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Diagnostika a léčba vulvovaginálních infekcí

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- 1 Amsel, R. – Totten, P. – Spiegel, C., et al.: Non specific vaginitis. Diagnostic criteria and microbial and Epidemiologic associations. *Am J Med*, 1983, 74, s. 14–22.
- 2 Arnold, L. D. – Bachmann, G. A. – Rosen, R., et al.: Vulvodynia: characteristics and associations with comorbidities and quality of life. *Obstet Gynecol*, 2006, 107, s. 17–24.
- 3 Bachmann, G. A. – Rosen, R. – Pinn, V. W., et al.: Vulvodynia: a state-of-the-art consensus on definitions, diagnosis and management. *J Reprod Med*, 2006, 51, s. 447–456.
- 4 Centers for Disease Control and Prevention (CDC): Sexually transmitted diseases. *Treatment guidelines*, 2010, 59, s. 1–114. Dostupné z: www.cdc.gov/mmwr/pdf/rr/rr5912.pdf, vyhledáno 27. 5. 2019.
- 5 Donders, G. – Vereecken, A. – Bosmans, E., et al.: Definition of a type of abnormal vaginal flora that is distinct from bacterial vaginosis: aerobic vaginitis. *BJOG*, 2002, 109, s. 34–43.
- 6 Ferris, D. – Dekle, C. – Litaker, M.: Women's use of over-the-counter antifungal medications for gynecologic symptoms. *J Fam Pract*, 1996, 42, s. 595–600.
- 7 Giraldo, P. – von Nowakowski, A. – Gomes, F. A., et al.: Vaginal colonization by *Candida* in asymptomatic women with and without a history of recurrent vulvovaginal candidiasis. *Obstet Gynecol*, 2000, 95, s. 413–416.
- 8 Heine, P. – McGregor, J. A.: *Trichomonas vaginalis*: a reemerging pathogen. *Clin Obstet Gynecol*, 1993, 36, s. 137–144.
- 9 Horowitz, B. – Mardh, P. – Nagy, E., et al.: Vaginal lactobacillosis. *Am J Obstet Gynecol*, 1994, 170, s. 857–861.
- 10 Lamont, R. F. – Nhan-Chang, C. L. – Sobel, J. D., et al.: Treatment of abnormal vaginal flora in early pregnancy with clindamycin for the prevention of spontaneous preterm birth: a systematic review and meta analysis. *Am J Obstet Gynecol*, 2011, 205, s. 177–190.
- 11 Lamont, R. F. – Sobel, J. D. – Akins, R. A., et al.: The vaginal microbiome: new information about genital tract flora using molecular based techniques. *BJOG*, 2011, 118, s. 533–549.
- 12 Ledger, W. – Monif, G.: A growing concern: inability to diagnose vulvovaginal infections correctly. *Obstet Gynecol*, 2004, 103, s. 782–784.
- 13 Ledger, W. – Polaneczky, M. – Yih, M., et al.: Difficulties in the diagnosis of *Candida* vaginitis. *Infect Dis Clin Pract*, 2000, 9, s. 66–69.
- 14 Ledger, W. – Witkin, S.: *Vulvovaginal infections*. London, Manson Publishing, 2007.
- 15 Masata, J. – Jedličková, A. – Poislova, M., et al.: Current possibilities for diagnosis of vulvovaginal infection. *Česka Gynekol*, 2010, 75, s. 111.
- 16 Masata, J. – Poislova, M. – Jedličková, A., et al.: Modified classification of microscopic evaluation of Vulvovaginal infections. *Česka Gynekol*, 2010, 75, s. 199–208.
- 17 Mašata, J. – Jedličková, A., et al.: *Infekce v gynekologii*. Praha, Maxdorf, 2017.
- 18 Nugent, R. P. – Krohn, M. A. – Hillier, S. L.: Reliability of diagnosing bacterial vaginosis is improved by a standardized method of Gram stain interpretation. *J Clin Microbiol*, 1991, 29, s. 297–301.
- 19 Raz, R. – Stamm, W. E.: A controlled trial of intravaginal estriol in postmenopausal women with recurrent urinary tract infections. *N Engl J Med*, 1993, 329, s. 753–756.
- 20 Ross, R. – Lee, M. – Onderdonk, A.: Effect of *Candida albicans* infection and clotrimazole treatment on vaginal microflora in vitro. *Obstet Gynecol*, 1995, 86, s. 925–930.
- 21 Rymer, J. – Wilson, R. – Ballard, K.: Making decisions about hormone replacement therapy. *BMJ*, 2003, 326, s. 322–326.
- 22 Sharpe, T. T. – Harrison, K. M. – Dean, H. D.: Summary of CDC consultation to address social determinants of health for prevention of disparities in HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis. *Public Health Rep*, 2010, 125, s. 11–15.
- 23 Schwebke, J. – Hillier, S. – Sobel, J., et al.: Validity of the vaginal Gram stain for the diagnosis of bacterial vaginosis. *Obstet Gynecol*, 1996, 88, s. 573–576.
- 24 Sobel, J. – Peipert, J. F. – McGregor, J. A., et al.: Efficacy of clindamycin vaginal ovule (3-day treatment) vs. Clindamycin vaginal cream (7-day treatment) in bacterial vaginosis. *Infect Dis Obstet Gynecol*, 2001, 9, s. 9–15.
- 25 Solomon, D. – Davey, D. – Kurman, R., et al.: The 2001 Bethesda System: Terminology for reporting results of cervical cytology. *JAMA*, 2002, 287, s. 2114–2119.
- 26 Spiegel, C. A. – Amsel, R. – Holmes, K. K.: Diagnosis of bacterial vaginosis by direct Gram stain of vaginal fluid. *J Clin Microbiol*, 1983, 18, s. 170–177.
- 27 Van Der Pol, B. – Williams, J. A. – Orr, D. P., et al.: Prevalence, incidence, natural history, and response to treatment of *Trichomonas vaginalis* infection among adolescent women. *J Infect Dis*, 2005, 192, s. 2039–2044.

