# MORPHOFUNCTIONAL FEATURES OF THE COURSE OF COLPITIS IN WOMEN

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***Annotation.*** *Colpitis (vaginitis) is an inflammatory process, an infectious and inflammatory disease due to infection of the vagina (the mucous membrane is affected) by conditionally pathogenic microflora (staphylococcus, streptococcus, proteus, E. coli, hemophilic bacillus, as well as fungi of the genus Candida, etc.). It most often occurs in women of childbearing age, but it can also occur both in old age and childhood*

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The neglect of colpitis can lead to the fusion of the vaginal walls, the ascent of infection and the development of inflammatory diseases of the uterus and appendages, cervical erosion and, as a result, ectopic pregnancy or infertility.

The presence of pathogenic microorganisms does not always lead to the development of colpitis. The following factors can contribute to the development of an inflammatory process in the vagina :

✓ non-compliance with the norms of intimate hygiene: rare or too frequent hygiene procedures;

the presence of latent sexual infections;

✓ Promiscuous sex life, especially without a condom;

the presence of latent sexual infections;

✓ injuries to the vaginal mucosa during rough sexual intercourse, deprivation of virginity, during abortions and medical manipulations;

✓ diseases of the endocrine system (diabetes mellitus, thyroid gland diseases);

✓ Uncomfortable, tight underwear made of synthetic fabrics;

✓ Hormonal status changes (pregnancy, breast-feeding, onset of menstruation, menopause);

✓ oncological diseases and their treatment with radiation and chemotherapy;

✓ immunodeficiency or temporary decrease in immunity;

✓ vitamin deficiency, diets, unbalanced diet;

✓ Allergies;

✓ Uncontrolled use of antibiotics, hormone-containing drugs, or NSAIDs;

✓ disorders in the structure of the genitals;

✓ ovarian dysfunction;

✓ Wearing an intrauterine device;

✓ diseases of the gastrointestinal tract.

✓ Conditionally pathogenic flora;

✓ Sexually transmitted infections.

✓ let's figure out the cost;

✓ We will answer the questions;

✓ We'll make an appointment with a doctor

Effective and comprehensive treatment of colpitis.

✓ Diagnostic accuracy;

✓ ability to monitor the course of treatment;

✓ Comprehensive treatment in one place.

Colpitis (vaginitis) is an inflammatory process, an infectious and inflammatory disease due to infection of the vagina (the mucous membrane is affected) by conditionally pathogenic microflora (staphylococcus, streptococcus, proteus, E. coli, hemophilic bacillus, as well as fungi of the genus Candida, etc.). It most often occurs in women of childbearing age, but it can also occur both in old age and childhood.

Colpitis in women

Acute colpitis is accompanied by the following symptoms:

✓ Itching and burning sensation;

✓ pain during sexual intercourse;

✓ abnormal vaginal discharge (may be watery or foamy, contain pus, curdled or bloody clots);

✓ The genitals swell and turn red;

Frequent urination, sometimes urinary incontinence occurs.;

The body temperature is kept in the range of 37.1–38 degrees.

Hormonal changes

Colpitis can be caused by hormonal changes, especially during periods such as:

• Menopause, when estrogen levels decrease and the vaginal mucosa becomes more vulnerable.

• Pregnancy, when hormonal changes increase susceptibility to infections.

• The use of hormonal contraceptives, which can affect the balance of the vaginal flora.

Mechanical effects and allergic reactions

Injuries to the vagina due to sexual intercourse, especially with insufficient moisture, can contribute to the development of colpitis. Allergic reactions to intimate hygiene products, contraceptives, or synthetic underwear are also possible.

Classification of colpitis

Colpitis can manifest itself in various symptoms depending on the causative agent of the disease and the stage of inflammation. Doctors distinguish between several types of colpitis:

Bacterial colpitis

It occurs due to an imbalance of the vaginal microflora, when opportunistic pathogens begin to actively multiply. This type of colpitis can be manifested by foul-smelling secretions, irritation, and itching.

