



## TYPES OF GYNECOLOGICAL INFLAMMATORY DISEASES

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**Annotation:** *Inflammatory diseases of women are one of the most common gynecological diseases. The anatomical and physiological characteristics of the female body play a special role in their high incidence. These include the proximity of the genitals to external influences, cyclical changes in each month associated with menstrual function, as well as traumatization of the genital tract tissue to a greater or lesser extent during abortion and childbirth.*

**Keywords:** *Gynecological inflammatory diseases, pelvioperitonitis, salpingoophoritis, cytomegalovirus, vulvitis.*

Gynecological inflammatory diseases are diseases associated with inflammatory processes in the organs of the reproductive system. These diseases can be infectious and non-infectious. Infectious inflammatory diseases are caused by bacteria, viruses, fungi or parasites, for example, chlamydia, candidiasis, trichomoniasis, gonorrhea, HPV infection. Non-infectious inflammatory diseases occur as a result of injuries, allergic reactions or microflora disorders, for example, bacterial vaginosis, atrophic vaginitis (during menopause). Inflammatory diseases of the internal genital organs occupy a leading place among gynecological diseases. In recent years, they have become more common in young people, mainly at the age of 15-25, they can last a long time, and inflammatory diseases are accompanied by pain syndrome, uterine malposition, menstrual disorders, and impaired sexual and reproductive function. The development of inflammatory diseases of the female genital organs is often influenced by a history of intrauterine procedures (manual examination of the uterus during childbirth, abortion, diagnostic scraping of the uterine mucosa, insertion of a contraceptive into the uterus), the onset of sexual intercourse in adolescence, a lack of sexual activity, etc. Many other conditions



contribute to the onset of the disease, including colds, flu, extragenital diseases, stress, and, most importantly, a decrease in the activity of the immune system. Women's bodies have defenses against inflammation. These are the vaginal mucosa. tightness, the vaginal mucosa is covered with a multilayered stratified squamous epithelium, a mucus plug in the internal and external neck of the cervix and the cervical canal. Another barrier is the IgA antibodies produced in the mucus against microbes. Another barrier to the spread of inflammation is the uterine mucosa and its migration during each menstruation, and finally, the movement of the ciliary apparatus of the fallopian tubes and the direction of the fluid inside only to the uterine side. 45 In the chronic stage of the disease, acquired general functional disorders occupy the main place (structures of the nervous, endocrine, vascular and other systems). Vulvitis in women of reproductive age often occurs as a result of infection of the external genitalia with pathogenic microorganisms contained in vaginal discharge due to colpitis, cervicitis, endometritis. The development of primary vulvitis is caused by douching, non-compliance with hygiene of the external genitalia, chemical, thermal, mechanical effects, endocrine diseases, inflammatory diseases of the perianal area. The secondary process often has the character of vulvovaginitis. Vulvitis in the acute phase is characterized by hyperemia, swelling, serous-purulent and purulent coating of the external genitalia. Subjective complaints include: pain, burning, general malaise. In the chronic phase of vulvitis, hyperemia, swelling, exudation, itching decrease, but periodically recur. In the chronic phase, hyperemia and swelling disappear, changes are detected only during colposcopy. In acute colpitis, patients are bothered by pain, itching, burning, sometimes pain during urination. In the chronic phase of the disease, pain decreases, and serous, and in some cases purulent, discharge from the genital tract is the main symptom. To assess the condition of the genitourinary system, the examination should begin with a careful examination of the external genitalia. Changes are observed in the mucous membrane of the vulva, the Bartholin's ducts, the paraurethral ducts, the urethra, and the vaginal entrance area. After examining the external genitalia, the vagina and cervix are examined with speculum, rectal examination, a thorough history taking, a thorough examination of



the patient, and the necessary bacteriological and bacterioscopic examinations should be performed to determine the etiology of the disease.

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