Patients and methods Have a 94 girls 3–6 years with VV, of which 1 group (n=52) – VV on the background of the UTI, group 2 (n=42) - isolated VV the assessment of biocenosis of the vagina by microscopy and PCR. Local antibiotic therapy was combined with the use of interferon alpha 2b 500 000 ME 2 times a day for 5 days, then 1 time a day – 5 days. Prevention of exacerbation of UTI was carried out by phytopreparation CAN-UTI-7 15 drops 3 times a day for 4–6 weeks.

Results In girls with VV and UTI, compared with group 2, the frequency of chronic VV was high (57.7% and 29.6%, p<0.05), the frequency of relapses (46% and 14.8%, p<0.05), the frequency of chronic VV was high (57.7% and 29.6%, p<0.05), the frequency of relapses (46% and 14.8%, p<0.05), the frequency of relapses (46% and 14.8%, p<0.05), the frequency of chronic VV was high (57.7% and 29.6%, p<0.05), the frequency of relapses (46% and 14.8%, p<0.05). In both groups, growth of opportunistic microflora and facultative aerobes >105 CFU/ml was revealed. St. epidermis, E. faecalis were sown more often in isolated VV. The detection rate of E. coli, Candida alb. in group 1 was higher than in group 2. After treatment in group 1, E. coli decreased from 6.8±0.05*106 to 1.7±0.03*102 CFU/ml (p<0.05), microbial contamination - from lg 5.6±0.07 to lg 2.4±0.01 CFU/ml (after 1 month), lg 2.1±0.1 CFU/ml (after 12 months) (p<0.05).

Conclusion Complex therapy of girls with UTI improves the condition of the vaginal biotope, reduces the rates of microbial colonization and the number of relapses of VV.