Fungal colpitis (candidiasis)

This is an inflammation caused by fungi of the genus Candida. It is characterized by thick, cheesy discharge, itching and burning, especially after sexual intercourse or urination.

Viral colpitis

This type of colpitis is caused by the herpes virus, HPV, or other viruses. Symptoms may include rashes in the vaginal area, itching and burning, as well as painful sensations.

Allergic colpitis

It develops as a result of an allergic reaction to various external stimuli: detergents, gels, latex condoms and other substances.

Symptoms of colpitis

The symptoms of colpitis can vary depending on the stage of the disease and its form. However, among the common features are:

• Vaginal discharge: may be white, gray, green, or yellow, depending on the cause of the inflammation. They can be abundant and have an unpleasant odor.

Itching and burning: often occurs in the area of the external genitalia and vagina, which can be aggravated by sexual intercourse or urination.

• Pain in the lower abdomen: may accompany the inflammatory process, especially if it spreads to neighboring organs.

• Pain during intercourse: the vagina becomes dry and inflamed, which can cause painful sensations.

Menstrual irregularity: colpitis can cause disruptions in the regularity of menstruation, especially if the inflammation has affected the cervix.

Ways of infection with colpitis

Infectious types of colpitis (bacterial, fungal, viral) can be transmitted in various ways:

1. Sexual route: the main route of transmission in trichomoniasis, gonorrhea, chlamydia and other infections.

2. Self-infection: Candida fungi can develop against the background of other diseases, as well as due to insufficient hygiene.

3. Allergic pathway: allergic reactions can be caused by intimate hygiene products, clothing fabrics or condom elastic bands.

4. Hematogenous pathway: in rare cases, infection can enter the vagina through blood, for example, during surgical procedures.

Possible complications of colpitis

If colpitis is left untreated or improperly treated, the following complications are possible:

1. Chronic colpitis: if the acute inflammation has not been eliminated in time, it can turn into a chronic form with constant relapses.

2. Pelvioperitonitis: the inflammation can spread to other pelvic organs, which will cause more serious complications.

3. Infertility: chronic colpitis can lead to disruption of the microflora and functionality of the cervix, making it difficult to conceive.

4. Infection during childbirth: if a pregnant woman has colpitis, the newborn may become infected, which can cause serious illness.

The medical center employs gynecologists who have extensive practical experience. Therapy is prescribed individually and depends on the cause of colpitis:

• trichomoniasis (metranidazole);

Candidiasis (fluconazole, pimafucine or clotrimazole);

• gonorrhea (ofloxacin, ciprofloxacin, etc.);

• atrophic colpitis (hormone replacement therapy).

After the etiotropic treatment is completed, rehabilitation therapy is prescribed, which involves the use of drugs containing beneficial bacteria.

In short, colpitis is the most common problematic disease in women. A woman suffering from colpitis cannot relieve herself freely. Therefore, if clinical symptoms appear, a woman should consult a doctor, undergo a medical examination and take treatment with her sexual partner. More serious complications may occur.

**Literature**

1. Jumaeva, D. R. (2025). VAGINAL MIKROBIOTSENOZ, BAKTERIAL VAGINOZ HOLATI VA UNI DAVOLASH USULLARI. *Modern education and development*, *19*(3), 65-77.
2. Djumaeva, D. R. (2025). TOMOSINTEZ BILAN RAQAMLI MAMMOGRAFIYA NAZORATI OSTIDA KO'KRAK BEZINING

STEREOTAKSIK BIOPSIYASI. *Modern education and development*, *19*(3), 53-64.