Současné možnosti managementu vulvovaginálního dyskomfortu

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- 1 Anukam, K. C. – Osazuwa, E. – Osemene, G. I., et al.: Clinical study comparing probiotic *Lactobacillus* GR-1 and RC-14 with metronidazole vaginal gel to treat symptomatic bacterial vaginosis. *Microbes Infect*, 2006, 8, s. 2772–2776.
- 2 Buchta, V. – Špaček, J.: Pitfalls of the current laboratory diagnosis and treatment of vulvovaginal candidiasis. *Klin Mikrobiol Infekc Lek*, 2011, 17, s. 158–163.
- 3 Donders, G. G. – Bosmans, E. – Dekeersmaecker, A., et al.: Pathogenesis of abnormal vaginal bacterial flora. *Am J Obstet Gynecol*, 2000, 182, s. 872–878.
- 4 Donders, G. G. – Vereecken, A. – Bosmans, E., et al.: Definition of a type of abnormal vaginal flora that is distinct from bacterial vaginosis: aerobic vaginitis. *BJOG*, 2002, 109, s. 34–43.
- 5 Donders, G. G. – Bellen, E. – Grinceviciene, S., et al.: Aerobic vaginitis: no longer a stranger. *Res Microbiol*, 2017, 168, s. 845–858.
- 6 duBouchet, L. – Spence, M. R. – Rein, M. R., et al.: Multicenter comparison of clotrimazole vaginal tablets, oral metronidazole, and vaginal suppositories containing sulfanilamide, aminacrine hydrochloride, and allantoin in the treatment of symptomatic trichomoniasis. *Sex Transm Dis*, 1997, 24, s. 156–160.
- 7 Förstl, M. – Špaček, J. – Buchta, V., et al.: Differential diagnosis of inflammations of the vagina and external genitalia and possibilities and limits of microbiologic examination. *Česka Gynekol*, 2005, 70, s. 79–86.
- 8 Gajer, P. – Brotman, R. M. – Bai, G., et al.: Temporal dynamics of the human vaginal microbiota. *Sci Transl Med*, 2012, 4, s. 132–152.
- 9 Hellberg, D. – Nilsson, S. – Mardh, P. A.: The diagnosis of bacterial vaginosis and vaginal flora changes. *Arch Gynecol Obstet*, 2001, 265, s. 11–15.
- 10 Jílek, P. – Pokorná, M. – Hajková, L., et al.: Stress vulnerability and life-contentedness in patient suffering from recurrent vulvovaginal discomfort of *Candida* origin. *Mycoses*, 2009, 52, s. 115.
- 11 Klebanoff, M. A. – Carey, J. C. – Hauth, J. C., et al.: National Institute of Child and U. Human Development Network of Maternal-Fetal Medicine. Failure of metronidazole to prevent preterm delivery among pregnant women with asymptomatic *Trichomonas vaginalis* infection. *N Engl J Med*, 2001, 345, s. 487–493.
- 12 Lee, Y.: Characterization of *Weissella kimchi* PL9023 as a potential probiotic for women. *FEMS Microbiol Lett*, 2005, 250, s. 157–162.
- 13 Loyprasert-Thananimit, S. P. – Kuasuwan, K. – Nittayaboon, W., et al.: Validity evaluation of in-house preparation kit, vaginal pH paper test combined amine tube test, for the simple diagnosis of bacterial vaginosis. *J Med Assoc Thai*, 2012, 95, s. 747–751.
- 14 Marcone, V. – Rocca, G. – Lichtner, M., et al.: Long-term vaginal administration of *Lactobacillus rhamnosus* as a complementary approach to management of bacterial vaginosis. *Int J Gynaecol Obstet*, 2010, 110, s. 223–226.
- 15 Martinez, R. C. – Franceschini, S. A. – Patta, M. C., et al.: Improved cure of bacterial vaginosis with single dose of tinidazole (2 g), *Lactobacillus rhamnosus* GR-1, and *Lactobacillus reuteri* RC-14: a randomized, double-blind, placebo-controlled trial. *Can J Microbiol*, 2009, 55, s. 133–138.
- 16 Mastromarino, P. – Macchia, S. – Meggiorini, L., et al.: Effectiveness of *Lactobacillus*-containing vaginal tablets in the treatment of symptomatic bacterial vaginosis. *Clin Microbiol Infect*, 2009, 15, s. 67–74.
- 17 Mašata, J. – Jedličková, A., et al.: *Infekce v gynekologii*. Praha, Maxdorf, 2006, s. 36–44, 57–60.
- 18 Poppe, W. A.: Nitroimidazole-resistant vaginal trichomoniasis treated with paromomycin. *Eur J Obstet Gynecol Reprod Biol*, 2001, 96, s. 119–120.
- 19 Quan, M.: Diagnosis and management of infectious vaginitis. *J Am Board Fam Pract*, 1990, 3, s. 195–205.
- 20 Ravel, J. – Gajer, P. – Abdo, Z., et al.: Vaginal microbiome of reproductive-age women. *Proc Natl Acad Sci U S A*, 2011, 108, suppl. 1, s. 4680–4687.
- 21 Reid, G.: Probiotic *Lactobacilli* for urogenital health in women. *J Clin Gastroenterol*, 2008, 42, suppl. 3, s. S234–S236.
- 22 Reid, G. – Bruce, A. W.: Probiotics to prevent urinary tract infections: the rationale and evidence. *World J Urol*, 2006, 24, s. 28–32.
- 23 Russo, R. – Karadjia, E. – De Setta, F.: Evidence-based mixture containing *Lactobacillus* strains and lactoferrin to prevent recurrent bacterial vaginosis: a double blind, placebo controlled, randomised clinical trial. *Benef Microbes*, 2019, 10, s. 19–26.
- 24 Sobel, J. D. – Nagappan, V. – Nyrjiesy, P.: Metronidazole-resistant vaginal trichomoniasis – an emerging problem. *N Engl J Med*, 1999, 341, s. 292–293.
- 25 Špaček, J. – Buchta, V.: Itraconazole in the treatment of acute and recurrent vulvovaginal candidosis: comparison of a 1-day and a 3-day regimen. *Mycoses*, 2005, 48, s. 165–171.
- 26 Špaček, J. – Buchta, V. – Jílek, P. – Förstl, M.: Clinical aspects and luteal phase assessment in patients with recurrent vulvovaginal candidiasis. *Eur J Obstet Gynecol Reprod Biol*, 2007, 131, s. 198–202.
- 27 Špaček, J. – Buchta, V. – Jílek, P., et al.: Recurrent vulvovaginal candidiasis – possibility of its treatment. *Česka Gynekol*, 2008, 73, s. 179–184.
- 28 Špaček, J. – Jílek, P. – Buchta, V. – Veselský, Z., et al.: Host-yeast interactions in relation to the urogenital tract, vulvovaginal candidiasis and urologic aspects of mycotic diseases. *Česka Gynekol*, 2003, 68, s. 432–439.
- 29 Špaček, J. – Jílek, P. – Buchta, V., et al.: Antifungal immunity and its mechanism in female genitalia. *Česka Gynekol*, 2004, 69, s. 133–140.
- 30 Špaček, J. – Jílek, P. – Buchta, V., et al.: The serum levels of calcium, magnesium, iron and zinc in patients with recurrent vulvovaginal candidosis during attack, remission and in healthy controls. *Mycoses*, 2005, 48, s. 391–395.
- 31 Špaček, J. – Kestřánek, J. – Jílek, P., et al.: Comparison of two long-term gestagen regimens in the management of recurrent vulvovaginal candidiasis: A pilot study. *Mycoses*, 2007, 60, s. 260–265.
- 32 Tempera, G. – Abbadessa, G. – Bonfiglio, G., et al.: Topical kanamycin: an effective therapeutic option in aerobic vaginitis. *J Chemother*, 2006, 18, s. 409–414.
- 33 Thoma, M. E. – Klebanoff, M. A. – Rovner, A. J., et al.: Bacterial vaginosis is associated with variation in dietary indices. *J Nutr*, 2011, 141, s. 1698–1704.
- 34 Witkin, S. S. – Linhares, I. M. – Giraldo, P., et al.: An altered immunity hypothesis for the development of symptomatic bacterial vaginosis. *Clin Infect Dis*, 2007, 44, s. 554–557.
- 35 Buchta, V. – Slezák, R. – Špaček, J., et al.: Současné možnosti léčby kožních a slizničních mykóz. *Med Pro Praxi*, 2009, 6, s. 155–164.
- 36 Obiero, J. – Rulisa, S. – Ogongo, P., et al.: Nifuratel-Nystatin combination for the treatment of mixed infections of bacterial vaginosis, vulvovaginal candidiasis, and trichomonal vaginitis. *Cochrane Database Syst Rev*, 2018, 4, CD013012, DOI: 10.1002/14651858.CD013012.

Condylomata acuminata a jejich léčba

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- 1 Patel, H. – Wagner, M. – Singhal, P., et al.: Systematic review of the incidence and prevalence of genital warts. *BMC Infect Dis*, 2013, 13, s. 39.
- 2 Scheinfeld, N.: Update on the treatment of genital warts. *Dermatol Online J*, 2013, 19, s. 18559.
- 3 Gormley, R. H. – Kovarik, C. L.: Human papillomavirus-related genital

- disease in the immunocompromised host: Part I. *J Am Acad Dermatol*, 2012, 66, s. 867.e1-14; quiz 881-882.
- Lynde, C. – Vender, R. – Bourcier, M., et al.: Clinical features of external genital warts. *J Cutan Med Surg*, 2013, 17, suppl. 2, s. S55-S60.
 - Lacey, C. J. – Woodhall, S. C. – Wikstrom, A., et al.: 2012 European guideline for the management of ano genital warts. *J Eur Acad Dermatol Venereol*, 2013, 27, s. e263-e270.
 - Yanofsky, V. R. – Patel, R. V. – Goldenberg, G.: Genital warts: a comprehensive review. *J Clin Aesthet Dermatol*, 2012, 5, s. 25-36.
 - Workowski, K. A. – Bolan, G. A.: Centers for Disease Control and Prevention: Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep*, 2015, 64, s. 1-137.
 - Stern, P. L. – van der Burg, S. H. – Hampson, I. N., et al.: Therapy of human papillomavirus-related disease. *Vaccine*, 2012, 30, suppl. 5, s. F71-F82.
 - Gotovtseva, E. P. – Kapadia, A. S. – Smolensky, M. H., et al.: Optimal frequency of imiquimod (Aldara) 5% cream for the treatment of external genital warts in immuno competent adults: a meta-analysis. *Sex Transm Dis*, 2008, 35, s. 346-351.
 - Meltzer, S. M. – Monk, B. J. – Tewari, K. S.: Green tea catechins for treatment of external genital warts. *Am J Obstet Gynecol*, 2009, 200, s. 233.e1-7.
 - Ciavattini, A. – Tsiroglou, D. – Vichi, M., et al.: Topical Imiquimod 5% cream therapy for external ano genital warts in pregnant women: report of four cases and review of the literature. *J Matern Fetal Neonatal Med*, 2012, 25, s. 7.
 - Niyibizi, J. – Rodier, C. – Wassef, M., et al.: Risk factors for the development and severity of juvenile-onset recurrent respiratory papillomatosis: a systematic review. *Int J Pediatr Otorhinolaryngol*, 2014, 78, s. 186-197.

