IJIAET International Journal of Innovative Analyses and Emerging Technology

| e-ISSN: 2792-4025 | http://openaccessjournals.eu | Volume: 1 Issue: 5

The use of Fungite in the Local Treatment of Genital Herpes

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ABSTRACT: Genital herpes (GH) is one of the most socially significant problems in the clinical practice of dermatovenerologists, obstetricians, gynecologists, urologists. The number of patients with GH has increased by 30% over the past 10 years. The main role in the etiology of HSV belongs to HSV type 2 (HSV-2), but the pathogens of this pathology can become both HSV type 1 (HSV–1) and a combination of both types of herpes simplex virus. The prevalence of HSV-2 infection in the population ranges from 7 to 40% and averages 20%.

KEYWORDS: Genital herpes, treatment, application experience, fungitan

Introduction: Genital herpes (GH) is currently one of the most widespread sexually transmitted infections. It is caused by herpes simplex viruses of the 2nd (HSV2) and 1st (HSV1) types. Herpes simplex viruses are quite resistant in the environment. They can survive from several hours to several days depending on temperature and humidity. Clinical symptoms of genital herpes were first described in 1736 in France. Currently, the number of cases of genital herpes worldwide is constantly increasing, which is largely due to the fact that 85-90% of cases of this infection remain undiagnosed. The incidence of GH among women is almost 6 times higher than among men. Asymptomatic isolation of the virus by women leads to neonatal herpetic infection. If in the middle of the XX century the types of HSV1 and HSV2 clearly differed in the place of localization, now there are more and more cases of infection of the genitals with both types of HSV. Therefore, many modern test systems designed to detect herpes simplex virus react to both types of virus without differentiating them. Infection caused by HSV1 has been found to recur less frequently (up to 5% of cases) than infection caused by HSV2. Every fifth American is infected with the HSV2 virus, about 1 million new cases of infection are registered annually in this country. It has been established that patients with HSV2 secrete the virus both during the period of exacerbation and in the absence of clinical symptoms, which threatens sexual partners with infection even in the asymptomatic period.

Aim: The effectiveness of the use of fungitan ointment 5% in the local treatment of recurrent genital herpes.

Materials and methods: The criteria for inclusion of patients in the study group were: age from 20 to 41 years, recurrence of GH no more than 5 times a year; laboratory-confirmed diagnosis of GH. The exclusion criteria from the study were as follows: age up to 20 years; recurrence rate of GH more than 5 in the last year; the patient's intake of other antiviral drugs for at least 1 month. prior to inclusion in this study; confirmed diagnosis of other STIs; pregnancy and lactation; individual intolerance to the components of the drug; kidney disease. to identify the effectiveness of fungitan ointment 5% (Acyclovir 0.05g), we examined 12 patients aged 20 to 41 years with a diagnosis of recurrent genital herpes. Those who applied for outpatient treatment at the regional dermatovenereological dispensary. At the time of examination, patients had a tingling and burning sensation in the places of rashes, local inflammation of the lymph nodes, headache, nausea, redness and vesicular (vesicular) rashes. The contents of the transparent bubbles are cloudy or hemorrhagic. All patients were previously on outpatient treatment with a diagnosis of primary genital herpes. The patients underwent standard treatment for 7 days after which clinical recovery was observed. Relapse of the disease in patients was observed on average after 2-4 weeks. After repeated treatment, all 12 patients were prescribed combined treatment with the drug fungitan for 7 days, after which the patients were prescribed additional treatment with fungitan ointment and for 10 days to prevent relapses, apply 1 time per day to previously inflamed skin areas.

Results: Clinical recovery was also observed as with standard treatment after (on average) 7 days, but as a result of maintenance treatment for 10 days. After treatment, the patients were monitored for relapses for 4 weeks, a relapse of the disease was observed in 2 patients out of 12 patients. As a result of the therapy performed at the site of application of fungitan ointment, skin atrophy was not observed.

Conclusions: consistent use of fungin ointment in the treatment and prevention of relapses of recurrent genital herpes showed high effectiveness in relieving symptoms in most patients, long-term remission was achieved, good tolerability was noted, and there were no complications.

ISSN 2792-4025 (online), Published under Volume: 1 Issue: 5 in October-2021

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ISSN 2792-4025 (online), Published under Volume: 1 Issue: 5 in October-2021