3. Жумаева, Д. Р. (2025). ОПТИМИЗАЦИЯ МЕТОДОВ ДИАГНОСТИКИ РАЗЛИЧНЫХ ФОРМ ЭНДОМЕТРИОЗА У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА. *Modern education and development*, *19*(3), 78-87.
4. Жумаева, Д. Р. (2025). СОСТОЯНИЕ МИКРОБИОЦЕНОЗА ВЛАГАЛИЩА, БАКТЕРИАЛЬНЫЙ ВАГИНОЗ И ВОЗМОЖНОСТИ ЕГО ЛЕЧЕНИЯ. *Modern education and development*, *19*(3), 88-101.
5. Жумаева, Д. Р. (2025). АНАЛИЗ ГИНЕКОЛОГИЧЕСКОЙ ПАТОЛОГИИ У ЖЕНЩИН ПОЗДНЕГО РЕПРОДУКТИВНОГО ПЕРИОДА ЗАБОЛЕВАНИЯМИ МОЛОЧНОЙ ЖЕЛЕЗЫ. *Modern education and development*, *19*(3), 102-112.
6. DR Zhumaeva, D. R. (2024). The State of the Vaginal Microbiocenosis, Bacterial Vaginosis andits Treatment Options. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 78-83.
7. Хикматова, Н. И., & Жумаева, Д. Р. (2023). Инвазивные И Неинвазивные Методы Диагностики Заболевания Молочных Желез. *Central Asian Journal of Medical and Natural Science*, *4*(6), 652-658.
8. ZHUMAEVA, D. (2024). OPTIMIZATION OF METHODS OF DIAGNOSTICS OF VARIOUS FORMS OF ENDOMETRIOSIS IN WOMEN OF REPRODUCTIVE AGE. *Valeology: International Journal of Medical Anthropology and Bioethics (2995-4924)*, *2*(9), 120-125.
9. Абдукаримов, У. Г., Ихтиярова, Г. А., & Джумаева, Д. Р. (2024). Скрининг Рака Молочной Железы: Настоящее И Будущее. Обзор Литературы. *Research Journal of Trauma and Disability Studies*, *3*(2), 144-148.
10. Zhumaeva, D. R. (2025). IMMUNOLOGICAL CHARACTERISTICS OF THE ENDOMETRIUM IN WOMEN WITH IMPAIRED FERTILITY. *Modern education and development*, *19*(2), 390-402.
11. Jumaeva, D. R. (2025). REPRODUKTIV BUZISHLI AYOLLARDA ENDOMETRIYNING IMMUNOLOGIK XUSUSIYATLARI. *Modern education and development*, *19*(2), 403-415.
12. Jumaeva, D. R. (2025). REPRODUKTIV BUZISHLI AYOLLARDA SURUNKALI AUTOIMMUN ENDOMETRITNNING KECHISHI. *Modern education and development*, *19*(2), 375-389.
13. Jumaeva, D. R., & Temirova, D. O. (2025). ETIOLOGY AND DIAGNOSTIC CRITERIA OF CERVICAL EROSION. *TADQIQOTLAR*, *58*(3), 126-134.

