

УДК: 578.825.11-616.5-078

CLINICAL INDICES IN HERPES

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Herpes is a widespread viral infection in humans that manifests during periods of reactivation with skin and mucosal eruptions, characterized by grouped vesicles appearing on an erythematous base [1–4].

Therapy for herpetic infection requires a differentiated approach, taking into account the specific states of impaired immunity [2, 3].

Russian researchers A.A. Khaldin and M.F. Samgin identified a correlation between the severity of the viral process and the presence of immune defects, and developed the “Clinical Index of Therapeutic Tactics” (CITT) as well as the “Clinico-Immunological Index of Etiopathogenetic Therapy of Simple Herpes” (CIETSH) [2, 4].

Clinical indices for the therapy of simple herpes

“Clinical Index of Therapeutic Tactics” (CITT)

The CITT index for simple herpes is calculated according to a specific formula, where the numerical values correspond to the clinical scales.

$$(a-1) \times (3a + 2d + e + 2z - 9,14)$$

CITT HS = -----, here

$$3,66a - 3,62$$

a – the value according to the recurrence frequency scale;

z – the value according to the scale of tendency for increased recurrence frequency;

d – the value according to the scale of episode duration;

e – the value according to the scale of overall disease duration.

Frequency of recurrences (value a)	1–2 times per year (2)	3–4 times per year (3)	More than 6 times per year (4)
Tendency for increase in recurrence frequency (value z)	yes (1)	no (2)	
Duration of recurrence (value d)	Up to 14 days (1)	More than 14 days (2)	
Duration of the disease (value e)	Up to 5 years (1)	More than 5 years (2)	

According to the authors of the index, it makes it possible to determine the clinical approach to managing patients with herpes simplex, as it is based on the assessment of the clinical components of the disease [4]. In this context, two options can be chosen: either to alleviate each individual recurrence or to carry out systemic therapy aimed at preventing subsequent reactivations of the disease (Table 1).

The authors emphasize that when the CITT values range from 0.5 to 1.3, it is not advisable to interfere with immune system function. When values range from 1.6 to 1.9, suppression should be limited. Failure to comply with this recommendation may lead to "disruption" of immunity, which, in turn, may worsen the course of herpes simplex.

The CITT index allows determining the indications for systemic therapy aimed at recurrence prevention. However, it does not allow establishing what the etiopathogenetically oriented therapy should consist of. To take this crucial factor into account, the same authors developed a second index — the Clinico-Immunological Index of Etiopathogenetic Therapy (CIET) [4].

Clinico-Immunological Index of Etiopathogenetic Therapy (CIET)

The CIET index for herpes simplex takes into account the main quantitative and qualitative differences in the variants of impaired antiviral defense, making it possible to determine the directions of etiopathogenetic therapy for the disease (Table 2) [4].

Table 1.

Determining the management strategy for a patient with herpes simplex according to CITT values

CITT value for herpes simplex	Patient management strategy
0,5-1,3	Elimination of a specific recurrence
1,6-1,9	Borderline condition requiring additional assessment of immune status
2 and above	Prevention of recurrences (selection of systemic etiopathogenetic therapy)

Table 2.

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"Selection of secondary prevention methods for herpes simplex recurrences according to the directions of etiopathogenetic therapy and CIET index values

CIET value	Direction of therapy
5,1 and 7,8	Long-term etiological chemotherapy (synthetic nucleosides)
1 and 2	Immunomodulatory therapy (interferon inducers)
4,4	Immunostimulating therapy (herpetic vaccine)
8,9	Immunoreplacement therapy (interferon-containing preparations)

When calculating the CIET for herpes simplex, the following formula is proposed, which incorporates the production levels of IL-4 and IL-6 according to a scale.

$$[HS\ CITT + \sqrt{i^2 + f^2}] \times (1 - t) + 1$$

$$HS\ CIET = \frac{\quad}{2},$$

here

i – value according to the IL-4 scale

f – value according to the IL-6 scale

t – value according to the scale of the functional activity ratio of CD4+/CD8+ lymphocytes

IL-6 production level (value according to the scale)	<< 1 (–2) < 1 (–1) – 1 (0) > 1 (1)
IL-4 production level (value according to the scale)	<< 1 (–2) < 1 (–1) – 1 (0) > 1 (1) > 2 (2)
Functional activity ratio index of CD4+/CD8+ lymphocytes (value according to the scale)	<< 1 (–2) < 1 (–1) – 1 (0) = 1 (0)

The advantage of this index lies in its objective approach to the therapy of patients with herpes simplex; it does not favor one treatment method over another and helps to prevent the development of severe forms of herpetic disease. The authors note that using CIET allows normalization of the immune status in all cases, which in turn provides 100% clinical efficacy, since without considering the immunological specificity of the disease in therapy selection, achieving effective results is impossible [1–4].



Research Objective: To determine the effectiveness of the “Clinico-Immunological Index of Etiopathogenetic Therapy” (CIET) and the “Clinical Index of Therapeutic Tactics” (CITT) in the complex treatment of patients with herpes simplex (herpes labialis).

Materials and Methods of the Study

Our study included 30 patients with herpes simplex (HS), of whom 22 were women and 8 were men, with a mean age of 25.6 years. In all patients with HS, the indicators of the Clinico-Immunological Index of Etiopathogenetic Therapy (CIET) and the Clinical Index of Therapeutic Tactics (CITT) were evaluated before and after complex treatment. In the general treatment of patients, combination therapy was used, including preparations such as Vatsivox and Colostrum.

Results of the Study

In 30 patients with herpes simplex (HS), elevated values of the Clinico-Immunological Index of Etiopathogenetic Therapy (CIET) and the Clinical Index of Therapeutic Tactics (CITT) were observed.

After treatment, there was a slight improvement in the CIET and CITT values, along with the disappearance of clinical eruptions.

Conclusion

The results of the study indicate that CIET and CITT made it possible to provide an objective assessment of the outcomes of the therapy administered. The use of Vatsivox and Colostrum in complex therapy demonstrated their sufficient effectiveness in the treatment of herpes simplex.

References

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КЛИНИЧЕСКИЕ ИНДЕКСЫ ПРИ ГЕРПЕСЕ

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Ключевые слова: Герпес, лечение, клинико-иммунологический индекс этиопатогенетической терапии, КИИЭПТ, клинический индекс лечебной тактики, КИТТ.

CLINICAL INDEX FOR HERPES

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The author studied the indicators of the "Clinical and immunological index of etiopathogenetic therapy" (CIET) and the "Clinical index of treatment tactics" (CITT) in patients with herpes and determined the effectiveness of treatment. Key words: Herpes, treatment, clinical and immunological index of etiopathogenetic therapy, CIET, clinical index of treatment tactics, CITT.

