

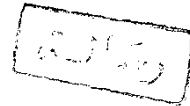
CHLAMYDIA TRACHOMATIS INFECTION IN PATIENTS WITH TUBAL INFERTILITY

Thesis

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M.D. Degree in Clinical and Chemical Pathology*

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سنة الله العظيمة



To My Dear Family

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CONTENTS

	Page
. Introduction and Aim of the Work	1
. Review of Literature	3
 I. Chlamydia trachomatis	
* Historical Aspect	3
* Classification.	5
* Life Cycle	8
* Morphology and Staining Properties	11
* Growth and Metabolism	13
* Physiochemical Properties	13
* Antigenic Composition	14
* Reactions to Physical and Chemical Agents	16
* Susceptibility to Antimicrobial Agents	16
* Pathogenesis and Immunological Aspect of Chlamydial Infection of the Genital Tract	18
* Latency	20
* Immunity to Chlamydial Infection	21
 II. Epidemiology	24
 III. Chlamydia and Genital Infections	
* Genital Chlamydia trachomatis infections in men.	29
* Genital Chlamydia trachomatis infections in women	33
* Neonatal infections	46
* Infections in pregnant women	48
 IV. Infertility	
* Causes of infertility in the male	50
* Causes of infertility in the female	51
* Investigations of the infertile couple	55

	Page
V. Role of Chlamydia trachomatis in Tubal Infertility	61
VI. Laboratory Diagnosis	
* Direct microscopic examination	77
* Culture and isolation	78
* Direct antigen detection	83
* Nucleic acid detection	87
* Serological diagnosis	87
VII. Treatment and Prevention	94
. Subjects and Methods	96
. Results	113
. Discussion	143
. Summary	158
. Conclusion and Recommendations	161
. References	162
. Arabic Summary	

LIST OF ABBREVIATIONS

Ab	Antibody
Ag	Antigen
CA	Chlamydial Antibody
CFT	Complement Fixation Test
CIN	Cervical Intraepithelial Neoplasia
DFA	Direct Fluorescent Antibody
EB	Elementary Body
EIA	Enzyme Immunoassay
ELISA	Enzyme Linked Immunosorbent Assay
GC	Gonococci
HRP	Horseradish-Peroxidase
HSG	Hysterosalpingography
IFA	Indirect Fluorescent Antibody
IgA	Immunoglobulin A
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IUCD	Intrauterine Contraceptive Device
LGV	Lymphogranuloma Venereum
MIF	Microimmunofluorescence
NGU	Non gonococcal Urethritis
NT	Nontubal
PBS	Phosphate Buffered Saline
PEB	Premenstrual Endometrial Biopsy
PGU	Post gonococcal Urethritis
PID	Pelvic Inflammatory Disease
PLT	Psittacosis-Lymphogranuloma - Trachoma
RB	Reticulate Body
RIA	Radio immunoassay
RIP	Radioisotope Precipitation
STD	Sexually Transmitted Disease
TF	Tubal Factor
TRIC	Trachoma Inclusion Conjunctivitis

LIST OF TABLES

	Page
Table (1): Human diseases caused by Chlamydiae	7
Table (2): Prevalence of C.trachomatis genital infections in non pregnant adult women	26
Table (3): Isolation of N. gonorrhoeae and C.trachomatis from the endocervix in selected populations	27
Table (4): Studies demonstrating an association between C.trachomatis infection and infertility	63
Table (5): Detection of chlamydia inclusions	82
Table (6): Characteristics of the infertile and control groups	114
Table (7): The age distribution of the infertile and control groups	115
Table (8): The duration of infertility in the infertile group	117
Table (9): Comparison between the two groups of infertile women as regards the age and duration of infertility	120
Table(10): Comparison between the two groups of infertile women as regards the type of infertility	120
Table(11): Significant data in the medical history of patient and control groups	121
Table(12): Comparison between the two groups of infertile women regarding the use of IUCD	123
Table(13): Comparison between the two groups of infertile women regarding the history of PID	123
Table 14): The results of direct chlamydial antigen detection in the infertile group	122
Table(15): The prevalence of antichlamydial IgG antibody in the sera of infertile and control groups as detected by indirect immunofluorescence	125
Table(16): Comparison between the prevalence of IgG in the TF group and the control group	125
Table(17): Comparison between the prevalence of IgG in the NT group and the control group	126

