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UREAPLASMAS AUTODEFENSE AND RATIONAL ANTIBIOTIC THERAPY

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At present, the great number of schemes and the preparations are being existed, having used at the urogenital ureaplasmosis medical treatment, but the majority efficiency from them is being left at the low level, and, that is why, the adequate therapy search is also being left rather actual.

Main Target

It is necessary to study the ureaplasmas sensitivity spectrum to the most accessible and the widely – used antibiotics at the practice, for the purpose of medical treatment efficiency rising of the urogenital ureaplasmosis.

Materials and Methods

64 women have been examined with the urogenital ureaplasmosis. Finally, the diagnosis has been completely confirmed by the clinical and laboratory methods.

The Omsk Scientific and Research Institute (SRI) media of the natural and focal infections have

already been used for the ureaplasmas identification. The sensitivity determination for the antibiotics has been carried out at the ureaplasmas exposure in the titer, which is more than 10,000 ESR. So, the ureaplasmas sensitivity for the antibiotics has been determined by means of the «Ureaplasma –АЧ» and «Microplasma – АЧ» test – systems (the city of Saint – Petersburg).

Findings of the Investigation

The ureaplasmas have been appeared to be much steady to the tetracycline in 53,1% (e.g. 34 strains) and have been sensitive in 46% (e.g. 32 strains). To the macrolides first generation representative – the stability erythromycin has been made up 43,6% (e.g. 28 strains), the sensitivity – 54,4% (e.g. 36 strains).

The ureaplasmas have already been appeared the highly sensitive ones to the lincosamides representative – the clindamycin: they are sensitive 71,9% (e.g. 46 strains), steady – 28,1% (e.g. 18 strains), and the aminoglycosides – to the gentamicin: they are sensitive 71,9% (e.g. 46 strains), steady – 28,1% (e.g. 18 strains). The simultaneous stability to these both preparations has been observed only in 9,4% (e.g. 6 strains).

The highly sensitivity has already been appeared to the doxycycline: they are sensitive 87,5% (e.g. 56 strains), steady – 12,5% (e.g. 8 strains). The sensitivity to the macropen has already been made up to the 90,6% (e.g. 58 strains). The simultaneous stability to them has been observed in 6,3%.

The Main Conclusions. The ureaplasmas singled out strains highest sensitivity have been shown to the doxycycline and to the macropen. So, the doxycycline and the macropen use is quite able to be recommended for the medical treatment scheme inclusion in the cases of the mixed – infections.

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THE INTESTINAL MICROCIRCULATION BED STRUCTURE

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The small intestine vascular bed has its multi-layer structure. The microcirculatory bed (MCB) linear interfascicular segments of the flat mesentery are being transformed into the entodermal canal circulatory segments: the subsero – muscular segment contours – the external (e.g. the mesenteric arcus and the vascular plexuses) and the internal ones (e.g. their submucosal plexus), and the last one – and this is the