



The Efficacy of Using Standard Treatments for Syphilis

1. Salamova Lola Abduraximovna

Received 28th Aug 2022,
Accepted 29th Sep 2022,
Online 31st Oct 2022

¹ Samarkand State Medical University
Department of Skin and Venereal Diseases
Samarkand, Uzbekistan

Abstract: in this article, we summarized the study; we analyzed the case histories of outpatient observation cards in the OKVD at the place of residence of 118 patients with early forms of syphilis for the period 1998-2019. The objective of our work included the evaluation of the effectiveness of the use of standard methods of treatment for syphilis.

Key words: treatment, syphilis.

Introduction: Syphilis is a human infectious disease caused by *Treponema pallidum* (*Treponema pallidum*). The disease is transmitted predominantly sexually, while the patient should have rashes on the skin and mucous membranes, in the absence of rashes, the risk of infection from a patient with syphilis is extremely small. It is extremely rare in the household way, with close contacts, not observing the rules of personal hygiene. In a vertical way - in utero from a sick mother to a fetus, since the causative agent of syphilis penetrates the placenta and infects the fetus, which ends either in death or in the development of congenital syphilis in the child. The disease is characterized by a chronic undulating course with periods of exacerbations and long latent periods.

There are three theories (hypotheses) of the origin of syphilis. According to one point of view, syphilis was brought to Europe by the sailors of H. Columbus after the discovery of America. Sailors allegedly became infected from local residents, and the latter, engaged in bestiality, became infected with it from llamas (spirochetosis in these animals has been known and proven for a long time). Proponents of this theory, called Americanists, point to the fact that after the return of the expedition in 1493, cases of the disease began to be recorded in the port cities of Spain. Many Spaniards served as mercenaries for the French king Charles VIII, because of the "terrible disease" that struck the army, the siege of Naples was lifted, and the soldiers were disbanded. The infection quickly spread throughout Europe, causing an epidemic of syphilis. According to the second theory, in Europe, Asia, and in the regions of the Middle East, syphilis has existed since prehistoric times. Avicenna in his writings describes lesions resembling hard chancre, wide condylomas, papular syphilides, as well as skin and muscle lesions characteristic of tertiary syphilis. In Chinese manuscripts dating back to 4535. BC, a description is given of chancre, childhood syphilis, treatment with mercury powder. Syphilis was described in a book on Japanese medicine in 808 BC. During archaeological excavations in Transbaikalia, bones affected by syphilis were found, belonging to a person who lived in the middle of the 2nd millennium BC. There is also a theory of the origin of syphilis in Africa in primitive people. Proponents of theories argue, but most likely, as long as a person exists, there are sexually transmitted diseases, the most ancient and dangerous of which is syphilis.

Many scientists have studied this disease, a great contribution to the development of periodization and staging of syphilis belongs to F. Ricord, who studied syphilis and gonorrhea well, but was condemned by all doctors for the methods he used. From 1831 to 1838, using discharge from 2626 venereal patients, he infected 700 people with syphilis and 667 with gonorrhea. The causative agent itself - pale treponema (*Treponema pallidum*) was described in 1905 (F. Schaudin and E. Hoffman.) In 1906, A. Wasserman discovered a serological reaction for the diagnosis of syphilis, which is called the Wasserman reaction, with some improvements it lasted 100 years, in 2006 it was officially abolished, in connection with the transition to more sensitive and specific reactions. A breakthrough in the treatment of syphilis came in 1943 with the use of penicillin, discovered by Fleming in 1929.

Purpose: to evaluate the effectiveness of the use of standard methods of treatment for syphilis.

Materials and methods: we analyzed the case histories of outpatient observation cards in the OKVD at the place of residence of 118 patients with early forms of syphilis for the period 1998-2019. All patients were clinically and serologically confirmed the diagnosis of syphilis (primary syphilis, fresh or recurrent syphilis according to ICD-9 and secondary syphilis of the skin and mucous membranes or early latent syphilis according to ICD-10).

According to the scheme: 13 patients were treated with benzylpenicillin 1 million units 6 times a day. According to the scheme: benzylpenicillin, 400 thousand units 8 times a day, 25 patients received treatment. According to the scheme: benzylpenicillin 1 million units 4 times a day - 37 patients. According to the scheme: procaine-penicillin, 1.2 million units. 1 time per day - 12 patients. According to the scheme: ceftriaxone 1.0 g once a day - 12 patients. According to the scheme: tetracycline 0.5 g 4 times a day - 12 patients.

