the urinary tract in children. Ninth Russian Congress "Innovative technologies in pediatrics and de tskaya surgery ". - M., 2010 - S. 222-223.

2. Zorkin S.N., Katasova OK., Muzychenko Z.N. Sight on the antibiotic therapy in children with urological pathology. Therapist. September. - 2010. - No. 8. - S. 6-10.

3. Malkoch A.V. Urinary tract infection in children // Attending physician. - January 2009. - No. 1. - S. 30–37.

4. Otpuschennikova T.V., Shabarov V.K. and others. Urologists' view on diagnosis and treatment of pyelonephritis in children in the outpatient practice of a pediatrician // Attending physician. - September, 2009. - No. 8. - S. 12-17.

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