	Page
Table(18): Comparison between the prevalence of IgG in the TF group and the NT group	126
Table(19): Comparison between the two groups of infertile women regarding the presence of IgG at titres 128 and 256	128
Table(20): The relation between the antigen positivity and the antibody positivity in the TF group	129
Table(21): The relation between the antigen positivity and the antibody positivity in the NT group	129
Table(22): The prevalence of antichlamydial IgG in the TF group in relation to the different age groups	130
Table(23): The prevalence of antichlamydial IgG in the NT group in relation to the different age groups	131
Table(24): The prevalence of antichlamydial IgG in patients with abnormal fallopian tubes	134
Table(25): Antichlamydial IgG in relation to the type of infertility in the infertile group	136
Table(26): Antichlamydial IgG in relation to the type of infertility in the TF group	138
Table(27): Antichlamydial IgG in relation to the type of infertility in the NT group	138
Table(28): The prevalence of antichlamydial IgG and history suggestive of PID in the infertile group	139
Table(29): The prevalence of antichlamydial IgG and history of previous contraception in the infertile group	140
Table(30): The association of antibody to C.trachomatis and history of previous pelvic operations	141

LIST OF FIGURES

	Page
Figure (1): Chlamydial growth cycle	10
Figure (2): Fluorescent green spots indicating the presence of antichlamydial IgG.	112
Figure (3): The age distribution of the infertile and control groups.	116
Figure (4): The duration of infertility in the TF group	118
Figure (5): The duration of infertility in the NT group	119
Figure (6): Distribution of antichlamydial IgG antibody titres among the different groups studied.	127
Figure (7): The prevalence of antichlamydial IgG in the two groups of infertile women in relation to the different age groups.	132
Figure (8): The prevalence of antichlamydial IgG in relation to tubal abnormalities	135



Introduction and Aim of the Work



INTRODUCTION

Infertility is an increasingly significant health problem in many areas of the world. The increasing incidence of infertility is presumably consequent to the increasing incidence of tubal infection with *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and other sexually transmitted pathogens. *Chlamydia trachomatis* has been implicated in up to 60% of cases of pelvic inflammatory disease. The infertility rates after one, two, and three episodes of pelvic inflammatory disease are 13%, 20% and 75% respectively (*Kane et al., 1984*).

Tubal occlusion produced by peritubal adhesions, hydrosalpinx formation and intramural fibrosis is the underlying pathological abnormality in tubal infertility following acute salpingitis (*Westrom, 1975*).

The risk of infertility after chlamydial salpingitis is unknown, although a striking correlation between tubal infertility and the prevalence of antibodies to *Chlamydia trachomatis* has been reported (*Conway et al., 1984*). Between 64% and 91% of infertile women with tubal occlusion have antibodies to *Chlamydia trachomatis*, a prevalence two to eight times greater than that found in women with other causes of infertility (*Brunham et al., 1985*).

Chlamydial pelvic infections may be so mild that they escape attention and medical treatment, and in such cases there is a high risk of continuing tubal disease with subsequent tubal obstruction leading to infertility. These findings suggest that gynecologists should be aware of the importance of *Chlamydia trachomatis* in mild acute pelvic inflammatory disease. Prompt

diagnosis and treatment of such mild disease are needed to prevent the long-term sequelae (*Kane et al., 1984*).

Aim of the Work

The aim of this work is to study the association between the prevalence of *Chlamydia trachomatis* infection and tubal infertility in women who underwent diagnostic laparoscopy and who were assessed for tubal microsurgery. This will be carried out by:

1. Direct antigen detection
2. Specific *Chlamydia* antibodies detection.



Review of Literature

