A New Therapeutic Scheme in Non- and Gonococcical Urethritis with Moxifloxacin

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Abstract

Gonococcal and non-gonococcal urethritis are sexually transmitted diseases in which treatment, dermatologists use different therapeutic scheme. We offer a new one in which Moxifloxacin 400 mg / per day is used it is a chinolonic antibiotic with good bactericidic effect to gram-positiveve and gram-negative bacteria. 20 males (10 with gonococcal urethritis and 10 with non-gonococcal urethritis) were treated with Moxifloxacin 400 mg /per day for 7 days. Excellent results were observed in all 20 patients at the end of the treatment. Exudation stopped after the 3rd day. No adverse events were observed during and after the end of the treatment. Key word: Gonococcal, non-gonococcal urethritis, Moxifloxacin

Introduction

Gonococcal and non-gonococcal urethritis are sexually transmitted diseases, which occur in women and men. Gonococcal urethritis are one of the most often encountered sexually transmitted diseases. According to data from the WHO 25 million new cases are diagnosed annually as the disease is ranked the 4-th place after trichomoniasis, chlamidial infection and condyloma acuminatum. It can be caused by N. gonorrhoeae, as after an incubation period of 1.6 up to maximum of 14 /fourteen/ days, leads to the development of an acute gonococcal urethritis in men. Infection in women proceeds asymptomatic and develops chronic gonococcal infection. The most common non-gonococcal urethritis are caused by chlamydias, mycoplasma and trichomonas vaginals. There are different therapeutic schemes for treatment of gonococcal and non-gonococcal urethritis. One of the modern therapeutic agents is Moxifloxacin. It is of the quinolones group with activity against a large number of gram-positive and gram-negative pathogens. The bactericidal action of Moxifloxacin results from inhibition of the two II DNA topoisomerases, gyrase and topoisomerase IV, necessary for the bacterial replication, transcription and recovery. Moxifloxacin can be eliminated by plasma with final elimination half-life approximately 12 /twelve/ hours. The purpose of our survey is to assess the therapeutic result of the implementation of a new scheme for treatment of gonococcal and non-gonococcal urethritis with Moxifloxacin (Avelox - 0,400 mg).

Methods

We treated 20 /twenty/ men with acute gonococcal urethritis and 10/ten/ with non-gonococcal urethritis, of which:
Chlamydian - 6 patients
Trichomonas - 3 patients
Mycoplasma - 1 patient
In all patients the executed scheme was Moxifloxacin - 400 mg. for a period of 7 /seven/ days. The control examinations were held after the completion of treatment and 1 /one/ week after that. It was reporting the exudation, the symptoms of urethral discomfort (burning and urinary urgency). All of the patients were tested for HIV, Syphilis, Hepatitis B and C, the results were negative. The partners of all patients were treated prophylactic with Moxifloxacin 0,400 mg per day 5 /five/ consecutive days. The laboratory proof of the etiologic agent in gonococcal urethritis was microscopic and in non-gonococcal urethritis - PCR and microscopic. The end of the treatment, in all infected (100%) the subjective symptoms (burning, urethral exudation), have been suspended after the 3-rd day from the beginning of the treatment. One week after the completion of the therapeutic scheme urethral exudation was not registered in no one from the treated patients. In those of the patients with non-gonococcal urethritis an excellent result was achieved in 5 (83.3 %) of the patients. PCR was negative. In 1(16.7%) patient the result was recorded as very good, because of the availability of passing subjective symptoms from mild burning when urinating. In other sick with mycoplasma and trichomonas urethritis, the result was excellent, expressing the
complete absence of subjective symptoms. At the time of the treatment have not been reported adverse reactions in the two groups treated patients. The patients with non-gonococcal urethritis were traced one week after the completion of the healing scheme. Objective and subjective symptoms of the disease were not read. Control laboratory and microscopic tests were negative.

**Conclusion**

1. Moxifloxacin is a quinolone antibiotic with a good therapeutic effect on acute gonococcal and non-gonococcal urethritis, treating the objective and subjective symptoms for a short period of time - 3/three/ days.
2. Moxifloxacin has a convenient for reception form: 1/one/ time daily 7/seven/ days.
3. During the reception according to the therapeutic scheme, no side effects are observed.
4. Moxifloxacin is an agent of treatment of acute gonococcal and non-gonococcal urethritis.

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