14. Jumaeva, D. R., & Temirova, D. O. (2025). BACHADON BO'YNI EROZIYASINING ETIOLOGIYASI VA DIAGNOSTIK MEZONLARI. *TADQIQOTLAR*, *58*(3), 117-125.
15. Jumaeva, D. R., & Temirova, D. O. (2025). MODERN POSSIBILITIES OF TREATMENT OF MASTALGIA AGAINST THE BACKGROUND OF MASTOPATHY. *TADQIQOTLAR*, *58*(3), 144-151.
16. Джумаева, Д. Р., & Темирова, Д. О. (2025). СОВРЕМЕННЫЕ ВОЗМОЖНОСТИ ЛЕЧЕНИЯ МАСТАЛГИИ НА ФОНЕ МАСТОПАТИИ. *TADQIQOTLAR*, *58*(3), 135-143.
17. Темирова, Д. О., & Жумаева, Д. Р. (2025). ИНФЕКЦИЯ МОЧЕВЫХ ПУТЕЙ У БЕРЕМЕННЫХ. *TADQIQOTLAR*, *58*(3), 96-105.
18. Темирова, Д. О., & Жумаева, Д. Р. (2025). ВНУТРИПЕЧЕНОЧНЫЙ ХОЛЕСТАЗ ПРИ БЕРЕМЕННОСТИ. *TADQIQOTLAR*, *58*(3), 106-116.
19. Темирова, Д. О., & Жумаева, Д. Р. (2025). ПРЕЭКЛАМПСИЯ–ПАТОЛОГИЯ, ПРИВОДЯЩАЯ К ОСЛОЖНЕНИЯМ ДЛЯ МАТЕРИ И ПЛОДА. *TADQIQOTLAR*, *58*(3), 85-95.
20. Jumayeva, D. R. (2025). ACUTE RESPIRATORY INFECTIONS INSTIGATORS CHARACTERISTIC AND THEIR CLINICAL IMPORTANCE. *Modern Science and Research*, *4*(3), 734-742.
21. Zhumaeva, D. R. (2025). MASTODYNYA: POSSIBILITIES OF THERAPY USING MICRONIZED PROGESTERONE. *Modern Science and Research*, *4*(2), 912-919.
22. Temirova, D. O. (2024). Diagnosis of Cervical Erosion. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 84-89.
23. Темирова, Д. А. (2024). СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ СИНДРОМА АШЕРМАНА. *Modern education and development*, *16*(10), 132-142.
24. Темирова, Д. О. (2024). КЛИНИЧЕСКОЕ ЗНАЧЕНИЕ МИОМЫ МАТКИ В ГИНЕКОЛОГИИ. *Modern education and development*, *16*(10), 116-131.
25. Olimjonovna, T. D. (2024). THE SYNDROME OF UNFORTUNATE CONSEQUENCES HELPPA. *Modern education and development*, *16*(10), 156-166.
26. Olimjonovna, T. D. (2024). UTERINE PROLAPSE IS A DELICATE PROBLEM FOR WOMEN. *Modern education and development*, *16*(10), 167-176.
27. Olimjonovna, T. D. (2024). BACTERIAL VAGINOSIS IS A DANGEROUS DISEASE. *Modern education and development*, *16*(10), 143-155.
28. Temirova, D. (2024). ADENOMYOSIS AND DISORDERS OF REPRODUCTIVE FUNCTION. *European Journal of Modern Medicine and Practice*, *4*(10), 195-199.