Preeklampsie – predikce rizika, časná diagnostika a léčba

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- ACOG Practice Bulletin No. 202: Gestational Hypertension and Preeclampsia. *Obstet Gynecol*, 2019, 133, s. e1-e25.
- Helewa, M. E. – Burrows, R. F. – Smith, J., et al.: Report of the Canadian Hypertension Society Consensus Conference: 1. Definitions, evaluation and classification of hypertensive disorders in pregnancy. *CMAJ*, 1997, 157, s. 715-725.
- Roberts, J. M. – Redman, C. W.: Pre-eclampsia: more than pregnancy-induced hypertension. *Lancet*, 1993, 341, s. 1447-1451.
- Myatt, L.: Role of placenta in preeclampsia. *Endocrine*, 2002, 19, s. 103-111.
- Gu, Y. – Lewis, D. F. – Wang, Y.: Placental productions and expressions of soluble endoglin, soluble fms-like tyrosine kinase receptor-1, and placental growth factor in normal and preeclamptic pregnancies. *J Clin Endocrinol Metab*, 2008, 93, s. 260-266.
- Abalos, E. – Cuesta, C. – Grosso, A. L., et al.: Global and regional estimates of preeclampsia and eclampsia: a systematic review. *Eur J Obstet Gynecol Reprod Biol*, 2013, 170, s. 1-7.
- Bartsch, E. – Medcalf, K. E. – Park, A. L., et al.: Clinical risk factors for pre-eclampsia determined in early pregnancy: systematic review and meta-analysis of large cohort studies. *BMJ*, 2016, 353, i1753.
- Mehendale, R. – Hibbard, J. – Fazleabas, A., et al.: Placental angiogenesis markers sFlt-1 and PlGF: response to cigarette smoke. *Am J Obstet Gynecol*, 2007, 197, s. 363.e1-5.
- Walters, B. N.: Preeclamptic angina – a pathognomonic symptom of preeclampsia. *Hypertens Pregnancy*, 2011, 30, s. 117-124.
- Drislane, F. W. – Wang, A. M.: Multifocal cerebral hemorrhage in eclampsia and severe pre-eclampsia. *J Neurol*, 1997, 244, s. 194-198.
- Erre, M. H. – Kohly, R. P. – da Cruz, L.: Pregnancy-associated retinal diseases and their management. *Surv Ophthalmol*, 2013, 58, s. 127-142.
- Dostupné z: <https://fetalmedicine.org/research/assess/preeclampsia/first-trimester>, vyhledáno dne 27. 2. 2019.
- O'Gorman, N. – Wright, D. – Syngelaki, A., et al.: Competing risks model in screening for preeclampsia by maternal factors and biomarkers at 11-13 weeks gestation. *Am J Obstet Gynecol*, 2016, 214, s. 103.e1-103.e12.
- Leahomski, S. – Calda, P.: Klinické využití nových biomarkerů preeklampsie. *Actual Gyn*, 2016, 8, s. 29-33.
- Roberge, S. – Nicolaides, K. – Demers, S., et al.: The role of aspirin dose on the prevention of preeclampsia and fetal growth restriction: systematic review and meta-analysis. *Am J Obstet Gynecol*, 2017, 216, s. 110.e6-120.e6.
- Bisták, P.: Screening preeklampsie – pravda, nebo fikce? *Actual Gyn*, 2017, 9, s. 5-9.
- Rolnik, D. L. – Wright, D. – Poon, L. C., et al.: Aspirin versus placebo in pregnancies at high risk for preterm preeclampsia. *N Engl J Med*, 2017, 377, s. 613-622.
- Levine, R. J. – Hauth, J. C. – Curet, L. B., et al.: Trial of calcium to prevent preeclampsia. *N Engl J Med*, 1997, 337, s. 69-76.
- Trumbo, P. R. – Ellwood, K. C.: Supplemental calcium and risk reduction of hypertension, pregnancy-induced hypertension, and preeclampsia: an evidence-based review by the US Food and Drug Administration. *Nutr Rev*, 2007, 65, s. 78-87.
- National Institute for Health and Care Excellence (2016): PlGF based testing to help diagnose suspected pre-eclampsia. NICE Guideline. Dostupné z: <https://www.nice.org.uk/guidance/dg23>, vyhledáno dne 27. 2. 2019.
- Dostupné z: <http://www.gynultrazvuk.cz/data/clanky/6/dokumenty/p-2009-hypertenze-v-gravidite.pdf>, vyhledáno dne 27. 2. 2019.

Možnosti využití probiotik v gynekologii a porodnictví

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- Malíčková, K.: Volně prodejné imunomodulátory v gynekologii. In: Fait, T. – Sliva, J., et al.: *Volně prodejné přípravky v gynekologii*. Maxdorf, Praha, 2011.
- Cribby, S. – Taylor, M. – Reid, G.: Vaginal microbiota and the use of probiotics. *Interdiscip Perspect Infect Dis*, 2008, 256490.
- Coudeyras, S. – Jugie, G. – Vermerie, M., et al.: Adhesion of human probiotic Lactobacillus rhamnosus to cervical and vaginal cells and interaction with vaginosis and vaginitis associated pathogens. *Infect Dis Obstet Gynecol*, 2008, 549640.
- Ocaña, V. S. – Pesce De Ruiz Holgado, A. A. – Nader-Macias, M. E.: Selection of vaginal H₂O₂-generating Lactobacillus species for probiotic use. *Curr Microbiol*, 1999, 38, s. 279-284.
- Kim, J. W. – Rajagopal, S. N.: Antibacterial activities of Lactobacillus crispatus ATCC 33820 and Lactobacillus gasseri ATCC 33323. *J Microbiol*, 2001, 39, s. 146-148.
- Nováková, D.: Probiotika v prevenci a v léčbě urogenitálních infekcí. In: Fait, T. – Sliva, J., et al.: *Volně prodejné přípravky v gynekologii*. Maxdorf, Praha, 2011.
- Hronek, M. – Kudláčková, Z. – Jílek, P., et al.: Probiotika v profylaxi a terapii nádorových onemocnění u vulvovaginitidy. *Interni Med*, 2006, 3, s. 109-101.
- Hoesl, C. E. – Altwein, J. E.: The probiotic approach: an alternative treatment option in urology. *Eur Urol*, 2005, 47, s. 288-296.
- Reid, G. – Burton, J. – Devillard, E.: The rationale for probiotics in female urogenital healthcare. *Med Gen Med*, 2004, 6, s. 29-49.
- Reid, G. – Dols, J. – Miller, W.: Targeting the vaginal microbiota with probiotics as a means to counteract infections. *Curr Opin Clin Nutr Metab Care*, 2009, 12, s. 583-587.
- Nivoliez, A. – Camares, O. – Paquet-Gachinat, M., et al.: Influence of manufacturing processes on in vitro properties of the probiotic strain Lactobacillus rhamnosus Lcr35. *J Biotechnol*, 2012, 160, s. 236-241.
- Petricicevic, L. – Witt, A.: The role of Lactobacillus casei rhamnosus Lcr35 in restoring the normal vaginal flora after ATB treatment of bacterial vaginosis. *BJOG*, 2008, 115, s. 1369-1374.
- Falagas, M. E. – Betsi, G. I. – Athanasiou, S.: Probiotics for prevention of recurrent vulvovaginal candidiasis: a review. *J Antimicrob Chemotherapy*, 2006, 58, s. 266-272.
- Gardiner, G. E. – Heinemann, C. – Bruce, A. W., et al.: Persistence of Lactobacillus fermentum RC-14 and Lactobacillus rhamnosus GR-1 but not L. rhamnosus GG in the human vagina as demonstrated by randomly amplified polymorphic DNA. *Clin Diagn Lab Immunol*, 2002, 9, s. 92-96.
- Reid, G. – Buerman, D. – Heinemann C., et al.: Probiotic Lactobacillus dose required to restore and maintain a normal vaginal flora. *FEMS Immunol Med Microbiol*, 2001, 32, s. 37-41.
- Reid, G. – Burton, J. – Devillard, E.: The rationale for probiotics in female urogenital healthcare. *Med Gen Med*, 2004, 6, s. 29-49.
- Falagas, M. E. – Betsi, G. I. – Athanasiou, S.: Probiotics for prevention of recurrent vulvovaginal candidiasis: a review. *J Antimicrob Chemotherapy*, 2006, 58, s. 266-272.
- Parent, D. – Bossends, M. – Bayot, D., et al.: Therapy of bacterial vaginosis using extragenously-applied Lactobacilli acidophilli and a low dose of estriol. *Arzneimittelforschung*, 1996, 46, s. 68-73.
- Anukam, K. C. – Osazuwa, E. – Osemene, G. I., et al.: Clinical study comparing probiotic Lactobacillus GR1 and RC14 with metronidazol vaginal gel to treat symptomatic bacterial vaginosis. *Microbes Infect*, 2006, 8, s. 2772-2776.
- Mastromarino, P. – Macchia, S. – Meggiorni, L., et al.: Effectiveness of Lactobacillus-containing vaginal tablets in the treatment of symptomatic bacterial vaginosis. *Clim Microbiol Infect*, 2009, 15, s. 67-74.
- Larsson, P. G. – Stray-Pedersen, B. – Rytting, K. R. – Larsen, S.: Human lactobacilli as supplementation of clindamycin to patients with bacterial vaginosis reduced the recurrence rate. *BMC Womens Health*, 2008, 8, s. 3.
- Abbasi Nejat, Z. – Farahyar, S. – Falahati, M., et al.: Molecular identification and antifungal susceptibility pattern of non-albicans candida species isolated from vulvovaginal candidiasis. *Iran Biomed J*, 2017, 22, s. 33-41.
- Myhre, R. – Brantsæter, A. L. – Myking, S., et al.: Intake of probiotic food and risk of spontaneous preterm delivery. *Am J Clin Nutr*, 2011, 93, s. 151-157.
- Jarde, A. – Lewis-Mikhael, A. M. – Moavyedi, P., et al.: Pregnancy outcomes in women taking probiotics: a systematic review and meta-analysis. *BMC Pregnancy Childbirth*, 2018, 18, s. 14.
- Fölster-Holst, R.: Probiotics in the treatment and prevention of atopic dermatitis. *Ann Nutr Metab*, 2010, 57, suppl., s. 16-19.
- Kokešová, A.: Imunomodulační účinky probiotik v klinické praxi. *Pediatrická pro praxi*, 2009, 10, s. 169-174.

