FEMOFLORA AND ITS USE IN WOMEN WITH CERVICAL NEOPLASIA IN THE DYNAMICS OF TRADITIONAL AND NEW TREATMENTS

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Abstract: Current evidence suggests that a significant proportion of cervical diseases are associated with the presence of human papillomavirus. The papillomavirus infection is characterised by a high prevalence, a high capacity for transmission and a pronounced oncogenic potential. The infection rate of the sexually active population of the world ranges from 20 to 60%. The real incidence of papillomavirus infection cannot be assessed at the moment as there are no measures for mandatory reporting. PCR is the most sensitive and specific method, based on the identification and quantification of genome fragments. It is an instrumental technique, so the risk of incorrect, subjective assessment of test results related to staff qualifications is minimised. As PCR is not a cultivation technique, stringent requirements to preserve the viability of microorganisms before biomaterial enters the laboratory and the technical capacity of a laboratory tank to cultivate strict anaerobic microorganisms are irrelevant in the case of PCR.

Key words: Femoflora, cultivation, laboratory bacteria, microscopy, PCR

Introduction. It is advisable to start the examination with pH-metry, this method has sufficient sensitivity and specificity and is the first-line screening in many countries. If normal pH values are found in the absence of clinical signs and symptoms, no further investigation is necessary. In cases of an alkaline shift from 4.5 to 7.5 acidity further differential diagnosis using Femoflora tests is necessary.

Microscopy is a quick, familiar and inexpensive way to assess the composition of the microflora and the presence/absence of inflammation (based on leucocyte counts). However, microscopy only describes morphological features, without quantification or identification of microbial species. The method is subjective, and the terms 'bacilliform flora' or 'lactomorphotypic dominant', familiar to physicians, mean the presence of a broad group of micro-organisms in the preparation that appear to resemble lactobacilli (lactobacilli, mainly anaerobic

micro-organisms). The microscopic method of assessing the vaginal microbiocenosis in the hands of an experienced, specially trained laboratory doctor is an indispensable method that can be used together with the Femoflore test. Assessment of microbiocenosis is not only about leucocytes and bacterial morphotype, but also about the ratio of leucocytes to epithelium, the presence or prevalence of lactobacilli, the presence of basal parabasal cells, 'key' cells, their differentiation from false key cells and many other parameters. It should be noted that 'key' cells can be indicative of bacterial films, this fact is of great importance for the choice of therapy when opportunistic bacteria are detected. Bacteriological (culture) methods have long remained the gold standard for diagnosis and are still common among physicians, primarily because of the possibility not only to determine the species identity of microorganisms, but also their antibiotic sensitivity. However, all this is true for microorganisms.

Conclusions: Femoflora can be considered as a rapid and accurate tool for the detection of non-culturable micro-organisms of possible infectious inflammatory agents, both for diagnosis and for monitoring therapy. The choice of test is always made by the gynaecologist according to the clinical task and condition of the patient, the following recommendations are based mainly on the composition of the determinable indicators.