Concomitant Chlamydial Endometritis in Patients with Chlamydial Cervicitis

Thesis

Submitted in Partial Fulfilment of the Master Degree in Pathology

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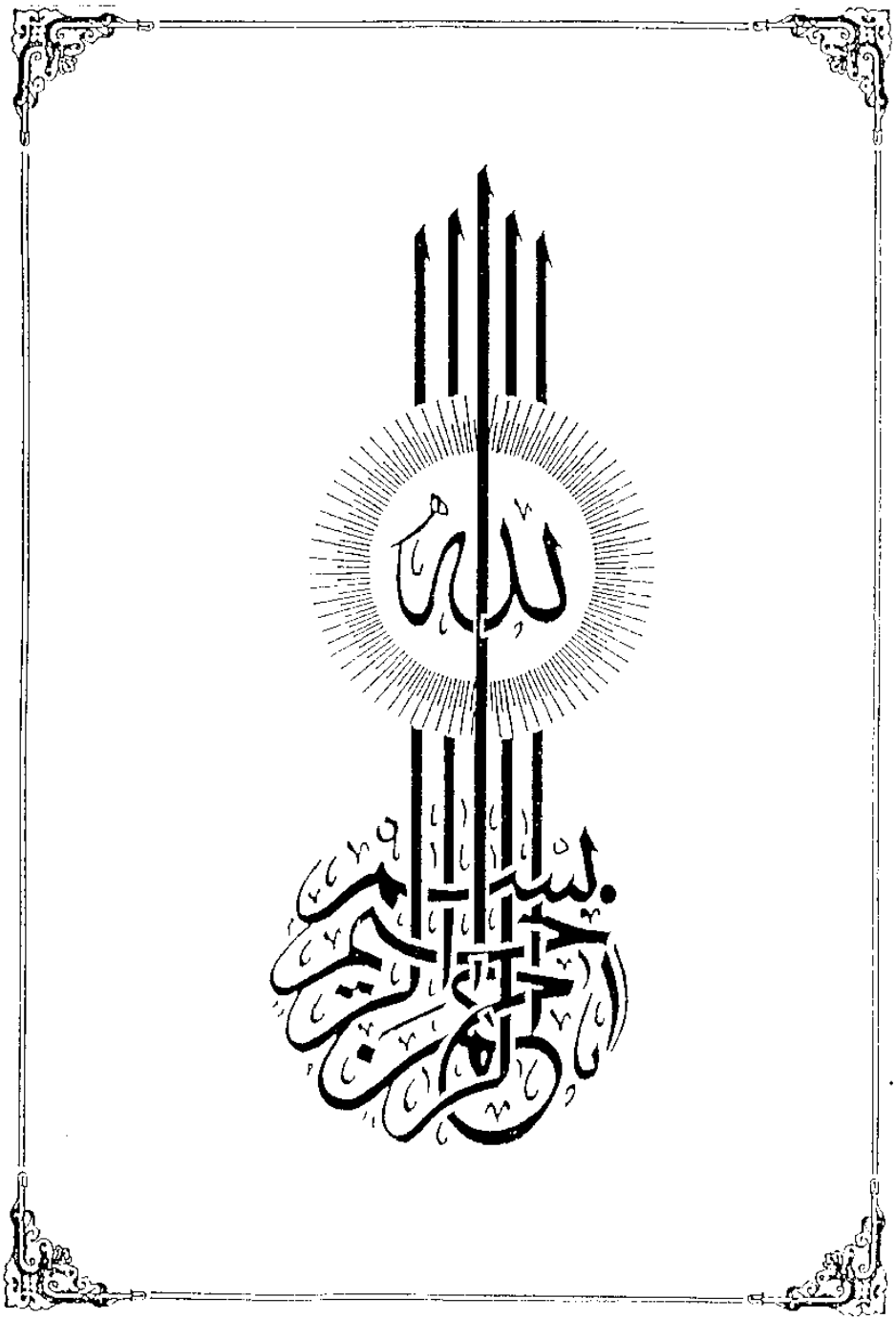
1996



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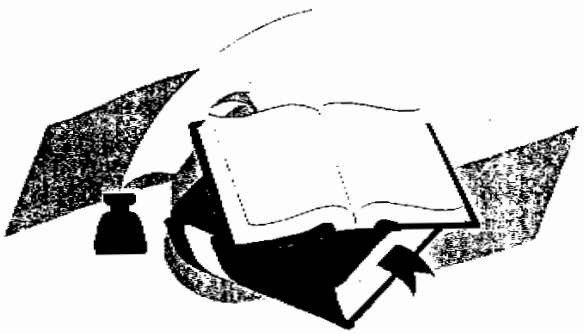


Introduction

Introduction

Chlamydia trachomatis (CT) infection of the genitourinary tract is the most common sexually transmitted disease occuring nowadays *(Fraiz and Jones, 1988)*.

The cervix is the primary site for chlamydial infection, however, only 40% of infected patients have symptoms of mucopurulent discharge *(Kent et al., 1988)*.

This means that most of the infected women are not aware of the disease but are at risk for development of late complications, such as pelvic inflammatory disease (PID), infertility due to tubal factor and ectopic pregnancy *(Mardh and Svensson, 1982)*.

Chlamydia trachomatis has been found to be the commonest cause of PID. It was isolated from the endometrium in most of patients diagnosed to have PID *(Cleary and Jones, 1985)*.

This means that chlamydial salpingitis results mainly from spread through the endometrial cavity, however, it has not been estimated how many of patients with chlamydial cervicitis are at risk for developing PID *(Shepard, 1989)*.

Aim of the Study

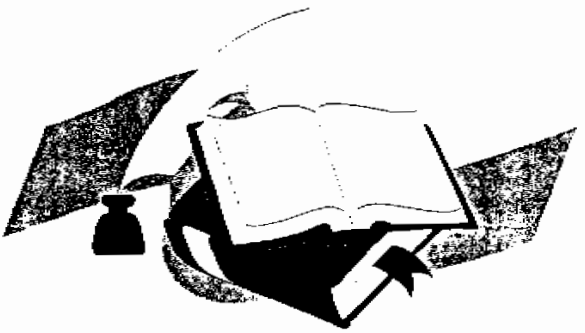
This study is desgined to estimate how many patients, diagnosed to have chlamydial cervicitis, are at risk for developing chlamydial endometritis, thus they are liable to have PID.

Materials and Methods

Patients suspected clinically to have chlamydial cervicitis will be subjected to this investigation which will include endocervical and isolated endometrial smears and endometrial biopsy.

The smears will be fixed with methanol. Diagnosis of chlamydial infection will be performed with direct immunofluorescent technique, using antichlamydial monoclonal antibodies.

Endometrial biopsy will fixed in 10% formalin processed and stained with H&E for histopathological examination. The results will be treated statistically and compared with similar studies in literature.



Review of the Literature