



Research Article

CAUSES AND CONSEQUENCES OF VULVOVAGINITIS AND CHILDREN'S MASTURBATION

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ABSTRACT

Conducted examinations of girls aged 2-11 with vulvovaginitis accompanying childhood masturbation(primary and recurrent). Due to the ineffectiveness of traditional anti-inflammatory therapy proposed a comprehensive method of treatment, which considering neurological and gynecological conditions. It was marked a noticeable therapeutic effect thereby the authors propose to optimize the treatment of vulvovaginitis in girls which suffering from childhood masturbation.

KEYWORDS

Vulvovaginitis, children's masturbation, teenage girls, anti-inflammatory treatment, antibiotic resistance.

INTRODUCTION

Nowadays the reproductive health of adolescent girls attracting close attention of pediatric gynecologists, as it persists a negative trend in the health of the younger generation. Official statistics of RIAC of the Ministry of Health of the Republic of Uzbekistan indicates that for the period of 2020-2021 the incidence of vulvovaginitis in girls increased to 34%, menstrual dysfunction occurs in 36% of girls, various variants of the disorders of the puberty process – 22%. Consequently suffers of the reproductive health of the nation.

Considering the fact that almost every third girl of pre-school age and primary- school suffers from vulvovaginitis, pediatric gynecologists continue to make a good care health of treatment. At the same time, the main relevance of this condition involve prevent recurrence of the vulvovaginitis, also include synechia and cystitis. A persistent course of the disease is traced because conditions such as recurrent cystitis, vulvovaginitis,

vaginitis, colpitis can lead vulvovaginitis. Predisposing age-related features also contributed to the increase in the frequency of this pathology [1,2]. So, in girls, the anatomical and physiological features of the urogenital system (folding and slow proliferation of the vaginal epithelium, a closely located wide and short urethra) contribute to the colonization and persistence of opportunistic infections. Physicians are well aware of the wide range of drugs which used to treat of vulvovaginitis. In addition, we note the main point of some features such as the immature immune system, the presence of multisystem extragenital diseases, the existence of antibiotic-resistant strains of microorganisms, immature hypothalamic-pituitary-ovarian system, the presence of allergies / diathesis /, neglect of personal hygiene, foreign bodies, helminthiasis [2,3,4]

Among pre-pubertal and pubertal girls, it is often found those who have pathological habitual

actions. To one of the habitual pathological actions (thumb sucking, nail biting, sleep yactation, hair pulling, etc.) treats children's masturbation, which is popularly called children's onanism.

It occurs at least a year before the awakening of sexual desire, (most often before the age of 10 years), manifests itself in the form of manipulation of the genitals, irritating them with the help of increased crossing of the hips or rubbing the groin against objects or the legs of adults. At the same time, the child is trying to achieve emotional relaxation, relieving tension with the help of irritation of the genital organs, clamping the legs. After that, the child "ecstasizes": turns pale, sweats, literally (goes limp) and relaxes.

It is necessary to pay attention to the fact that redness of the face and upper body, tachycardia, increased breathing, movements of the lower extremities and a decrease in the child's response to external stimuli, noted during masturbation, are sometimes confuses with epileptic seizures. But child masturbation differs from convulsions with the following ways:

- During masturbation, the movements are quite characteristic ("knocking" with the legs; similar synkinetic manifestations are noted in the hands);
- When parents try to stop masturbation, a negative reaction is noted (in infants, repulsion, grimace of displeasure, etc.);
- There is a short-term erection of the penis in boys;
- Distraction immediately stops masturbation;
- In this state there is no complete loss of consciousness;
- As a rule, epilepsy therapy does not effect or causes an increase in masturbation;
- Characteristic is that there are no pathologic waves on the electroencephalogram (EEG).

About half of these children have neurologic abnormalities: mental retardation, seizures, affective seizures, sleep disturbances (disturbed falling asleep, superficial sleep, sleepwalking, nightmares), enuresis (bedwetting), hyperkinesis (tics), speech disorders and behavioral disorders.