Úloha folátů a vitamínu D pro normální prosperitu v těhotenství

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- Werler, A. S.: Periconceptional folic acid exposure and risk of recurrent neural tube defects. *JAMA*, 1993, 269, s. 1257-1261.
- De-Regil, L. M. – Fernández-Gaxiola, A. C. – Dowswell, T., et al.: Effects and safety of periconceptional folate supplementation for preventing birth defects. *Cochrane Database of Systematic Reviews*, 2010, 10, CD007950.
- Heo, H. – O'meara, K. – Demasio, K.: Isolated methylenetetrahydrofolate reductase (MTHFR) gene mutations and pregnancy outcome. *Am J Obstet Gynecol*, 2006, 195, s. 1-96.
- Czeizel, A. E.: The primary prevention of birth defects: multivitamins and folic acid. *Int J Med Sci*, 2004, 1, s. 50-61.
- Antoniades, C. – Shirodaria, C. – Leeson, P., et al.: MTHFR 677CT polymorphism reveals functional importance for 5-methyltetrahydrofolate, not homocysteine, in regulation of vascular redox state and endothelial function in human atherosclerosis. *Circulation*, 2009, 119, s. 2507-2515.
- Li, Z. – Ye, R. – Zhang, L., et al.: Periconceptional folic acid supplementation and the risk of preterm births in China: a large prospective cohort study. *Int J Epidemiol*, 2014, 43, s. 1132-1139.
- Bukowski, R. – Malone, F. D. – Porter, F. T., et al.: Preconceptional folate supplementation and the risk of spontaneous preterm birth: a cohort study. *PLoS Med*, 2009, 6, s. e1000061.
- Lassi, Z. S. – Salam, R. A. – Haider, B. A., et al.: Folic acid supplementation during pregnancy for maternal health and pregnancy outcomes. *Cochrane Database Syst Rev*, 2013, 3, CD006896.
- Facco, F. – You, W. – Grobman, W.: Genetic thrombophilias and IUGR: a meta-analysis. *Obstet. Gynecol*, 2009, 113, s. 1206-1216.
- Gibson, C. – MacLennan, A. – Priest, K., et al.: Associations between inherited thrombophilias, gestational age and cerebral palsy. *Am J Obstet Gynecol*, 2005, 193, s. 1437e1-1437e12.

- 11 Keats, E. C. – Haider, B. A. – Tam, E., et al.: Multiple-micronutrient supplementation for women during pregnancy. *Cochrane Database Syst Rev*, 2019, 3, CD004905.
- 12 Sah, A. K. – Shrestha, N. – Joshi, P., et al.: Association of parental methylenetetrahydrofolate reductase (MTHFR) C677T gene polymorphism in couples with unexplained recurrent pregnancy loss. *BMC Res Notes*, 2018, 11, s. 233.
- 13 Nan, Y. – Li, H.: MTHFR genetic polymorphism increases the risk of preterm delivery. *Int J Clin Exp Pathol*, 2015, 8, s. 7397–7402.
- 14 Wu, H. – Zhu, P. – Geng, X., et al.: Genetic polymorphism of MTHFR C677T with preterm birth and low birth weight susceptibility: a meta-analysis. *Arch Gynecol Obstet*, 2017, 295, s. 1105–1118.
- 15 Mantovani, E. – Filippini, F. – Bortolus, R., et al.: Folic acid supplementation and preterm birth: results from observational studies. *Biomed Res Int*, 2014, s. 481914.
- 16 Scholl, T. O. – Johnson, W. G.: Folic acid: influence on the outcome of pregnancy. *Am J Clin Nutr*, 2000, 71, s. 1295–1303.
- 17 Shi, D. – Wang, D. – Meng, Y., et al.: Maternal vitamin D intake during pregnancy and risk of asthma and wheeze in children: a systematic review and meta-analysis of observational studies. *Matern Fetal Neonatal Med*, 2019, 7, s. 1–7.
- 18 Ji, J. – Zhai, H. – Zhou, H., et al.: The role and mechanism of vitamin D-mediated regulation of Treg/Th17 balance in recurrent pregnancy loss. *Am J Reprod Immunol*, 2019, 81, s. e13112.
- 19 Pashapour, S. – Golmohammadi, S. – Behroozi-Lak, T., et al.: Relationship between low maternal vitamin D status and the risk of severe preeclampsia: A case control study. *Pregnancy Hypertens*, 2019, 15, s. 161–165.
- 20 Sassi, F. – Tamone, C. – D'Amelio, P.: Vitamin D: nutrient, hormone, and immunomodulator. *Nutrients*, 2018, 10, s. E1656.
- 21 Sharif, K. – Sharif, Y. – Watad, A., et al.: Vitamin D, autoimmunity and recurrent pregnancy loss: More than an association. *Am J Reprod Immunol*, 2018, 80, s. e12991.
- 22 Zahran, A. M. – Zahran, K. M. – Hetta, H. F.: Significant correlation between regulatory T cells and vitamin D status in term and preterm labor. *J Reprod Immunol*, 2018, 129, s. 15–22.
- 23 Wagner, C. L. – Hollis, B. W.: The implications of vitamin D status during pregnancy on mother and her developing child. *Front Endocrinol* (Lausanne), 2018, 9, s. 500.
- 24 Pérez-López, F. R. – Pasupuleti, V. – Mezones-Holguin, E., et al.: Effect of vitamin D supplementation during pregnancy on maternal and neonatal outcomes: a systematic review and meta-analysis of randomized controlled trials. *Fertil Steril*, 2015, 103, s. 1278.e4–1288.e4.
- 25 Behjat Sasan, S. – Zandvakili, F. – Soufizadeh, N.: The effects of vitamin D supplement on prevention of recurrence of preeclampsia in pregnant women with a history of preeclampsia. *Obstet Gynecol Int*, 2017, s. 8249264.
- 26 Kinoshita, M. – Kayama, H. – Kusu, T., et al.: Dietary folic acid promotes survival of Foxp3+ regulatory T cells in the colon. *J Immunol*, 2012, 189, s. 2869–2878.
- 27 Tian, Y. – Wu, G. – Xing, J.-Ch., et al.: A novel splice variant of folate receptor 4 predominantly expressed in regulatory T cells. *BMC Immunol*, 2012, 13, s. 30.
- 28 Kongsbak, M. – Levring, T. B. – Geisler, C., et al.: The vitamin D receptor and T cell function. *Front Immunol*, 2013, 4, s. 148.

Farmakologická metoda umělého ukončení těhotenství do 49. dne amenorey

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- 1 Metodický pokyn ČGPS ČLS JEP. Farmakologické ukončení těhotenství do 63. dne amenorey (gestačního stáří). *Česká Gynekol*, 2014, 78, s. 240–241.
- 2 Farmakologické ukončení těhotenství do 49. dne amenorey (gestačního stáří). Doporučený postup ČGPS ČLS JEP. *Gynekologie a porodnictví*, 2018, 2, s. 314–315.
- 3 Sehnal, B. – Neumannová, H. – Zikán, M.: Farmakologické ukončení těhotenství na žádost ženy. *Acta medicae*, 2018, 6, s. 68–72.
- 4 Ľubušík, M.: Umělé přerušení těhotenství na žádost pacientky farmakologickou metodou, nepřesahuje-li těhotenství sedm týdnů. *Gynekologie a porodnictví*, 2018, 2, s. 315–316.
- 5 Stražilová, P. – Durdová, V. – Kratochvilová, T. – Ľubušík, M.: Farmakologické ukončení těhotenství v I. trimestru. *Postgrad Med*, 2016, 18, 4, s. 381–390.
- 6 Slunská, P. – Hanáček, J. – Fanta, M., et al.: Management umělého ukončení těhotenství farmakologickou metodou, nepřesahuje-li těhotenství 7 týdnů v České republice. *Česká Gynekol*, 2017, 82, s. 336–344.
- 7 Ľubušík, M. – Procházka, M. – Šimetka, O. – Holusková I.: Doporučení k provádění prevence RhD aloimmunizace u RhD negativních žen. Doporučený postup ČGPS ČLS JEP. *Česká Gynekol*, 2013, 78, s. 132–133.
- 8 Sbírka zákonů České republiky. Předpis č. 273/2015 Sb., Vyhláška o stanovení hodnot bodu, výše úhrad hrazených služeb a regulačních omezení pro rok 2016.
- 9 Sbírka zákonů České republiky. Předpis č. 350/2015 Sb., Vyhláška, kterou se mění vyhláška č. 134/1998 Sb., kterou se vydává seznam zdravotních výkonů s bodovými hodnotami, ve znění pozdějších předpisů.
- 10 Fiala, C. – Cameron, S. – Bombas, T., et al.: *Early medical abortion, a practical guide for healthcare professional*. Editions de Santé, 2012.
- 11 Bizjak, I. – Fiala, C. – Berggren, L., et al.: Efficacy and safety of very early medical termination of pregnancy: a cohort study. *BJOG*, 2017, 124, s. 1993–1999.
- 12 Frank, K. – Gerychová, R. – Janků, P., et al.: Farmakologické ukončení gravidity mifepristonem a misoprostolem – zhodnocení úspěšnosti, komplikací a spokojenosti pacientek. *Česká Gynekol*, 2015, 80, s. 452–455.
- 13 Šefčíková, A. – Šimková, L. – Dörr, A.: Dva roky metody medikamentózního ukončení gravidity ve Slezské nemocnici v Opavě, úspěšnost a poznatky. *Česká Gynekol*, 2017, 82, s. 206–210.
- 14 *Portny 2016*. Ústav zdravotnických informací a statistiky ČR 2018. ISSN 1210-8642, ISBN 978-80-7472-172-4.
- 15 AISLP. Informační systém léčivých přípravků. Dostupné z <https://www.aislp.cz/uvod/o-nas/>, vyhledáno 1. 2. 2019.
- 16 Pojarová, M. – Sehnal, B. – Jarolímková, A., et al.: Srovnání souborů umělé ukončených těhotenství farmakologickou a chirurgickou metodou. *Čes Gynek*, 2018, 83, s. 244–249.

