

Evaluation of Dynamics Detection of T. Vaginalis in Newborn

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ABSTRACT

this article attempts to reveal the main reasons for the analysis of the detection of T. vaginalis in newborns with life-threatening conditions. To carry out scientific work, the author conducted a study conducted on children who had a serious condition and were treated in the intensive care unit. For the study, a swab was taken from the oral mucosa of a newborn, from which amplification of nucleic acids was carried out by a molecular biological method using the Amplisens @ kit of multiplex real-time PCR. The problem in question is still little studied, therefore, requires more thorough research.

Introduction: *Trichomonas vaginalis*, or urogenital *Trichomonas* (lat. *Trichomonas vaginalis*), is a species of unicellular protozoa from the Trichomonadidae family of the parabasal type. It has a length of 13-18 microns (up to 30-40 microns). Thanks to the movements of the flagella and the undulating (undulating) membrane, *Trichomonas* can actively move, form pseudopodia and penetrate into the intercellular spaces.

Urogenital *Trichomonas* live only in the genitourinary organs. In other organs (intestine, stomach, etc.) and outside the human body, they quickly die, since they do not form protective devices and are not very resistant to adverse environmental factors. Drying, heating above 45 ° C, direct sunlight, changes in osmotic pressure have a particularly detrimental effect on them; they quickly dry out in air. Therefore, it is not possible to detect urogenital *Trichomonas* in the external environment.

Trichomonas lives on the mucous membranes (in these cases it is not called "urogenital"). The presence of *Trichomonas* in the human body is a historical fact of "symbiosis" of microorganisms with higher forms of life.

Purpose: to analyze the detection of *T. vaginalis* in newborns with life-threatening conditions.

Materials and methods: during 2015–2016. newborns were screened for STIs. The study was conducted in children who had a serious condition and were treated in the intensive care unit. For the study, a swab was taken from the oral mucosa of a newborn, from which amplification of nucleic acids was carried out by a molecular biological method using the Amplisens @ kit of multiplex real-time PCR.

Results: 2245 newborns were examined to rule out trichomonas infection. *T. vaginalis* was found in 34 infants. We analyzed 20 case histories of newborns who were found to have *T. vaginalis*. All women got on the dispensary registration for pregnancy in the later stages. Only two of them were

examined for *Trichomonas* infection, in both cases *T. vaginalis* was detected by real-time PCR, in one woman the pathogen was detected microscopically. Most pregnancies ended prematurely. Gestational ages were 25–35 weeks. Only in one case, the pregnancy was delayed - 41 weeks, despite this, the newborn weighed 2750 grams. Thus, all children had low and extremely low body mass, the majority was premature. The state of newborns on the Apgar scale was estimated at 6–7 points. All newborns were in serious and extremely serious condition, perinatal lesions of the central nervous system, distress syndrome, and pneumonia were diagnosed. All patients were treated in the intensive care unit. Three children have died. In 50%, pathological changes in the placenta were found - deciduitis, purulent phlebitis.

Conclusions: The detection of *T. vaginalis* in newborns who are in serious condition may indicate the influence of the pathogen on the unfavorable course of pregnancy. *T. vaginalis* can cause fetal growth retardation, preterm birth, childbirth, prenatal and neonatal mortality. All pregnant women should be examined to exclude *Trichomonas* infection by PCR for better identification of the pathogen and immediate measures for its irradiation.

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