

Clinical Application of Ornidazol (Tiberal, Novornid) Among the Patients with Chronic Trychomonal (Mycotic) Urethritis

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Abstract

For the last years mycotic infection was widespread, and in the result of this fact the infection turned into the serious problem. Preparations (Methronidazol, Tinidazole and etc.), which were used earlier, have lost their effectivity. Because of their using for a long time the infection acquired the stability. According to the researches it might be affirm that the preparations of Ornidazol have the highest effectivity for the Trichomonat infection treatment. During the treatment it is good to use Tiberal in the mixed form. After this treatment effectiveness reaches up to 93,3%.

Key words: *mycotic infection, urethritis, ornidazol*

Introduction

During the last years the infections, transmitted through the genital tract, are considered as a widespread infections [3]. On the one hand it is connected with perfection of methods of their diagnostics, and on the other hand with change of sexual behavior of people with high risk of infection [2]. Among these infections one of the important place is given to the trychomonal (mycotic) urethritis, that in case of chronic form affects not only urethra but also the other organs of urinogenital system [1] (prostatic glands, vesicles and etc) and leads to the reproductive and copulative dysfunction [4,5]. Therefore, the temporary and adequate treatment of these infections is very important.

In the course of time this infection became stable to the range of preparations (Tinidazol, Metronidazol and etc.) used at clinics over a long period of time [6]. All this dictates application in an arsenal of the practical doctor new ethiotrophic, highly effective preparations.

The aim of our work was the study of mycotic (trychomonal) infection treatment with preparations of Ornidazol - Tiberal, produced by "ROSHE" (Swiss Firm) as in tablets as ampullas and Novornid, produced by "ASFARMA".

Materials and Methods

At the Andrological Department of S/R Institute of Dermatovenerologic diseases, 46 men with mycotic urethritis (prolongation of disease 1-7 years) at age of 18-56, were administered Orindazol. More than 85% of patients had undergone multiple antitrichomonadic treatments by using different antitrichomonadic remedies. All of the patients have: mucous-purulent discharge, pruritus, urethral burning, presence of specific smell.

Have been conducted the microscopic studies of urethra smear by using of Gram's staining or methylene blue method for diagnosis of mycotic infection and diagnostical method on friable culture medium (CKDC) as well. Incubation of inoculation was conducted at

anaerobic conditions in Thermostat at 37°C during 24-48 hours.

Results

Before using of antibiotic therapy all patients had undergone the course of immunostimulation with different immunomodulating medicines (T-activin, Dekaris, Methiluracil, Timalin and etc.) according to the conventional schemes of treatment. Together with the antibioticotherapy patients have undergone the course of vitaminotherapy (Megavit, Revit, Undevit, Zentrum and etc.).

During the treatment the patients with urinogenital mycotic infection have been divided into three groups. Among them the patients of the first and the second groups administrated Tiberol in accordance with different schemes, but the patients of the third group - Novorodin.

1st group patients (n=15) took Tiberol (1 tablet - 500mg.) according to the following scheme (#1): the 1st day -in the morning 1g (ampulla), transfusion of Tiberol intravenously during 30-45 minutes (preparation was dissolved in 200g of physiologic salt solution): in the evening - 1g (2 tablets) after meal. On the second and the third days the scheme of treatment has not been changed, on the IV and V-days - 1g in the morning (tab.), 1g (tab.) in the evening. All course - 10g. Patients of the II group (n=15) took only tablets (scheme #2), 1g - in the morning and 1g - in the evening during 7 days, course - 14g.

After undergoing of full course of treatment and its analysis, has been found out that that the cases of recovery in the 1st group was reached in 14 (93,3%) of cases and in the 2nd group only in 11 (73,3%) of cases (*Tab.1*).