Infekce HIV u žen v reprodukčním věku

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- 1 Mandelbrot, L. – Tubiana, R. – Le Chenadec, J., et al.: No perinatal HIV-1 transmission from women with effective antiretroviral therapy starting before conception. *Clin Infect Dis*, 2015, 61, s. 1715–1725.
- 2 Hoffmann, K. – Rockstroh, J.: *HIV Book 2015/2016*. Medizin Fokus Verlag, www.hivbook.com.
- 3 Maliakkal, A. – Walmsley, S. – Tseng, A.: Critical review: review of the efficacy, safety, and pharmacokinetics of raltegravir in pregnancy. *J Acquir Immune Defic Syndr*, 2016, 72, s. 153–161.
- 4 Cardozo, E. F. – Andrade, A. – Mellors, J. W., et al.: Treatment with integrase inhibitor suggests a new interpretation of HIV RNA decay curves that reveals a subset of cell with slow integration. *PLoS Pathog*, 2017, 13.
- 5 Zash, R. – Makhema, J. – Shapiro, R. L.: Neural-tube defects with do- lutegravir treatment from the time of conception. *N Engl J Med*, 2018, 379, s. 979–981.
- 6 Sibude, J. – Mandelbrot, L. – Blanche, S., et al.: Association between prenatal exposure to antiretroviral therapy and birth defects: an analysis of the French perinatal cohort study (ANRS CO1/CO11). *PLoS Med*, 2014, 11.
- 7 Martinez de Tejada, B.: Birth defects after exposure to efavirenz – based antiretroviral therapy at conception/first trimester of pregnancy: a multicohort analysis. *J Acquir Immune Defic Syndr*, 2019, 80, s. 316–324.
- 8 EACS Guidelines version 9.1, říjen 2018, dostupné z: http://www.eacsociety.org/files/2018_guidelines-9.1-english.pdf, vyhledáno 5. 6. 2019.
- 9 Gantner, P. – Sylla, B. – Morand-Joubert, L., et al.: „Real life“ use of raltegravir during pregnancy in France: The Coferal-IMEA048 cohort study. *PLoS One*, 2019, 24.
- 10 APR – Antiretroviral Pregnancy Registry, www.apregistry.com.
- 11 Shamsuddin, H. – Raudenbusch, C. L. – Sciba, B. L., et al.: Evaluation of neural tube defects after exposure to raltegravir during pregnancy. *J Acquir Immune Defic Syndr*, 2019, 19.
- 12 Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission: Recommendations for use of antiretroviral drugs in pregnant HIV-1-infected women for maternal health and interventions to reduce perinatal HIV transmission in the United States, 2018.
- 13 Ryom, L. – Boesecke, C. – Bracchi, M., et al.: High lights of the 2017 European AIDS Clinical Society (EACS) Guidelines for the treatment of adult HIV-positive persons version 9.0. *HIV Med*, 2018, 19, s. 309–315.
- 14 DHHS Guidelines for Management of WLV HIV, <https://aidsinfo.nih.gov/guidelines>.

Benzydamin v hojení poporodních ran – úleva od bolesti, pálení, intimní hygiena během šestinedělí

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- 1 Čepický, P.: Diferenciální diagnostika vulvovaginitis a postup při recidivujících vulvovaginitidách. *Mod Gynek Porod*, 2005, 14, s. 223–230.
- 2 Fait, T. – Sliva, J., et al.: *Volně prodejné přípravky v gynekologii*. Praha, Maxdorf, 2011, s. 266.
- 3 Unzeitig, V.: Záněty. In: Rob, L. (edit.): *Gynekologie*, Praha, Galén, 2008, s. 129–142.
- 4 Fait, T. – Dvořák, V. – Skřivánek, A.: *Almanach ambulanti gynekologie*. Praha, Maxdorf, 2009, s. 284.
- 5 Špaček, J. – Buchta, V. – Jilek, P., et al.: *Vulvovaginální dyskomfort a poruchy poševního prostředí*. Praha, Grada, 2013, s. 359.
- 6 Sironi, M. – Milannese, C. – Vecchi, A., et al.: Benzylamine inhibits the release of tumor necrosis factor α and monocyte chemoattractant protein-1 by *Candida albicans* – stimulated peripheral blood cells. *Int J Clin Lab Res*, 1997, 27, s. 118–122.
- 7 Šuška, P. – Barliková, Z. – Fazekeš, T., et al.: Použití Benzydaminu a nifuratelu s nystatýnem v léčbě akutnej vulvovaginitydy. *Slav Gynek Porod*, 2009, 16, s. 118–125.

Nové možnosti terapie recidivujícího a metastatického karcinomu děložního hrdla

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- 1 Thigpen, T. – Shingleton, H. – Homesley, H., et al.: cis-Dichlorodiammine platinum(II) in the treatment of gynecologic malignancies: phase II trials by the Gynecologic Oncology Group. *Cancer Treatment Reports*, 1979, 63, s. 1549–1555.
- 2 Moore, D. H. – Blessing, J. A. – McQuellon, R. P., et al.: Phase III study of cisplatin with or without paclitaxel in stage IVB, recurrent, or persistent squamous cell carcinoma of the cervix: a gynecologic oncology group study. *J Clin Oncol*, 2004, 22, s. 3113–3119.
- 3 Long, H. J. 3rd – Bundy, B. N. – Grendys, E. C. Jr., et al.: Randomized phase III trial of cisplatin with or without topotecan in carcinoma of the uterine cervix: a Gynecologic Oncology Group Study. *J Clin Oncol*, 2005, 23, s. 4626–4633.
- 4 Kitagawa, R. – Katsumata, N. – Shibata, T., et al.: Paclitaxel plus carboplatin versus paclitaxel plus cisplatin in metastatic or recurrent cervical cancer: the open-label randomized phase III trial JCOG0505. *J Clin Oncol*, 2015, 33, s. 2129–2135.
- 5 Tewari, K. S. – Sill, M. W. – Long, H. J. 3rd, et al.: Improved survival with bevacizumab in advanced cervical cancer. *New Eng J Med*, 2014, 370, s. 734–743.
- 6 Tewari, K. S. – Sill, M. W. – Penson, R. T., et al.: LBA26 – Final overall survival analysis of the phase III randomized trial of chemotherapy with and without bevacizumab for advanced cervical cancer: a NRG Oncology-Gynecologic Oncology Group Study. *An Oncol*, 2014, 25, s. 1–41.
- 7 Yang, W. – Song, Y. – Lu, Y. L., et al.: Increased expression of programmed death (PD)-1 and its ligand PD-L1 correlates with impaired cell-mediated immunity in high-risk human papillomavirus-related cervical intraepithelial neoplasia. *Immunology*, 2013, 139, s. 513–522.
- 8 Franzen, A. – Vogt, T. J. – Muller, T., et al.: PD-L1 (CD274) and PD-L2 (PDCD1LG2) promoter methylation is associated with HPV infection and transcriptional repression in head and neck squamous cell carcinomas. *Oncotarget*, 2018, 9, s. 641–650.
- 9 Schellens, J. H. M. – Marabelle, A., et al.: Pembrolizumab for previously treated advanced cervical squamous cell cancer: preliminary results from the phase 2 KEYNOTE-158 study. *J Clin Oncol*, 2017, 35, suppl, s. 5514–5514.

Karcinom prsu – současné možnosti léčby a jak dál?