Of the provoking factors, the following seem to be the most significant: neuropathy, residual organic brain failure (consequences of perinatal encephalopathy, minimal brain dysfunction, attention deficit hyperactivity disorder),

neuroses, defects in child care and hereditary burden. Predominantly often in such patients, as noted above, the cause is infection of the genitourinary system, anomalies of the genitourinary system, vulvovaginitis, both acute and recurrent. This fact once again emphasizes the need for a multidisciplinary approach on the part of different specialists. The recurrence of the inflammatory process of the genitals in girls is observed in the absence of the effect of antibiotic therapy, since the inflammation is often aseptic in nature and forms antibiotic-resistant strains of microorganisms. [1,3,4]. Among other things, the onset and recurrence of vulvovaginitis in girls depends on the degree of aggravation of the premorbid background (bacterial-viral infection of different localization of the focus), complicating perinatal factors (labor activity, premature rupture of fetal membranes, etc.), hereditary burden (gynecological diseases of the mother, both inflammatory and hormonal) [1,2,3].

It is known that the most common pathogens of vulvovaginitis are mixed fungal-bacterial-viral associations 72%, which are also responsible for the development of urological complications, for example, cystitis /3/. At the same time, aseptic

non-specific inflammatory processes of the vulva and vestibule of the vagina have a high specific gravity. And in these cases, the use of antibiotic therapy does more harm than good to the girl's immature immune system [3,4,5].

Objective of the study: To optimize the treatment of vulvovaginitis by girls at the age from 2 to 9 who suffers from child masturbation.

MATERIAL AND RESEARCH METHODS

We examined 60 girls aged 2-9 years old living in Tashkent for the period of 2020-2022. For the first time, the disease (vulvovaginitis) occurred in 67% of the examined girls, relapses were noted in 33% of cases. Accordingly, the examined girls were divided into two comparative groups:

group 1 - primary vulvovaginitis + masturbation (n=30), group 2 - recurrent vulvovaginitis + masturbation (n=30).

Since an important factor contributing to the occurrence of vulvovaginitis is the somatic health of the child (rather, its violation), we analyzed the premorbid background (PF) of the examined patients.

The greatest burden of PF (up to 70%) with diseases of the gastrointestinal tract, chronic tonsillitis, frequent acute respiratory infections, anemia of 1-2 degrees, Enterobius was observed in patients of the 2nd group. In patients of the 1st group, PF was less burdened by the above somatic diseases (45%).

The study of gynecological morbidity among the examined patients revealed inflammatory diseases of the genitals, vulvovaginitis as a result of errors in personal hygiene, prolonged use of diapers (more than 2-3 years in 68%), cystitis - 48% complaints of burning, discomfort and difficulty in urination, synechia - 37 %, almost every second - helminthosis. All patients have child masturbation.

Ultrasound examination of the pelvic organs (uterus, vagina) did not reveal age-related abnormalities. Gynecological status: redness, swelling of the vulva, discharge (45%), presence of tender synechiae (24%), rough fusion of the labia minora (13%). A bacteriological study of vaginal discharge revealed a single pathogen only in 16%, in the remaining 84% of cases, an association of microorganisms was found with a predominance of chlamydial-fungal-coccal (aerobic-anaerobic) flora, resistant to most

modern antibiotics, mainly in patients of the 2nd group. Worm infection- Giardia were found in 51% of patients. Blood biochemistry revealed anemia of 1-2 degrees in 89% of the examined patients.

RESULTS

Patients of the 1st group received traditional anti-inflammatory therapy with antibiotics in accordance with the results of bacteriological cultures. In parallel, the identified etiological factors were corrected (treatment of anemia, helminthic medications, hygiene of the vulva). Positive dynamics was observed on the 5-7th day of treatment, a stable positive effect - 4-6 months. However, in 40 cases (patients of the 2nd group), no improvement was observed and a relapse of the disease was noted after 12-15 days. Exactly in this group of patients was found antibiotic resistance to the used drugs.

