Inflammatory diseases of the genital organs in girls (a case from practice) G.N. Khafizova ("Eliseeva Medical Center", Moscow, Russia)

In the structure of gynecological diseases, the most frequent localization of the inflammatory process in girls aged 1 to 9 years is the external genitalia (vulva) and the vagina - vulvovaginitis. Vulvovaginitis is an inflammation of the female external genital organs and the vagina. At this age, the frequency of vulvovaginitis is about 65% of all diseases of the genital organs.

There are several classifications of vulvovaginitis based on different principles.

Depending on the age of onset of vulvovaginitis, there are:

- vulvovaginitis during infancy (0-12 months);

- vulvovaginitis during childhood (from 1 to 8 years old);

- prepubertal vulvovaginitis (from 8 to menarche);

- vulvovaginitis of the pubertal period (with menarche).

According to the clinical course, vulvovaginitis is divided into:

- sharp;

- chronic;

- in the stage of exacerbation;

- in remission.

Depending on the cause of the occurrence, vulvovaginitis is divided into:

- infectious;
- nonspecific vulvovaginitis;
- specific vulvovaginitis;
- primary non-infectious;
- against the background of chronic inflammatory extragenital diseases;

- against the background of helminthic invasion;

- against the background of a foreign body, etc.

The girl's vagina is a dynamic ecosystem, sterile at birth, colonized within a few days by predominantly gram-positive flora, consisting of anaerobic bacteria. Before the onset of menarche, the pH of the vaginal discharge is 7.0. From the moment of menarche, under the influence of estrogens, the thickness of the vaginal epithelium increases to 25 layers of cells, the level of glycogen in the epithelium increases, and the pH begins to change - it becomes less than 4.5.

In childhood, nonspecific vulvovaginitis is most often detected.

Clinical manifestations of vulvovaginitis:

- discharge from the genital tract: pus-like, mixed with blood, pus-like bloody, cheesy, creamy;
- hyperemia and swelling of the vulva
- discomfort (cramps, burning);
- soreness of the vulva;
- dysuria;

- itching of the vulva and vagina.

Acute vulvovaginitis occurs with pronounced clinical manifestations, chronic - with an erased clinical picture.

The diagnosis can be made on the basis of a characteristic clinical picture.

The following studies are required:

- a complete clinical examination, including a clinical blood test,general urine analysis;

- gynecological examination;
- vaginoscopy;
- recto-abdominal examination;
- visual assessment of discharge from the genital tract;
- microscopic examination of vaginal discharge;
- microbiological examination of the separated and vaginal contents with the determination of the sensitivity of the flora to antibiotics and bacteriophages;
- PCR diagnostics of STDs;
- examination of scraping from perianal folds to identify enterobiasis andfeces to identify eggs of worms;

- Ultrasound of the pelvic organs.

Clinical example

Girl 5 years old. From the anamnesis: within 2 years suffers from discharge from the genital tract, itching of the vulva. According to the mother, the last 2 months - the discharge is pus-bloody, the itching of the vulva has intensified. The child was repeatedly underwent antibacterial therapy for 2 years, application of drugs to the external genital organs, and anthelminthic therapy. The treatment effect was minimal. When diagnosed by the ART method, E. coli and Staphylococcus aureus are tested.

Considering the ineffectiveness of the previously conducted therapy, discharge from the genital tract of a purulent-bloody character with an unpleasant odor, it was decided to further examine the child. It was recommended to do an ultrasound of the genitals and vaginoscopy. During vaginoscopy, a foreign body was found in the child's vagina with partial invasion of the vaginal mucosa. After removal of a foreign body, resonance frequency therapy, bioresonance therapy, restoration of normal vaginal microflora, immunomodulating and vitamin therapy were performed. After the therapy, discharge from the genital tract and itching of the external genital organs stopped.

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