

Treatment of chronic and recurrent vulvovaginitis with autogenous microbial vaccines – a two-year follow-up study

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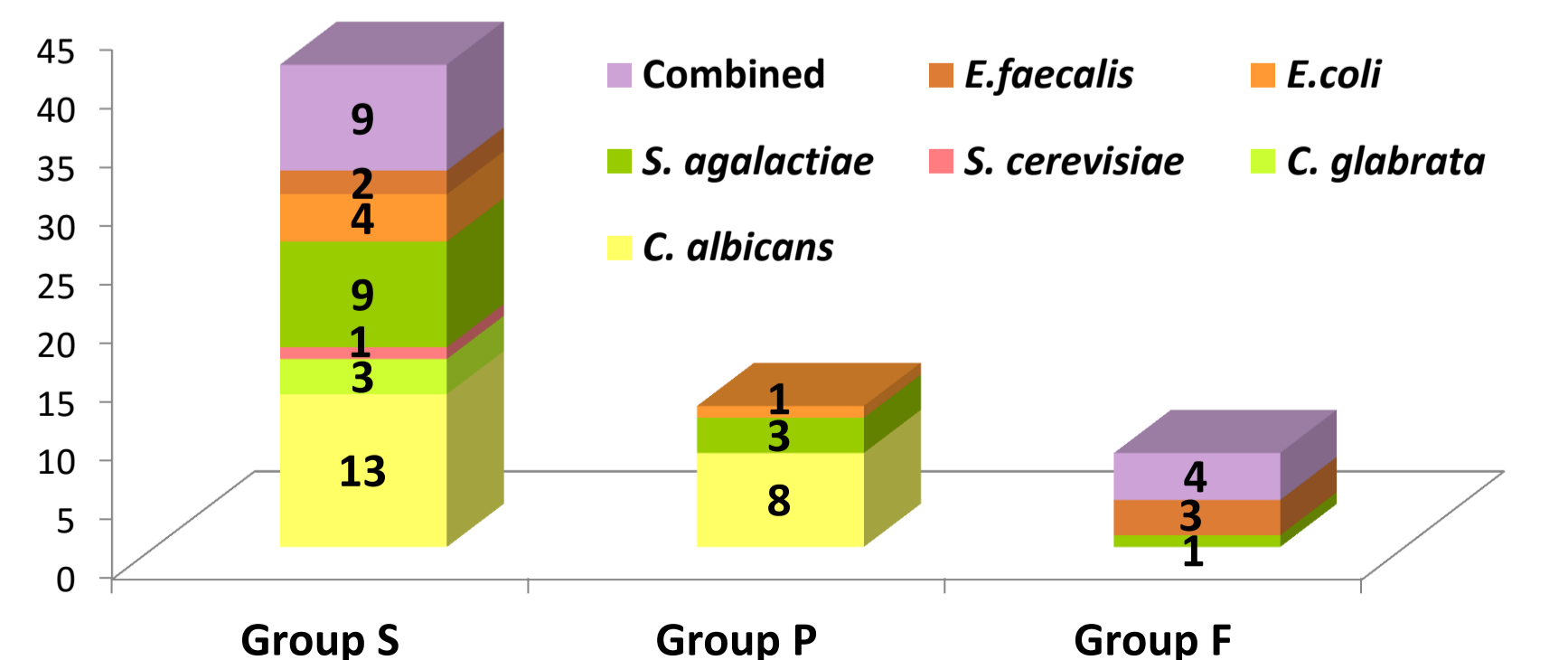
BACKGROUND

The goal of our study was to provide a two-year clinical and microbiological follow-up of a group of 61 women with chronic and recurrent vulvovaginal infections treated with peroral autogenous vaccines.

