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Research Article

Recurrent Vulvo-Vaginitis and Immune System (RVVC)

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Introduction

The Recurrent Vulvo-Vaginitis Candidiasis (RVVC) is determined by symptoms of itching, burning and viscous mucus secretion and white with the appearance of fissures, vulvar redness and foliculites satellites the femoral region extremely bother and appear for more than three semi-annual or episodes over six episodes per year [1]. The diagnostic identification is by means of clinical symptoms and swab and culture required by the Obstetrician and Gynecologists.

Patients who have such diagnosis has a significant loss of quality of life social (social retraction) and sexual (pain when intercourse) [2]. Still, sets up as a gateway to other more pathogenic bacteria commonly increasing the level of emotional stress and revealing a reduction or failure of the cellular immune system.

Currently, the main form of treatment are antifungal medications, gynecological care, treatment of partner sites and use of appropriate symptomatic or change lingerie, but anything's does you work in the immune pathophysiology.

In this way, through the recognition of local cell deficiency for candida, therapeutic success obtained and in preventing new occurrences, having a full satisfaction of the patients who opted for bi-monthly administration of betaglucana + betaglucoronidase associated with the OID (oidiomicina), subcutaneously, repeated 8 times [3]. After and, if necessary, carry out a dose every six month, four times for long-term clinical remission. In total cases the outcomes were success.

Immunological Aspects and Discussions

The immune defense against candida sp is, primarily, if not entirely, by cellular. Many women have antibodies against candida, but these do not offer protection and many women with defects on average by immunity cells have high prevalence of candida vaginitis.

Recent evidence indicates that the morphogenesis of Candida albicans could also be under the regulation of the natural immune system: PGE-2, a product of the macrophages showed stimulate the formation of hyphae from spores of Caalbicans, while the IFN-gamma, a product of T lymphocytes, has been shown to inhibit the formation of hyphae from Caalbicans, even in the presence of PGE-2.

The beta-endorphin is a neuropeptide produced by the anterior pituitary gland, especially under conditions of stress and physical exercises [4]. Recent evidence suggests that beta-endorphin may also act as an immunomodulator. Both T lymphocytes as macrophages have membrane receptors for beta-endorphins [5]. The beta-endorphin the macrophages induces the production of PGE-2 and inhibits the synthesis of IFN-gamma.

Due to incidence of candida vaginitis be more common in the luteal phase, just before menstruation, was examined on the cellular immune response against candida during each week of the menstrual cycle and the ability in each phase to induce germination of spores of Candida studies show that during the luteal phase, progesterone levels (25 ng/ml) inhibited the proliferation of Candida-induced lymphocytes in more than 50% of women, compared with women of lower progesterone levels (0.15 ng/ml) and that kept the proliferation of lymphocytes [6].

Estrogen levels not promoted inhibition of candida-induced lymphocytes or in luteal phase or in the proliferative phase of the menstrual cycle as well, women with high levels of progesterone in which macrophages present high sensitivity to immunosuppression induced by this hormone, may have greater susceptibility to candida vaginitis of repetition.

The RVVC was also associated with a vaginal allergic response. Studies report the presence of IgE antibodies only in women with vaginal discharge RVVC but were not found in the plasma of these patients, which suggests that the answer of immediate hypersensitivity located in the vagina vaginal fluids of some of these women also showed IgE antibodies reactive with the seminal fluid of their husbands or their contraceptive spermicides [7].

So interesting, PGE-2 was identified in only vaginal fluid women with RVVC with IgE antibodies in their vaginal fluids this information suggests that some C [8]. Albicans that already existed in the vagina habitat would increase significantly the susceptibility to infection clinic an allergic response in the vagina to any Antigen, and not only the C albicans, could increase the prevalence of RVVC [9,10].

Author Notes and Conclusions

From 2011 until current date. Jan, 2018), Fabrício Prado Monteiro M.D. has personally performed 680 applications of ITA-OID vaccines on 85 RVVC patients - complying the same bimonthly 0,05 mL beta-glucoronidase, beta-glucan and Oidiomicina (Candida albicans, glabrata). The present therapy obtained 98% of success ratio, a response far beyond the expected, with reacquired tolerance on 83 patients with no collateral effects due to the low doses allergens and selective low molecular weight delivery system of Beta - Glucuronidase and without necessity of over sequence doses.

The beta Glucuronidase is an agent stimulant of the immune system and has a desensitizing action under normal pH. This substance has an important role as immune response modifier that stimulates the expression of adhesion molecules by antigen-presenting cells in contact with lymphocytes and vice versa, in the intra-cellular space

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and acts on the balance shift TH2/TH1.

Method with proven security, without cases of deaths to this date and large scale in Brazil since the early of the 90's was considered. However, there are few available randomized double-blind studies. Therefore, scientific elucidation is essential. New evidences brought by new and validated clinical studies will allow us confirm that this therapeutic method can be more effective and safe for the immune compromised patients and with hypersensitivity not only I type of Gell and Coombs.

Biography

Fabrício Prado Monteiro has his expertise and passion in evaluating and improving the health and immunology.

He is a Medical Director at Institute of Allergy and Immunology of West Bahia, Brazil & Specialist in Allergology & Immunology (since 2006, by ASBAI). He is a Specialist in Pediatrics (since 2004, by SBP), has masters (UCES/

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