GROUPS	PATIENTS BEFORE TREATMENT		PATIENTS AFTER TREATMENT	
	AMOUNT	%	AMOUNT	%
IST GROUP – APPLICATION OF TIBEROL IN THE MIXED FORM – (N=15)	15	100%	1	6,7%
IIND GROUP – APPLICATION OF TIBEROL IN TABLETS – (N=15)	15	100%	4	26,7%

Tab.1 Results of chronic Trichomoniasis' treatment with Tiberol.

GROUPS	PATIENTS BEFORE TREATMENT		PATIENTS AFTER TREATMENT	
	AMOUNT	%	AMOUNT	%
IIIRD GROUP – APPLICATION OF NOVORNID	16	100%	4	25%

Tab.2 Results of chronic trichomoniasis' treatment with Novornid.

GROUPS	PATIENTS BEFORE TREATMENT		PATIENTS AFTER TREATMENT	
	AMOUNT	%	AMOUNT	%
TIBERAL (ACCORDING TO THE SCHEME #1)	15	100%	1	6,7%
TIBERAL (ACCORDING TO THE SCHEME #2)	15	100%	4	26,7%
NOVORNID	16	100%	4	25%
TRINIDAZOL	16	100%	9	56,25%
METRONIDAZOL	18	100%	10	55,5%
FLAGIL	15	100%	9	60%

Tab.3 Comparative analysis of results of chronic trichomoniasis' treatment with Orindazol and other antitrichomonadic preparations.

Patients of the 3rd group (n=16) administered Novornid (1 tab., 250mg each) according to the following scheme: I and II days - 1000mg (4 tablets) in the morning and 1g in the evening, III and IV days - 750mg (3 tablets) in the morning and 750mg in the evening, from V to VII day - 500mg (2 tablets) in the morning, 500mg in the evening. Course - 10g.

After completing the full course of cure and conducted analysis has been revealed that recovery was reached in 12 (75%) of cases but to the rest 4 patients (25%) were prescribed recurrence course (Tab.2).

The high effectiveness of Ornidazol regarding to the *Trichomonas vaginalis* is caused by its pharmacological features. After taking Ornidazol perorally, the last is absorbed rapidly that on the average makes 90 %. Maximal concentration in blood plasma is reached within 3 hours. The high penetration in tissue caused by lipophilicity, absence of embryotoxicity, less metabolized in liver, doesn't change the picture of blood (absence of leucopenia action).

Comparing the effectiveness of mycotic infection treatment by Ornidazol with the treatment by the other antibacterial remedies, early used at clinics for curing of chronic urinogenital trichomoniasis (Trihopol, Metronidazol, Tinidazol) and came to the conclusion that Ornidazol is more effective preparation than the others antitrichomonadic preparations. We won't talk about the schemes of treatment with the above-mentioned preparations, for they are known widely (Tab.3).

Conclusion

1. On the basis of conducted studies we can conclude that the preparations of Ornidazol have effectiveness high enough during the treatment of patients with diseases of urinogenital tract of mycotic etiology.
2. During the treatment of urinogenital trichomonasa it is acceptable to use Tiberall in the mixed for (according to the scheme #1), since the effectiveness of using this scheme of treatment reaches 93,3%.

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Клиническое применение орнидазола (тиберал, новорнид) при хроническом трихомонадном уретритом

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Р Е З Ю М Е

За последние годы широкое распро*странение получили инфекции, передаваемые половым путем, среди которых особое место занимает трихомонадная инфекция поражающая не только уретру, но и другие органы мочеполовой системы. С течением времени к целому ряду препаратов (тинидазол, метронидазол и др.), давно применяемых в клинике, эта инфекция приобрела устойчивость. Поэтому важно своевременное и адекватное лечение этой инфекции. На основании проведенных исследований можно утверждать, что препараты орнидазола обладают достаточно высокой эффективностью при лечении пациентов с воспалительными заболеваниями уrogenитального тракта трихомонадной этиологии. Целесообразно применять тиберал в смешанной форме, так как при использовании этой схемы лечения эффективность достигает 93,3%.

Ключевые слова: *трихомонадная инфекция, уретрит, орнидазол*