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- 1 Národní onkologický registr 2016. Karcinom prsu – incidence a mortalita. Dostupné z: www.svod.cz, vyhledáno 6. 5. 2019.
- 2 Curigliano, G. – Burstein, H. J. – Winer, E. P., et al.: De-escalating and escalating treatments for early-stage breast cancer: the St. Gallen International Expert Consensus Conference on the Primary Therapy of Early Breast Cancer 2017. *Ann Oncol*, 2017, 28, s. 1700–1712.
- 3 Modrá kniha České onkologické společnosti. Dostupné z: www.linksos.cz, vyhledáno 6. 5. 2019.
- 4 Cardoso, F. – Senkus, E. – Costa, A., et al.: 4th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC4). *Ann Oncol*, 2018, 29, s. 1634–1657.
- 5 Sparano, J. A. – Gray, R. J. – Makower, D. F., et al.: Adjuvant chemotherapy guided by a 21-gene expression assay in breast cancer. *N Engl J Med*, 2018, 379, s. 111–121.
- 6 Francis, P. A. – Pagani, O. – Fleming, G. F., et al.: Tailoring adjuvant endocrine therapy for premenopausal breast cancer. *N Engl J Med*, 2018, 379, s. 122–137.
- 7 Regan, M. M. – Francis, P. A. – Pagani, O., et al.: Absolute improvements in freedom from distant recurrence with adjuvant endocrine therapy for premenopausal women with hormone receptor-positive (HR+) HER2-negative breast cancer (BC): Results from TEXT and SOFT. *J Clin Oncol*, 2018, 36, suppl, abstrakt 503.
- 8 Finn, R. S. – Martin, M. – Rugo, H. S., et al.: Palbociclib and letrozole in advanced breast cancer. *N Engl J Med*, 2016, 375, s. 1925–1936.
- 9 Hortobagyi, G. N. – Stemmer, S. M. – Burris, H. A., et al.: Ribociclib as first-line therapy for HR-positive, advanced breast cancer. *N Engl J Med*, 2016, 375, s. 1738–1748.
- 10 Turner, N. C. – Ro, J. – Andre, F., et al.: PALOMA3 Study Group: Palbociclib in hormone-receptor-positive advanced breast cancer. *N Engl J Med*, 2015, 373, s. 209–219.
- 11 Sledge, G. W. Jr. – Toi, M. – Neven, P., et al.: MONARCH 2: Abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy. *J Clin Oncol*, 2017, 35, s. 2875–2884.
- 12 Turner, N. C. – Slamon, D. J. – Ro, J., et al.: Overall survival with palbociclib and fulvestrant in advanced breast cancer. *N Engl J Med*, 2018, 379, s. 1926–1936.
- 13 Tripathy, D. – Im, S. A., et al.: Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. *Lancet Oncol*, 2018, 19, s. 904–915.
- 14 Společné stanovisko VZP a ČOS: Doporučené podmínky použití CDK 4/6 inhibitorů při léčbě žen s hormonálně pozitivním HER2 negativním neresekovatelným lokálně pokročilým nebo metastatickým karcinomem prsu ze dne 31. 1. 2019. Dostupné z: www.linksos.cz, vyhledáno 6. 5. 2019.
- 15 André, F. – Ciruelos, E. M. – Rubovszky, G., et al.: Alpelisib (ALP) + fulvestrant (FUL) for advanced breast cancer (ABC): results of the Phase 3 SOLAR-1 trial. ESMO 2018 Congress, 19–23. 10. 2018, Mnichov, Německo (LBA3_PR).
- 16 Von Minckwitz, G. – Huang, C. S. – Mano, M. S., et al.: Trastuzumab emtansine for residual invasive HER2-positive breast cancer. *N Engl J Med*, 2019, 380, s. 617–628.
- 17 Tolaney, S. M. – Barry, W. T. – Guo, H., et al.: Seven-year (yr) follow-up of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC). *J Clin Oncol*, 2017, 35, suppl, abstrakt 511.
- 18 Conte, P. F. – Bisagni, G. – Frassoldati, A., et al.: 9-weeks vs 1 year a adjuvant trastuzumab in combination with chemotherapy: Results of the phase III multicentric Italian study Short-HER. *J Clin Oncol*, 2017, 35, suppl, abstrakt 501.
- 19 Earl, H. M. – Hiller, L. – Vallier, A. L., et al.: PERSEPHONE: 6 versus 12 months (m) of adjuvant trastuzumab in patients (pts) with HER2 positive (+) early breast cancer (EBC): Randomised phase 3 non-inferiority trial with definitive 4-year (yr) disease-free survival (DFS) results. *J Clin Oncol*, 2018, 36, suppl, abstrakt 506.
- 20 Lynparza, aktualizace 26. 4. 2019. Dostupné z: <https://www.ema.europa.eu/en/medicines/human/summaries-opinion/lynparza-0>, vyhledáno 6. 5. 2019.
- 21 Schmid, P. – Adams, S. – Rugo, H. S., et al.: Atezolizumab and nab-paclitaxel in advanced triple-negative breast cancer. *N Engl J Med*, 2018, 379, s. 2108–2121.

Nové možnosti léčby karcinomu ovaria

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- 1 Foley, O. W. – Rauh-Hain, J. A. – Del Carmen, M. G.: Recurrent epithelial ovarian cancer: an update on treatment. *Oncology*, 2013, 27, s. 288–288.
- 2 Van Driel, W. – Sikorska, K. – Schagen van Leeuwen, J., et al.: A phase 3 trial of hyperthermic intraperitoneal chemotherapy (HIPEC) for ovarian cancer. *J Clin Oncol*, 2017, 35, suppl, s. 5519–5519.
- 3 Lim, M. C. – Chang, S. J. – Yoo, H. J., et al.: Randomized trial of hyperthermic intraperitoneal chemotherapy (HIPEC) in women with primary advanced peritoneal, ovarian, and tubal cancer. *J Clin Oncol*, 2017, 35, suppl, s. 5520–5520.
- 4 Shen, G. H. – Ghazizadeh, M. – Kawanami, O., et al.: Prognostic significance of vascular endothelial growth factor expression in human ovarian carcinoma. *Br J Cancer*, 2000, 83, s. 196.
- 5 Burger, R. A. – Brady, M. F. – Bookman, M. A., et al.: Incorporation of bevacizumab in the primary treatment of ovarian cancer. *New Eng J Med*, 2011, 365, s. 2473–2483.
- 6 Perren, T. J. – Swart, A. M. – Pfisterer, J., et al.: A phase 3 trial of bevacizumab in ovarian cancer. *New Eng J Med*, 2011, 365, s. 2484–2496.
- 7 Pujade-Lauraine, E. – Hilpert, F. – Weber, B., et al.: Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: the AURELIA open-label randomized phase III trial. *Obst Gyn Survey*, 2014, 69, s. 402–404.
- 8 Aghajanian, C. – Blank, S. V. – Goff, B. A., et al.: OCEANS: a randomized, double-blind, placebo-controlled phase III trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer. *J Clin Oncol*, 2012, 30, s. 2039.
- 9 Coleman, R. L. – Brady, M. F. – Herzog, T. J., et al.: Bevacizumab and paclitaxel-carboplatin chemotherapy and secondary cytoreduction in recurrent, platinum-sensitive ovarian cancer (NRG Oncology/Gynecologic Oncology Group study GOG-0213): a multicentre, open-label, randomised, phase 3 trial. *Lancet Oncol*, 2017, 18, s. 779–791.
- 10 Ledermann, J. A. – Embleton, A. C. – Raja, F., et al.: Cediranib in patients with relapsed platinum-sensitive ovarian cancer (ICON6): a randomised, double-blind, placebo-controlled phase 3 trial. *Lancet*, 2016, 387, s. 1066–1074.
- 11 Pignata, S. – Lorusso, D. – Scambia, G., et al.: Pazopanib plus weekly paclitaxel versus weekly paclitaxel alone for platinum-resistant or platinum-refractory advanced ovarian cancer (MITO 11): a randomised, open-label, phase 2 trial. *Lancet Oncol*, 2015, 16, s. 561–568.
- 12 Vergote, I. – Hanker, L. C. – Floquet, A., et al.: AGO-OVAR 16: A phase III study to evaluate the efficacy and safety of pazopanib (PZ) monotherapy versus placebo in women who have not progressed after first line chemotherapy for epithelial ovarian, fallopian tube, or primary peritoneal cancer—Overall survival (OS) results. *J Clin Oncol*, 2018, 36, suppl, s. 5518–5518.
- 13 du Bois, A. – Kristensen, G. – Ray-Coquard, I., et al.: Standard first-line chemotherapy with or without nintedanib for advanced ovarian cancer (AGO-OVAR 12): a randomised, double-blind, placebo-controlled phase 3 trial. *Lancet Oncol*, 2016, 17, s. 78–89.
- 14 Minion, L. E. – Dolinsky, J. S. – Chase, D. M., et al.: Hereditary predisposition to ovarian cancer, looking beyond BRCA1/BRCA2. *Gynecol Oncol*, 2015, 137, s. 86–92.
- 15 Song, H. – Cicek, M. S. – Dicks, E., et al.: The contribution of deleterious germline mutations in BRCA1, BRCA2 and the mismatch repair genes to ovarian cancer in the population. *Human Mol Gen*, 2014, 23, s. 4703–4709.
- 16 Cancer Genome Atlas Research Network. Integrated genomic analyses of ovarian carcinoma. *Nature*, 2011, 474, s. 609–615.
- 17 Ledermann, J. – Harter, P. – Gourley, C., et al.: Olaparib maintenance therapy in patients with platinum-sensitive relapsed serous ovarian cancer: a preplanned retrospective analysis of outcomes by BRCA status in a randomised phase 2 trial. *Lancet Oncol*, 2014, 15, s. 852–861.
- 18 Pujade-Lauraine, E. – Ledermann, J. A. – Selle, F., et al.: Olaparib tablets as maintenance therapy in patients with platinum-sensitive, relapsed ovarian cancer and a BRCA1/2 mutation (SOLO2/ENGOT-Ov21): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol*, 2017, 18, s. 1274–1284.
- 19 Moore, K. – Colombo, N. – Scambia, G., et al.: Maintenance olaparib in patients with newly diagnosed advanced ovarian cancer. *New Eng J Med*, 2018, 379, s. 2495–2505.
- 20 Mirza, M. R. – Monk, B. J. – Herrstedt, J., et al.: Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer. *New Eng J Med*, 2016, 375, s. 2154–2164.
- 21 Swisher, E. M. – Lin, K. K. – Oza, A. M., et al.: Rucaparib in relapsed, platinum-sensitive high-grade ovarian carcinoma (ARIEL2 Part 1): an international, multicentre, open-label, phase 2 trial. *Lancet Oncol*, 2017, 18, s. 75–87.
- 22 Coleman, R. L. – Oza, A. M. – Lorusso, D., et al.: Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*, 2017, 390, s. 1949–1961.
- 23 Martin Luesma, S. – Wolfer, A. – Harari, A., et al.: Cancer vaccines in ovarian cancer: how can we improve? *Biomedicines*, 2016, 4, s. 10.
- 24 Zhang, L. – Conejo-Garcia, J. R. – Katsaros, D., et al.: Intratumoral T cells, recurrence, and survival in epithelial ovarian cancer. *New Eng J Med*, 2016, 348, s. 203–213.
- 25 Guo, C. – Manjili, M. H. – Subjeck, J. R., et al.: Therapeutic cancer vaccines: past, present, and future. In: *Advances in cancer research*. Academic Press, 2013, s. 421–475.

