

### To Study the Prevalence of Herpes Viruses in Women with Gynecological Diseases

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#### ABSTRACT

*this article attempts to reveal the main causes of the prevalence of herpes viruses in women with gynecological diseases. To perform scientific work, the author conducted a complex of laboratory methods in 60 women (age 21–55 years, average age 41.25 years) with inflammatory diseases of the pelvic organs (PID) in combination with non-inflammatory gynecological diseases: ELISA, NRIF, virological method ( cell culture with identification in NRIF), the prevalence of herpesviruses was analyzed. The control group consisted of 60 healthy women aged 20–27 years (mean age 22.88 years). The problem in question is still little studied, and therefore requires more thorough research.*

**Introduction:** Herpes (from Greek ἕρπης [herpes] - lichen, Greek ἔρπω - to crawl)[1][2] is a group of viral diseases with a characteristic rash of grouped vesicles on the skin and mucous membranes, caused by herpesviruses[3][4]. It has been established that herpes simplex viruses of the 1st and 2nd types are of African origin and went beyond the continent in a relatively recent historical past (5000 and 300 years ago, respectively), which indicates that there is no connection between the spread of herpes viruses and migrations of Homo sapiens outside Africa in the prehistoric past of mankind. It has not been established how herpes simplex type 1 spread in the human population, while it is assumed that herpes simplex type 2 virus spread beyond Africa due to the flourishing of the slave trade that began at the end of the 17th century. This assumption is supported by the fact that the sexual form of herpes is noticeably more common in the countries of the New World than in Eurasia, as well as the genetic proximity between African and American varieties of herpes simplex virus type 2. Herpes viruses infected representatives of the genus Homo long before the advent of modern humans and, apparently, are descended from viruses that cause herpes-like diseases in chimpanzees (in the period from 1.5 to 3 million years ago they overcame the interspecies barrier between chimpanzees and ancient hominids)[5].

**Purpose:** to study the prevalence of herpes viruses in women with gynecological diseases.

**Materials and methods:** in 60 women (age 21–55 years, mean age 41.25 years) with inflammatory diseases of the pelvic organs (PID) in combination with non-inflammatory gynecological diseases, a complex of laboratory methods: ELISA, NRIF, virological method

(cell culture with identification in the NRIF) analyzed the prevalence of herpesviruses. The control group consisted of 60 healthy women aged 20–27 years (mean age 22.88 years).

**Results:** in 100% of women with PID, markers of herpesvirus infections were detected: Ig M and G titer in blood serum and/or the presence of antigens in blood cells. In 98.33% of women with PID, HSV 1.2 markers were detected, in the control - in 80%, a diagnostically significant titer of Ig G was detected in 96.6%, in the control - in 78.33%. Ig G antibodies to HSV 2 were detected in 30.51%, in the control - in 2.08%. Chronic persistent HSV 1.2 infection was detected in 81.3%, in control - in 97.92%, reactivation of chronic infection was observed in 16.95%, in control - was not observed, latent infection was detected in 1.69%, in control - in 2.08%. In 100% of women with PID, CMV markers were detected, in the control - in 48.33%, a diagnostically significant titer of Ig G was detected in 90%, in the control - in 48.27%. Chronic persistent CMV infection occurred in 78.33%, in control - in 55.17%, reactivation of chronic infection - in 11.67%, in control - in 3.45%, latent infection - in 10%, in control - in 41.38%. EBV markers were determined in 91.67% of women with PID, in the control - in 66.67%, a diagnostically significant Ig G titer was detected in 72.72%, in the control - in 85%. The carriage of EBV was detected in 40%, in the control - in 42.5%, EBV infection was detected in 60%, in the control - in 57.5%.

**Conclusions:** the conducted studies indicate a high prevalence of herpesviruses in women with gynecological diseases and in healthy women. There is a significant role of the HSV 2 virus, CMV, as well as the active form of HSV 1.2 infection and CMV infection in the development of PID in women, which must be taken into account when prescribing PID therapy.

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