BACKGROUND: optimization of pregravidal preparation of women with gynecological mixt-infection at presence of latent forms of viral infection: Human Herpes Virus II (HHV II) and human papillomavirus infection (HPV).

METHOD: Under a supervision there were 110 women in age from 24 to 35 years with genital mixt-infection, including HPV and HHV II. Combination of HPV (types 16-59) with chlamydia, urea- and mycoplasmal infection, HHV II, CMV for 78.6% women. Often HPV is combined with two and more exciters of urogenital infections. In 32.3% of cases the method of PCR is select ureaplasma, 25.4% - chlamydia, HHV II - for 15.7% inspected women. A bacterial-candida vaginitis is diagnosed for 28% patients, bacterial for 22%, bacterial vaginosis - 18%, trichomonas vaginitis for 8%. Combination of HPV with the chronic inflammatory diseases of small pelvis took a place for 56.7% of the patients. The courses of antibiotic, antifungal, antiherpetic medicine (valacyclovir) were conducted. Taking into account conception of realization of gynecological mixt-infection, as states of immunosuppression, the courses of Immunomodulating therapy were conducted - an injection of interferon alpha-2b course (a course is 30 million), and then inductors of interferon. Immunomodulating therapy had also a purpose to diminish viral loading of HPV in an organism.

RESULTS. As a result of therapy, the negative results of PCR of chlamydia infection are got for 79% patients, ureaplasma for 86%, the bacterial for 94% patients, HPV in 57.6%, HHV II - 34.3%. After the leadthrough of the repeated courses of interferonotherapy plus course of inductors of interferon negative results of HPV infection are for 86.7%, HHV II - 68.5%, chlamydia - 92.1%, ureaplasma - 98.1%.

CONCLUSION. Immunomodulating therapy promotes efficiency of therapy of gynecological infections considerably, including HPV and HHV and can be included in the complex of treatment as part of pregravidal preparation.