29. Темирова, Д. О., & Мухитдинова, Х. С. (2025). РАЗРЫВ МАТКИ–СЕРЬЕЗНОЕ ОСЛОЖНЕНИЕ В АКУШЕРСТВЕ. *Modern education and development*, *19*(2), 365-374.
30. Мухитдинова, Х. С., & Темирова, Д. О. (2025). КЛИНИЧЕСКОЕ ФАКТОРЫ СТРОЕНИЕ СПЕРМАТОЗОИДОВ ПРИ МУЖСКОГО БЕСПЛОДИЯ. *Modern education and development*, *19*(2), 416-426.
31. Мухитдинова, Х. С., & Темирова, Д. О. (2025). ОСОБЕННОСТИ ПАТОЛОГИЯ ЯИЧНИКОВ В СТРУКТУРЕ ГИНЕКОЛОГИЧЕСКОЙ ЗАБОЛЕВАЕМОСТИ. *Modern education and development*, *19*(2), 450-463.
32. Темирова, Д. О., & Мухитдинова, Х. С. (2025). ВНЕМАТОЧНАЯ БЕРЕМЕННОСТЬ–ЗАБОЛЕВАНИЕ, ТРЕБУЮЩЕЕ НЕОТЛОЖНОЙ ПОМОЩИ. *Modern education and development*, *19*(2), 342-354.
33. Темирова, Д. О., & Мухитдинова, Х. С. (2025). МОРФОФУНКЦИОНАЛЬНЫЕ ОСОБЕННОСТИ ТРИХОМОНИАЗА. *Modern education and development*, *19*(2), 355-364.
34. Темирова, Д. О., & Мухитдинова, Х. С. (2025). ПРЕЖДЕВРЕМЕННАЯ ОТСЛОЙКА ПЛАЦЕНТЫ. *Modern education and development*, *19*(2), 316-327.
35. Темирова, Д. О., & Мухитдинова, Х. С. (2025). СПКЯ-ОДНА ИЗ ПРИЧИН БЕСПЛОДИЯ. *Modern education and development*, *19*(2), 328-341.
36. Temirova, D. O. (2025). THE ROLE OF ENDOMETRIOSIS IN THE FEMALE REPRODUCTIVE SYSTEM. *TADQIQOTLAR*, *58*(3), 55-65.
37. Темирова, Д. (2025). АКТУАЛЬНОСТЬ АНОМАЛЬНОГО МАТОЧНОГО КРОВОТЕЧЕНИЯ. *Modern Science and Research*, *4*(3), 759-768.
38. Temirova, D. (2025). ECTOPIC PREGNANCY IS A DISEASE REQUIRING EMERGENCY ASSISTANCE. *Modern Science and Research*, *4*(2), 920-928.
39. Saloxiddinovna, X. Y. (2024). MORPHOFUNCTIONAL FEATURES OF THE STRUCTURE AND DEVELOPMENT OF THE OVARIES. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *4*(4), 220-227.
40. Saloxiddinovna, X. Y. (2024). Modern Views on the Effects of the Use of Cholecalciferol on the General Condition of the Bod. *JOURNAL OF HEALTHCARE AND LIFE-SCIENCE RESEARCH*, *3*(5), 79-85.
41. Халимова, Ю. С., & Хафизова, М. Н. (2024). МОРФО-ФУНКЦИОНАЛЬНЫЕ И КЛИНИЧЕСКИЕ АСПЕКТЫ СТРОЕНИЯ И РАЗВИТИЯ ЯИЧНИКОВ (ОБЗОР ЛИТЕРАТУРЫ). *TADQIQOTLAR. UZ*, *40*(5), 188-198.
42. Халимова, Ю. С. (2024). Морфологические Особенности Поражения Печени У Пациентов С Синдромом Мэллори-Вейса. *Journal of Science in Medicine and Life*, *2*(6), 166-172.
43. Xalimova, Y. S. (2024). Morphology of the Testes in the Detection of Infertility. *Journal of Science in Medicine and Life*, *2*(6), 83-88.