Nemetastatický kastračně rezistentní karcinom prostaty

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- 1 Smith, M. R. – Saad, F. – Chowdury, S., et al.: Apalutamide treatment and metastasis – free survival in prostate cancer. *N Engl J Med*, 2018, 378, s. 1408–1418.
- 2 Hussain, M. – Fizazi, K. – Saad, F., et al.: Enzalutamide in men with nonmetastatic, castration-resistant prostate cancer. *N Engl J Med*, 2018, 378, s. 2465–2474.

Imunoterapie v léčbě uroteliálního karcinomu – její postavení a vyhlídky

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- 1 Oing, C. – Rink, M. – Oechsle, K., et al.: Second line chemotherapy for advanced and metastatic urothelial carcinoma: vinflunine and beyond a comprehensive review of the current literature. *J Urol*, 2016, 195, s. 254–263.
- 2 Keir, M. E. – Butte, M. J. – Freeman, G. J., et al.: PD-1 and its ligands in tolerance and immunity. *Annu Rev Immunol*, 2008, 26, s. 677–703.
- 3 www.ema.europa.eu
- 4 Powels, T. – Smith, K. – Stenzl, A., et al.: Immune check point inhibition in metastatic urothelial cancer. *European Urology*, 2017, 72, s. 477–481.
- 5 Rosenberg, J. E. – Censits, J. H. – Powles T., et al.: Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum based chemotherapy: a single-arm, multicentre, phase 2 trial. *Lancet*, 2016, 387, s. 1909–1920.
- 6 Sharma, P. – Retz, M. – Siefker-Radtke, A., et al.: Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. *Lancet Oncology*, 2017, 18, s. 312–322.
- 7 Galsky, M., et al.: Efficacy and safety of nivolumab monotherapy in patients with metastatic urothelial cancer (mUC) who have received prior treatment: Results from the phase II CheckMate 275 study, přednáška na ESMO 2016, LBA31_PR.
- 8 Balar, A. V. – Galsky, M. D. – Rosenberg, J. E., et al.: Atezolizumab as first-line treatment in cisplatin-ineligible patients with locally advanced and metastatic urothelial carcinoma: a single-arm, multicentre, phase 2 trial. *Lancet*, 2017, 389, s. 67–76.
- 9 Balar, A. – Bellmunt, J. – O'Donnell, P., et al.: Pembrolizumab (pembro) as first-line therapy for advanced/unresectable or metastatic urothelial cancer: preliminary results from the phase 2 KEYNOTE-052 study. *An Oncol*, 2016, 27, s. 1–36.
- 10 Massard, C. – Gordon, M. S. – Sharma, S., et al.: Safety and efficacy of durvalumab (MEDI4736), an anti-programmed cell death ligand-1 immune checkpoint inhibitor, in patients with advanced urothelial bladder cancer. *J Clin Oncol*, 2016, 34, s. 3119–3125.
- 11 Patel, M. – Ellerton, J. – Agrawal, M., et al.: Avelumab (MSB0010718C; anti-PD-L1) in patients with metastatic urothelial carcinoma progressed after platinum-based therapy or platinum ineligible. *An Oncol*, 2016, 27, s. 266–295.
- 12 Powels, T. – Duran, I., et al.: A study of atezolizumab compared with chemotherapy in participants with locally advanced or metastatic urothelial bladder cancer [IMvigor211]. DOI: [https://doi.org/10.1016/S0140-6736\(17\)33297-X](https://doi.org/10.1016/S0140-6736(17)33297-X).
- 13 Bellmunt, J. – de Wit, R. – Vaughn, D. J., et al.: Pembrolizumab as second-line therapy for advanced urothelial carcinoma. *New Eng J Med*, 2017, 376, s. 1015–1026.
- 14 Powels, T. – Duran, I., et al.: A phase II study investigating the safety and efficacy of neoadjuvant atezolizumab in muscle invasive bladder cancer. *JCO*, 2018, 36, abstrakt 4506.
- 15 Necchi, A. – Briganti, A. – Raggi, D., et al.: Interim results of PURE-01: A phase II, open-label study of neoadjuvant pembrolizumab (pembro) before radical cystectomy for muscle-invasive urothelial bladder cancer (MUIC). *J Clin Oncol*, 2018, 36, abstrakt TPS533.

Syndrom hyperaktivního měchýře a močová inkontinence

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- Abrams, P. – Cardozo, L. – Fall, M., et al.: The standardisation of terminology of Lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society. *Neurourol Urodyn*, 2002, 21, s. 167–178.
- Milsom, I. – Abrams, P. – Cardozo, L., et al.: How widespread are the symptoms of an overactive bladder and how are they managed? A population-based prevalence study. *BJU Int*, 2001, 87, s. 760–766.
- Chapple, C. R., et al.: Solifenacin – a new therapeutic option of OAB? Kongres České urologické společnosti, Praha, říjen 2005.
- Martan, A., et al.: Inkontinence moči a ultrazvukové vyšetření dolního močového ústrojí u žen. *Pan Med*, 2001.
- Zmrhal, J., et al.: Místo a význam urodynamických metod v současnosti. *Moderní gynekologie a porodnictví*, 2003, 12, s. 56–70.
- Zmrhal, J.: Základy diagnostiky v urogynnekologii. *Urologické listy*, 2004, 2, s. 5–13.
- Jackson, S. – Donova, J. – Brookes, S., et al.: The Bristol Female Lower Urinary Tract Symptoms questionnaire: development and psychometric testing. *Br J Urol*, 1996, 77, s. 805–812.
- Huvar, I.: Kvalita života při močové inkontinenci. *Praktická gynekologie*, 2003, 7, s. 18–22.
- Otcenášek, M.: Současné možnosti využití magnetické rezonance v urogynnekologii. *Postgraduální medicína*, 2003, 5, s. 878–880.
- Tomolová, Z. – Zmrhal, J. – Voženilek, J.: Nálezy závažných patologií urotelu u pacientek s OAB ve vlastním materiálu. Praktická urogynnekologie XIV; celostátní konference Urogynnekologické společnosti ČR, Mělník, prosinec 2005.
- Chmel, R.: Epidemiologické aspekty ženské močové inkontinence. *Časopis lékařů českých*, 2005, 2, s. 95–97.
- Hegde, S. S.: Muscarinic receptors in the bladder: from basic research to therapeutics. *Br J Pharmacol*, 2006, 147, s. 80–87.
- Riva, O. – Casolati, E.: Oxybutynin chloride in the treatment of faecal incontinence: results from double blind treatment. *Clin Exp Obstet Gynecol*, 1984, 11, s. 37–42.
- Davila, G. W., et al.: Transdermal Oxybutynin Study Group: A short-term, multicenter, randomized double-blind dose titration study of the efficacy and anticholinergic side effects of transdermal compared to immediate release oral oxybutynin treatment of patients with urge urinary incontinence. *J Urol*, 2001, 166, s. 140–145.
- Rovner, E. S.: Trospium chloride in the management of overactive bladder. *Drugs*, 2004, 64, s. 2433–2446.
- Zinner, N., et al.: Trospium chloride improves overactive bladder symptoms: a multicenter phase III trial. *J Urol*, 2004, 171, s. 2311–2315.
- Madersbacher, H., et al.: Trospium chloride versus oxybutynin: a randomized, double-blind, multicenter trial in the treatment of detrusor hyperreflexia. *Br J Urol*, 1995, 75, s. 452–456.
- Junemann, K. P., et al.: Efficacy and tolerability of trospium chloride and tolterodine in 234 patients with urge syndrome: a double-blind, placebo-controlled, multicenter, clinical trial. *Neurourol Urodyn*, 2000, 19, s. 488–490.
- Nitti, V. W., et al.: Efficacy and tolerability of tolterodine extended-release in continent patients with overactive bladder and nocturia. *BJU Int*, 2006, 97, s. 1262–1266.
- Ohtake, A., et al.: In vitro and in vivo tissue selectivity profile of solifenacin succinate (YM905) for urinary bladder over salivary gland in rats. *Eur J Pharmacol*, 2004, 492, s. 243–250.
- Cardozo, L., et al.: Randomized, double-blind placebo controlled trial of the once daily antimuscarinic agent solifenacin succinate in patients with overactive bladder. *J Urol*, 2004, 172, s. 1919–1924.
- Chapple, C. R., et al.: The effects of antimuscarinic treatments in overactive bladder: an update of a systematic review and meta-analysis. *Eur Urol*, 2008, 54, s. 543–562.
- Madersbacher, H., et al.: Efficacy, tolerability and safety profile of propiverine in the treatment of the overactive bladder (non-neurogenic and neurogenic). *World J Urol*, 2001, 19, s. 324–335.
- Junemann, K. P., et al.: Propiverine versus tolterodine: efficacy and tolerability in patients with overactive bladder. *Eur Urol*, 2005, 48, s. 478–482.
- Ito, H., et al.: Renal stone burden as a predictor of stone-free status after flexible ureteroscopy with holmium laser lithotripsy: a single-center experience. *EAU*, 2012, s. 524–528.
- Norlen, L., et al.: Beta-adrenoreceptor stimulation of the human urinary bladder in vivo. *Acta Pharmacol Toxicol*, 1978, 43, s. 5–10.
- Gruneberger, A.: Treatment of motor urge incontinence with clenbuterol and flavoxate hydrochloride. *Br J Obstet Gynecol*, 1984, 91, s. 275–280.
- Chapple, C. R., et al.: Clinical proof of concept study (Blossom) shows novel B3 adrenoreceptor agonist YM178 is effective and well tolerated in the treatment of symptoms of over active bladder. *Eur Urol*, 2008, 7, s. 239.
- Perlberg, S., et al.: Adrenergic response of bladder muscle in prostatic obstruction. Its relation to detrusor instability. *Urology*, 1982, 20, s. 524–527.
- Lee, J. Y., et al.: Comparison of doxazosin with or without tolterodine in men with sympatomatic bladder outlet obstruction and an overactive bladder. *BJU Int*, 2004, 94, s. 817–820.
- Kaplan, S. A., et al.: Tolterodine and tamsulosin for treatment of men with Lower urinary tract symptoms and over active bladder: a randomized controlled trial. *JAMA*, 2006, 296, s. 2319–2328.
- MacDiarmid, S. A., et al.: Efficacy and safety of extended-release oxybutynin in combination with tamsulosin for treatment of lower urinary tract symptoms in men: randomized, double-blind, placebo-controlled study. *Mayo Clin Proc*, 2008, 83, s. 1002–1010.
- Andersson, K. E., et al.: Urinary bladder contraction and relaxation: physiology and pathophysiology. *Physiol Rev*, 2004, 84, s. 935–986.
- Fantl, J. A., et al.: Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. First report of the Hormones and Urogenital Therapy Committee. *Obstet Gynecol*, 1994, 83, s. 12–18.
- Rembratt, A., et al.: What is nocturnal polyuria? *BJU Int*, 2002, 90, s. 18–20.
- Robinson, D.: Nocturia in women. *Int J Clin Pract Suppl*, 2007, 155, s. 23–31.
- Bae, J. H., et al.: The effects of long-term administration of oral desmopressin on the baseline secretion of antidiuretic hormone and serum sodium concentration for the treatment of nocturia: a circadian study. *J Urol*, 2007, 178, s. 200–203.
- Zahariou, A., et al.: Maximal bladder capacity is a positive predictor of response to desmopressin treatment in patients with MS and nocturia. *Int Urol Nephrol*, 2008, 40, s. 65–69.
- Giannantonio, A., et al.: New therapeutic options for refractory neurogenic detrusor over activity. *Minerva Urol Nefrol*, 2004, 56, s. 79–87.
- Leippold, T., et al.: Botulinum toxin as a new therapy option for voiding disorders: current state of the art. *Eur Urol*, 2003, 44, s. 165–174.
- Zmrhal, J. – Topinková, E.: Inkontinence moči u žen vyššího věku, diagnostika a léčebné možnosti. *Postgraduální medicína*, 2004, 6, s. 47–56.
- Sand, P. K.: Latest perspectives in overactive bladder treatment. *AUGS Symposium*, 2018.
- Herschorn, S., et al.: Efficacy and safety of combinations of mirabegron and solifenacin compared with monotherapy and placebo in patients with overactive bladder. *BJU Int*, 2017, 120, s. 562–575.
- Nardulli, R., et al.: Combined antimuscarinics for treatment of neurogenic overactive bladder. *Int J Immunopathol Pharmacol*, 2012, s. S35–S41.