Results: complete negativity of serological reactions during the first year of observation after specific treatment of early forms of syphilis occurred in 44.5% of cases when treated with tetracycline (according to the scheme 0.5 g 4 times a day), benzylpenicillin (according to the scheme 400 thousand units 8 times a day for 20 days) - 40%, (according to the scheme 1 million IU 4 times a day for 20 days) - 37.8%, (according to the scheme 1 million IU 6 times a day) - 23%, ceftriaxone (according to scheme 1, 0 g 1 time per day for 15 days) - 25%, procaine-penicillin (according to the scheme 1.2 million IU 1 time per day) - 8.3%.

Complete negative serological reactions during three years of follow-up occurred in 58.3% of patients treated with ceftriaxone, in 53.8% of cases treated with benzylpenicillin (according to the regimen 1 million units 6 times a day), in 50.0% of cases treated with procaine -penicillin, in 48% of cases in the treatment of benzylpenicillin (according to the scheme 400 thousand units 8 times a day), in 44.5% of cases in the treatment of tetracycline, in 40.5% of cases in the treatment of benzylpenicillin (according to the scheme 1 million units 4 times a day day).

Persistent seroresistance developed in 11% of cases in the treatment with tetracycline, in 12% of cases in the treatment of benzylpenicillin (according to the scheme of 400 thousand U 8 times a day), in 15.4% of cases in the treatment of benzylpenicillin (according to the scheme of 1 million U 6 times a day). day) in 16.7% of cases in the treatment of ceftriaxone, in 18.9% of cases in the treatment of benzylpenicillin (according to the scheme of 1 million units 4 times a day) and in 41.7% of cases in the treatment of procaine-penicillin.

Conclusions: thus, based on the data of our preliminary studies, we can conclude that the most effective treatment regimen was the appointment of tetracycline 0.5 g 4 times a day, the most ineffective - the appointment of procaine-penicillin 1.2 million units 1 time per day . It is possible that the severity of the therapeutic effect in the treatment with tetracyclines is explained by their ability to generate in vivo free radicals with bactericidal activity.

Literature:

1. Словарь иностранных слов. — М.: «Русский язык», 1989. — 624 с. ISBN 5-200-00408-8
2. От др.-греч. τρέπω — поворачиваю, νῆμα — нить
3. Ахмедов Ш. К. и др. ВНИМАТЕЛЬНОЕ ОТНОШЕНИЕ К АНАМНЕЗУ ПРИ ЗАБОЛЕВАНИИ ХРОНИЧЕСКОЙ КРАПИВНИЦЕЙ—ОДИН ИЗ ВАЖНЫХ ФАКТОРОВ ПРОДУКТИВНОЙ ТЕРАПИИ.
4. Орипов Р. А. Современные методы лечения онихомикозов //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 3. – С. 24-29.
5. Орипов Р. А., Ахмедов Ш. К. Комплексный метод лечения кандидоза полости рта //Тюменский медицинский журнал. – 2012. – №. 2. – С. 59.
6. Ахмедов Ш. К. и др. ЭФФЕКТИВНОСТЬ ПРИМЕНЕНИЯ УЛЬТРАФИОЛЕТОВОГО ОБЛУЧЕНИЯ ПРИ ВТОРИЧНОЙ ДЕПИГМЕНТАЦИИ ВСЛЕДСТВИЕ ПСОРИАЗА //Академический журнал Западной Сибири. – 2015. – Т. 11. – №. 1. – С. 57-57.
7. Ахмедов Ш. К. и др. Эффективность влияния антиоксидантов и иммуностимуляторов на иммунологический статус больных сифилисом //Достижения науки и образования. – 2020. – №. 1 (55). – С. 111-114.
8. Ачилова О. Д. и др. Эхинококкоз касаллигини иммуноташхислашда антигенларни қўллашнинг таомиллари //Общество и инновации. – 2020. – Т. 1. – №. 1/s. – С. 598-603.
9. Сувонкулов У. Т. и др. Распространенность кожных лейшманиозов среди населения в эндемичных районах Узбекистана //Общество и инновации. – 2020. – Т. 1. – №. 1/S. – С. 592-597.
10. Iskandarovna K. M., Alamovich K. A., Rabbimovich N. A. Treatment of Urethrogenic Prostatitis Associated with Chlamydia Infection //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI. – 2021. – Т. 1. – №. 5. – С. 44-46.
11. Iskandarovna K. M., Buribaevna I. S., Azamovna A. N. Immunoassay Forms of Syphilis //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI. – 2021. – Т. 1. – №. 5. – С. 47-49.
12. Iskandarovna K. M. SIFILISNING IMMUNOASSAY SHAKLLARI //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 534-536.
13. Ахмедова М., Расулова Н., Абдуллаев Х. Изучение парциальных функций почек у детей раннего возраста с нефропатией обменного генеза //Журнал проблемы биологии и медицины. – 2016. – №. 2 (87). – С. 37-40.