MATERIAL/METHODS

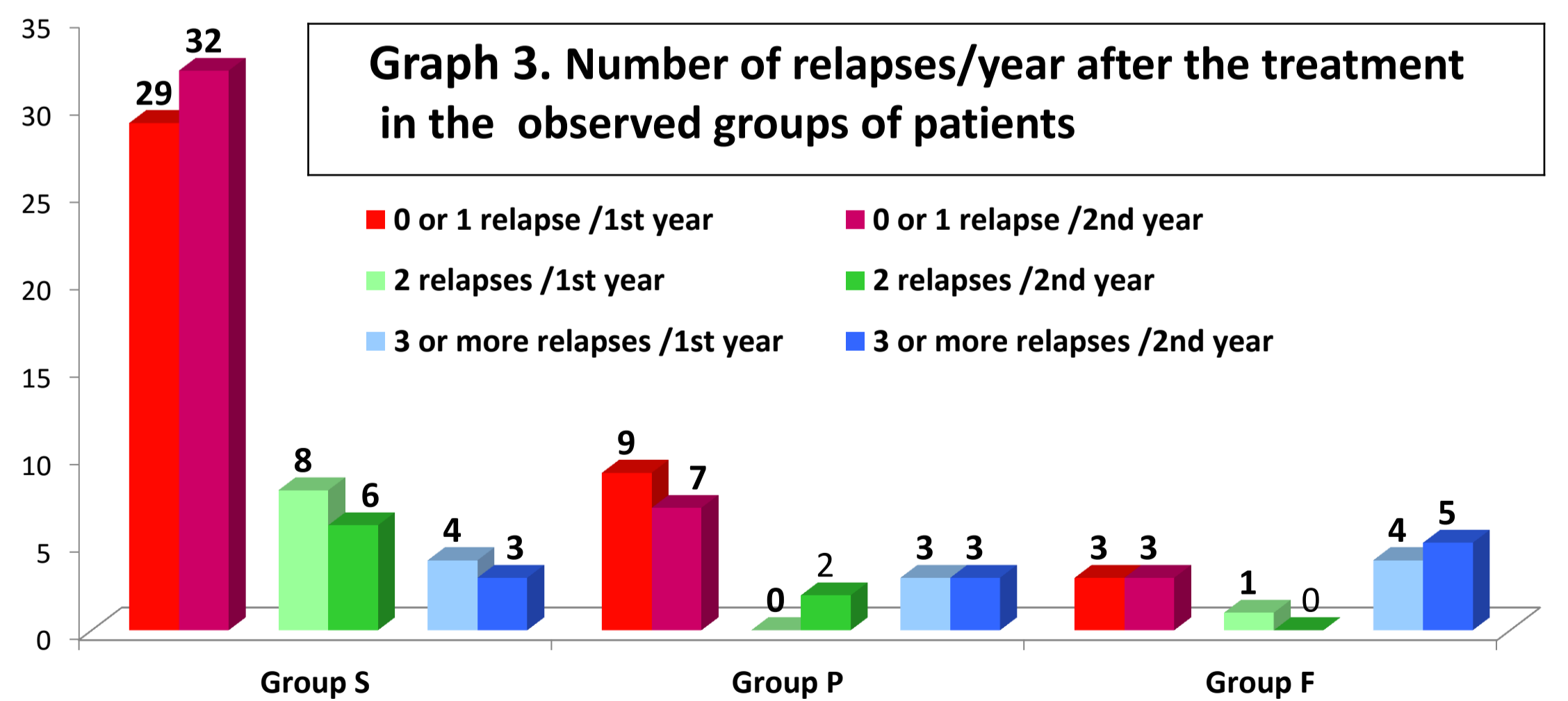
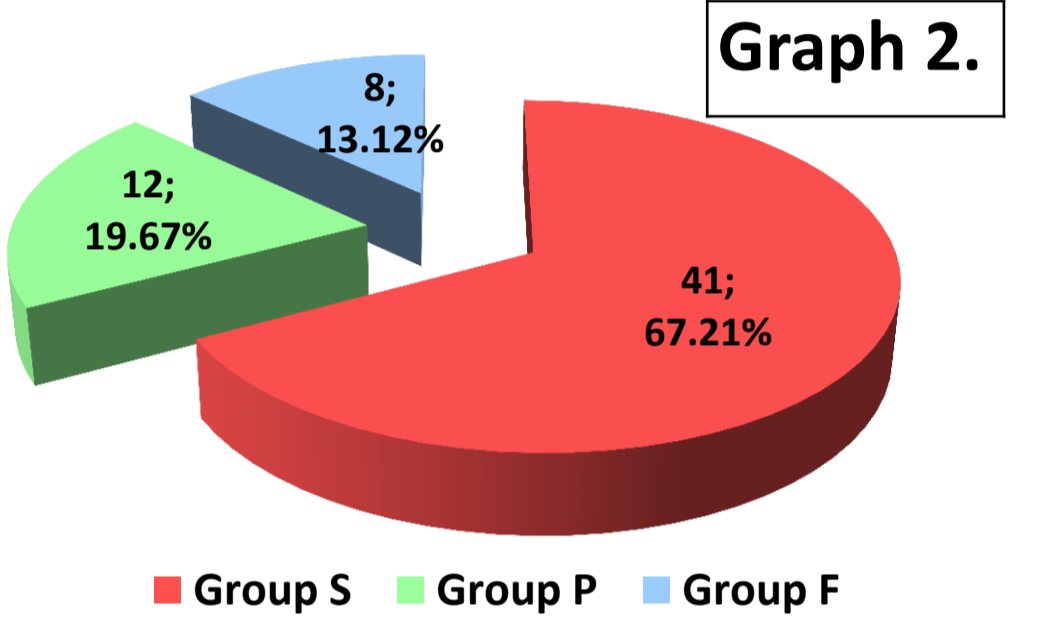
Autogenous vaccines were prepared from isolates of yeasts or bacteria (e.g. *Candida albicans*, *Streptococcus agalactiae*, *Enterococcus faecalis*, *Escherichia coli*) repeatedly isolated from patients' vaginal and cervical swabs (graph 1.). The microorganisms were multiplied by cultivation on the surface of cellophane placed on a suitable nutrient agar. Subsequently, the cellophane was rinsed by sterile saline and the microbial suspension was inactivated by 3.6 % formaldehyde. The inactivated suspension was diluted to the final density of $10^7 - 10^8$ CFU/ml depending on the microbial strain. The concentrated vaccine was diluted to ratios of 1:10, 1:100, 1:1000 and 1:10 000. Preparation of autogenous vaccines was carried out in a cleanroom according to the requirements of GMP. The patients were treated with autogenous vaccines during the years 2011-2013. Before the treatment they had 4-8 relapses of vulvovaginitis per year. They were using the vaccines for 10 months according to the hyposensibilisation schedule. We were observing each of them for two years after the end of the treatment, the follow-up was ended in October 2015.

Graph 1. Composition of prepared autogenous vaccines



RESULTS

We categorized the group of patients in accordance with the course of their treatment. The benchmark of the successful treatment was no relapse or 1 relapse *during the treatment*, as partial success we considered 2 relapses per treatment. In case of 3 and more relapses the treatment failed. *At the end of the treatment* we had 41 (67.21 %) successfully treated patients (**group S**), in 12 (19.67 %) cases the treatment was partially successful (**group P**) and in 8 (13.12 %) cases the treatment failed (**group F**) – graph 2. The results of *the two-year follow-up study* – number of relapses/year after the treatment are introduced in graph 3.



CONCLUSIONS

This treatment is an effective way of reducing the number of relapses of chronic and recurrent vulvovaginal infections. We reached a stable health condition with no relapse or 1 relapse/year in 67.21 % of treated patients in the first year after the treatment and in 68.85 % of patients in the second year after the treatment.