Considering the features of inflammatory diseases of the genitals in girls, in an effort to improve the reproductive health of the younger generation of girls, we used new modern drug technologies in the practice of a pediatric gynecologist.

In patients of the 2nd group, bacteriological examination of the vaginal discharge with the determination of the sensitivity of the microflora (n=40) showed its mixed nature (fungal-coccal associations) and the absence of sensitivity to antibiotics.

All patients underwent anti-inflammatory treatment with Canephron phytopreparation in combination with local application of the Polygynax complex preparation (standard treatment regimen and regimens). Kanefron is a phytopreparation that has a diuretic, antioxidant and nephroprotective effect, is safe and well tolerated.

Polygynax is a complex drug containing neomycin sulfate 35,000 IU, polymyxin B sulfate 35,000 IU and nystatin 100,000 IU. As a result of this composition, the drug has a pronounced wide spectrum of antimicrobial and fungicidal action. In addition, dimethicone, which is part of the drug, has a protective effect on the vaginal epithelium, restores trophism, reduces inflammation and swelling. The choice of these drugs is due to their good tolerance compared to other drugs for the treatment of diseases of the urinary system (nitrofurans, etc.). In parallel, the identified etiological factors were corrected

(antianemic treatment, anthelmintic, sanitation of the vulva). In all cases, a pronounced therapeutic effect was achieved without side layering from the gastrointestinal tract. None of the patients had a repeated inflammatory process of the genitals during the observation period (1-2 years). In addition, in 83% of patients the symptoms of cystitis disappeared, however, in the remaining patients 17%, symptoms of cystitis were partially preserved due to pyelonephritis. This cohort of patients continued treatment in the urological clinic.

For this group of patients, a neurologist prescribed drugs with a desensitizing effect, to relieve sensitization, sedative drugs (Valerian, Persen, Tenoten, Novopassit), drugs that affect GABA receptors (glycine, B6 gamalate). In the case of a persistent course, antipsychotics (noofen, phenibut) were connected, and in the presence of specific changes in the EEG, then anticonvulsants for a short time. At the same time, the removal of increased excitability, the normalization of sleep, switching attention to emotionally positive physical activity, providing the child with socially acceptable sources of bodily sensations and tactile contact (for example, through sports, "mother's massage",

holding therapy) have a positive effect at all stages masturbation development. The main thing is the elimination of the source of mental, physical discomfort, infection, causing the emergence of compensatory behavior in the form of instinctive stereotyped reactions.

Monitoring of treatment was carried out weekly, assessing the dynamics of clinical symptoms (itching of the vulva, pathological leucorrhea, hyperemia, cramps during urination, fever and other dysuric manifestations). Further follow-up was 1, 3 and 6 months after the end of treatment.

CONCLUSION

Our experience in the tactics of management of patients with a combination of vulvovaginitis and childhood masturbation in the practice of a pediatric gynecologists and neurologists allows us to conclude that this method is highly effective. High therapeutic efficacy, compliance, safety, consumer availability of the proposed method of treatment is especially relevant in conditions of antibiotic resistance, which is preferable for allergization of the immune system and asthenia of the nervous system.

REFERENCES

1. Albert Altchek. Vulvovaginitis in girls (edited by Prof. E.V. Uvarova) // Reproductive health of children and adolescents. - 2017. No. 3 - P. 33-49.
2. Kulakov V.I., Uvarova E.V. Standard principles for the examination and treatment of children and adolescents with gynecological diseases and disorders of sexual development. - M.: Triada H. - 2006.
3. Muminova N.Kh. Ways to optimize the diagnosis and treatment of purulent-septic complications in the postpartum period. Rossiyskiy Vestnik Akush-ginek. No. 2. 2019. V.16.- Russia. pp.89-93.
4. Khodjaeva A.S. Age features of pregnancy and childbirth. - Tashkent, 2018. - 170 p.
5. Khodjaeva A.S. Reproductive health of adolescent girls. - P edition. - Tashkent, 2022.- 280 p