44. KHALIMOVA, Y. S. (2024). MORPHOFUNCTIONAL CHARACTERISTICS OF TESTICULAR AND OVARIAN TISSUES OF ANIMALS IN THE AGE ASPECT. *Valeology: International Journal of Medical Anthropology and Bioethics*, *2*(9), 100-105.
45. Salokhiddinovna, K. Y. (2024). IMMUNOLOGICAL CRITERIA OF REPRODUCTION AND VIABILITY OF FEMALE RAT OFFSPRING UNDER THE INFLUENCE OF ETHANOL. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *4*(10), 200-205.
46. Salokhiddinovna, K. Y., Saifiloevich, S. B., Barnoevich, K. I., & Hikmatov, A. S. (2024). THE INCIDENCE OF AIDS, THE DEFINITION AND CAUSES OF THE DISEASE. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 195-205.
47. Nematilloevna, K. M., & Salokhiddinovna, K. Y. (2024). IMPORTANT FEATURES IN THE FORMATION OF DEGREE OF COMPARISON OF ADJECTIVES IN LATIN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 150-157.
48. Saloxiddinovna, X. Y., & Ne'matillaevna, X. M. (2024). FEATURES OF THE STRUCTURE OF THE REPRODUCTIVE ORGANS OF THE FEMALE BODY. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 179-183.
49. Хафизова, М. Н., & Халимова, Ю. С. (2024). ИСПОЛЬЗОВАНИЕ ЧАСТОТНЫХ ОТРЕЗКОВ В НАИМЕНОВАНИЯХ ЛЕКАРСТВЕННЫХ ПРЕПАРАТОВ В ФАРМАЦЕВТИКЕ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 172-178.
50. Хафизова, М. Н., & Халимова, Ю. С. (2024). МОТИВАЦИОННЫЕ МЕТОДЫ ПРИ ОБУЧЕНИИ ЛАТЫНИ И МЕДИЦИНСКОЙ ТЕРМИНОЛОГИИ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 165-171.
51. Халимова, Ю. С., & Хафизова, М. Н. (2024). ОСОБЕННОСТИ СОЗРЕВАНИЕ И ФУНКЦИОНИРОВАНИЕ ЯИЧНИКОВ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 188-194.
52. Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ АСПЕКТЫ ЛИЦ ЗЛОУПОТРЕБЛЯЮЩЕЕСЯ ЭНЕРГЕТИЧЕСКИМИ НАПИТКАМИ. *TADQIQOTLAR. UZ*, *40*(5), 199-207.
53. Халимова, Ю. С., & Хафизова, М. Н. (2024). кафедра Клинических наук Азиатский международный университет Бухара, Узбекистан. *Modern education and development*, *10*(1), 60-75.
54. Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ЗАБОЛЕВАНИЙ ВНУТРЕННИХ ОРГАНОВ У ЛИЦ,

СТРАДАЮЩИХ АЛКОГОЛЬНОЙ ЗАВИСИМОСТЬЮ. *TADQIQOTLAR. UZ*, *40*(5), 240-250.

55. Халимова, Ю. С., & Хафизова, М. Н. (2024). МОРФО-ФУНКЦИОНАЛЬНЫЕ И КЛИНИЧЕСКИЕ АСПЕКТЫ ФОРМИРОВАНИЯ КОЖНЫХ ПОКРОВОВ. *Modern education and development*, *10*(1), 76-90.
56. Khalimova, Y. S. (2024). Features of Sperm Development: Spermatogenesis and Fertilization. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 90-98.
57. Salokhiddinovna, K. Y., & Nematilloevna, K. M. (2024). MODERN MORPHOLOGY OF HEMATOPOIETIC ORGANS. *Modern education and development*, *16*(9), 50-60.
58. Khalimova, Y. (2025). MORPHOLOGY OF PATHOLOGICAL FORMS OF PLATELETS. *Modern Science and Research*, *4*(2), 749-759.
59. Salokhiddinovna, K. Y., & Nematilloevna, K. M. (2025). MODERN MORPHOLOGY OF HEMATOPOIETIC ORGANS. *Modern education and development*, *19*(2), 498-508.
60. Халимова, Ю. С., & Хафизова, М. Н. (2025). СОВРЕМЕННАЯ МОРФОЛОГИЯ КРОВЕТВОРНЫХ ОРГАНОВ. *Modern education and development*, *19*(2), 487-497.
61. Халимова, Ю. С., & Хафизова, М. Н. (2025). ГИСТОЛОГИЧЕСКАЯ СТРУКТУРНАЯ МОРФОЛОГИЯ НЕФРОНОВ. *Modern education and development*, *19*(2), 464-475.
62. Saloxiddinovna, X. Y., & Nematilloevna, X. M. (2025). NEFRONLARNING GISTOLOGIK TUZILISH MORFOLOGIYASI. *Modern education and development*, *19*(2), 509-520.
63. Saloxiddinovna, X. Y., & Ne'matilloyevna, X. M. (2025). QON YARATUVCHI A'ZOLARNING ZAMONAVIY MORFOLOGIYASI. *Modern education and development*, *19*(2), 476-486.
64. Xalimova, Y. (2025). MODERN CONCEPTS OF BIOCHEMISTRY OF BLOOD COAGULATION. *Modern Science and Research*, *4*(3), 769-777.