Léčba akutních infekcí dolních močových cest u žen

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- Foxman, B.: Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. *Dis Mon*, 2003, 49, s. 53–70.
- Naber, K. G. – Schito, G. – Botto, H., et al.: Surveillance study in Europe and Brazil on clinical aspects and Antimicrobial Resistance Epidemiology in Females with Cystitis (ARESC): implications for empiric therapy. *Eur Urol*, 2008, 54, s. 1164–1175.
- Wagenlehner, F. M. – Hoyme, U. – Kaase, M., et al.: Uncomplicated urinary tract infections. *Dtsch Arztebl Int*, 2011, 108, s. 415–423.
- Stamm, W. E. – Hooton, T. M.: Management of urinary tract infections in adults. *N Engl J Med*, 1993, 329, s. 1328–1334.
- Bradbury, S. M.: Collection of urine specimens in general practice: to clean or not to clean? *J R Coll Gen Pract*, 1988, 38, s. 363–365.
- Lifshitz, E. – Kramer, L.: Outpatient urine culture: does collection technique matter? *Arch Intern Med*, 2000, 160, s. 2537–2540.
- Bonkat, G. – Pickard, R.: Urological Infections, European Association of Urology (EAU) Guidelines 2019. Dostupné z: <https://uroweb.org/guideline/urological-infections>, vyhledáno 10. 5. 2019.
- Nicolle, L. E. – Bradley, S. – Colgan, R., et al.: Infectious Diseases Society of America guidelines for the diagnosis and treatment of asymptomatic bacteriuria in adults. *Clin Infect Dis*, 2005, 40, s. 643–654.
- Fajfr, M. – Louda, M. – Paterova, P., et al.: The susceptibility to fosfomycin of Gram-negative bacteria isolates from urinary tract infection in the Czech Republic: data from a unicentric study. *BMC Urol*, 2017, 17, s. 33.
- Schito, G. C. – Chezzi, C. – Nicoletti, G., et al.: Susceptibility of frequent urinary pathogens to fosfomycin trometamol and eight other antibiotics: results of an Italian multicenter survey. *Infection*, 1992, 20, suppl. 4, s. S291–S295.
- Walker, E. – Lyman, A. – Gupta, K., et al.: Clinical management of an increasing threat: outpatient urinary tract infections due to multidrug-resistant uropathogens. *Clin Infect Dis*, 2016, 63, s. 960–965.
- CDDEP. Antibiotic Resistance of Escherichia coli in the Czech Republic. Dostupné z: <https://resistancemap.cddep.org/CountryPage.php?countryId=8&country=Czech+Republic>, vyhledáno 7. 6. 2017.
- Falagas, M. E. – Kastoris, A. C. – Karageorgopoulos, D. E., et al.: Fosfomycin for the treatment of infections caused by multidrug-resistant non-fermenting Gram-negative bacilli: a systematic review of microbiological, animal and clinical studies. *Int J Antimicrob Agents*, 2009, 34, s. 111–120.
- Neuner, E. A. – Sekeres, J. – Hall, G. S., et al.: Experience with fosfomycin for treatment of urinary tract infections due to multidrug-resistant organisms. *Antimicrob Agents Chemother*, 2012, 56, s. 5744–5748.
- Knothe, H. – Schafer, V. – Sammann, A., et al.: Influence of fosfomycin on the intestinal and pharyngeal flora of man. *Infection*, 1991, 19, s. 18–20.
- SPC Urifos 3 g, poslední revize textu 15. 9. 2015.
- Costantini, E. – Zucchi, A. – Salvini, E., et al.: Prulifloxacin vs fosfomycin for prophylaxis in female patients with recurrent UTIs: a non-inferiority trial. *Int Urogynecol J*, 2014, 25, s. 1173–1178.
- Dostupné z: <https://www.drugs.com/pregnancy/fosfomycin.html>, vyhledáno 7. 6. 2017.
- Liska, D. J. – Kern, H. J. – Maki, K. C.: Cranberries and urinary tract infections: How can the same evidence lead to conflicting advice? *Adv Nutr*, 2016, 7, s. 498–506.
- Martinez, J. J. – Mulvey, M. A. – Schilling, J. D., et al.: Type 1 pilus-mediated bacterial invasion of bladder epithelial cells. *EMBO J*, 2000, 19, s. 2803–2812.
- Mulvey, M. A. – Schilling, J. D. – Martinez, J. J., et al.: Bad bugs and beleaguered bladders: interplay between uropathogenic Escherichia coli and innate host defenses. *Proc Natl Acad Sci U S A*, 2000, 97, s. 8829–8835.

Antibiotická léčba infekcí ledvin a močových cest

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- Karen, I., et al.: Antibiotická terapie respiračních, močových a kožních infekcí v ordinaci všeobecného praktického lékaře. Novelizace 2018. Dostupné z: <https://www.svl.cz/files/files/Doporucene-postupy/2017/DP-Antibioticka-terapie-2018.pdf>, vyhledáno 6. 5. 2019.
- Bonkat, G., et al.: EAU Guidelines on Urological Infections 2019. Dostupné z: <https://uroweb.org/guideline/urological-infections/#1>, vyhledáno 6. 5. 2019.
- SZÚ. Močová studie antibiotické rezistence 2016. Dostupné z: <http://www.szuz.cz/mocova-studie-atb-rezistence>, vyhledáno 6. 5. 2019.
- Gupta, K., et al.: International Clinical Practice Guidelines for the Treatment of Acute Uncomplicated Cystitis and Pyelonephritis in Women: A 2010 Update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. *Clin Infect Dis*, 2011, 52, s. e103–e120.
- FDA Drug Safety Communication: FDA updates warnings for oral and injectable fluoroquinolone antibiotics due to disabling side effects. Dostupné z: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics>, vyhledáno 6. 5. 2019.