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Research Article

INTRAUTERINE INFECTIONS: A MODERN VIEW AT THE PROBLEM

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ABSTRACT

The work summarizes both the results of many years of research by the author and his collaborators, and the ideas available in the literature. The principles of classification of intrauterine infections (IUI) and approaches to their laboratory and morphological diagnosis are discussed. Original schemes for various infection options are presented. Characteristics of both the most well-known and less studied etiological forms of IUI are given.

KEYWORDS

Pathogenesis, intrauterine infections, etiology, clinical and morphological comparisons.

INTRODUCTION

Intrauterine infections (IUI) are currently one of the leading pathologies in childhood. They not only lead to a high mortality rate, especially in the perinatal period, but in some cases are also the cause of profound disability caused by congenital malformations and chronic diseases [1].

IUIs have different meanings in different observations. First of all, they can themselves be fatal. Along with this, IUIs sharply disrupt the compensatory and adaptive mechanisms of the fetus - child and, in connection with this, contribute to the onset of death from other causes. Among them, asphyxia is of greatest importance in the perinatal period. In addition, IUI often leads to premature birth, which is of significant importance as a background condition for the development of new infectious and non-infectious diseases in the neonatal period and even later.

MATERIALS AND METHODS

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Speaking about the clinical manifestations of intrauterine infections, it should be noted that they are quite polymorphic, which depends not so much on the etiology of the process, but on the topography of the lesions and their severity. Recently, special attention of many clinicians and morphologists has been attracted to perinatal infectious lesions of the brain of various etiologies, which often determine both the death of the child and his disability [2]. In a complex clinical and laboratory study of 42 children (aged 3 to 15 years) with various perinatal brain lesions (asthenia, psychoneurological disorders, brainstem symptoms, extrapyramidal, pyramidal, cerebellar, epileptic, diencephalic syndromes , headache of a meningeal-vascular nature) showed a significant presence of an infectious process with probable intrauterine infection in 39 people (93%). Neurochlamydia is most often diagnosed (73%), often as part of a mixed infection. Targeted etiotropic therapy led to a clear clinical effect in the vast majority of cases [3].

RESULTS AND DISCUSSION

In recent years, progress has been made in the study of general pathological processes, in particular, new ideas about the disease formulated by D.S. Sarkisov, according to which it also includes the preclinical stage, makes us critically think about a number of terms related to infectious pathology. The traditional distinction between the terms "Infection", "Infection", "Infectious process", "Infectious disease" is associated with a focus on the presence or absence of clinical manifestations, which currently cannot be a sufficient differentiation criterion. From a theoretical point of view, it would be more important to identify and assess the degree of damage directly or indirectly associated with exposure to a biological pathogen, and the various responses of the macroorganism. Obviously, this is fully possible only when using the widest range of electron microscopic, biochemical, immunological, molecular biological methods and is not really feasible in practical work.

The above forces us in practice not to distinguish between infection and the preclinical stage of an infectious disease and between the terms "Infection" and "Infectious disease". Much more important, from our point of view, is the idea of an extremely wide range of outcomes of interaction between macro- and microorganisms, due to a very large number of factors on both sides, as well as the possibility of changing the manifestations of the disease under the influence of various external factors.

Currently, different points of view are expressed in the literature about the reliability of etiological verification of the process. Quite often it is said that it is mandatory to use modern molecular biological methods (PCR, in situ hybridization). Our experience allows us to state with complete confidence that obtaining matching results using at least two traditional methods (histology, IF microscopy, serology) gives reliable

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results. Histological and cytological methods (of course, when carried out by qualified specialists) allow, especially during screening studies, to obtain information valuable for clinicians [6]. At the same time, the isolated use of only one molecular biological method (for example, high-quality PCR for the diagnosis of cytomegaly) can lead to overdiagnosis. The problem of the interaction of micro- and macroorganisms at the molecular level is of extremely great theoretical importance, however, the identification of minimal quantities of the pathogen in the tissues and fluids of a newborn cannot serve as a reliable basis either for diagnosing the corresponding infection, much less for prescribing etiotropic treatment , especially modern cytotoxic antiviral drugs.

CONCLUSION

By degree of familiarity to clinicians and pathologists:1. "Classical" intrauterine infections:

– syphilis;
– toxoplasmosis;
– cytomegaly;
– listeriosis;
– hepatitis;
- rubella.

2. "New" intrauterine infections:

– mycoplasmosis;

– chlamydia;

– herpes.

3. "Newest" intrauterine infections:

- HIV infection;

– infection caused by parvovirus B19.

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