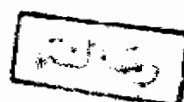

Concomitant Chlamydial Endometritis in Patients with Chlamydial Cervicitis

Thesis

Submitted in Partial Fulfilment of the Master Degree in Pathology

Presented By

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1996



The first part of the paper discusses the importance of the research and the need for a new approach. It then presents a detailed description of the methodology used in the study. The results of the study are then presented, followed by a discussion of the implications of the findings. The paper concludes with a summary of the main points and a list of references.

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The first part of the paper discusses the importance of understanding the underlying mechanisms of the observed phenomena. This is followed by a detailed analysis of the data, which reveals several key findings. The results indicate that the proposed model is highly effective in capturing the essential features of the system under study. Furthermore, the analysis shows that the system exhibits a high degree of robustness and adaptability, which are crucial for its successful application in real-world scenarios. The paper concludes by highlighting the potential of the proposed approach and suggesting directions for future research.

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Nahla Mohammed Awed

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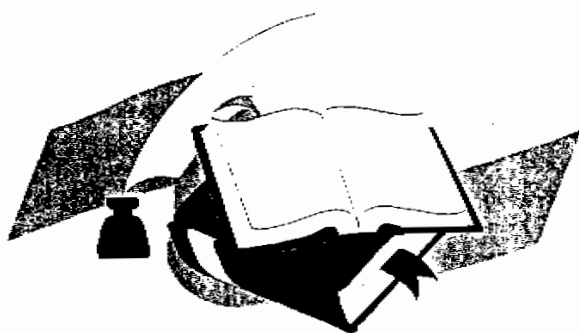
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Introduction

Introduction

Chlamydia trachomatis (CT) infection of the genitourinary tract is the most common sexually transmitted disease occurring 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

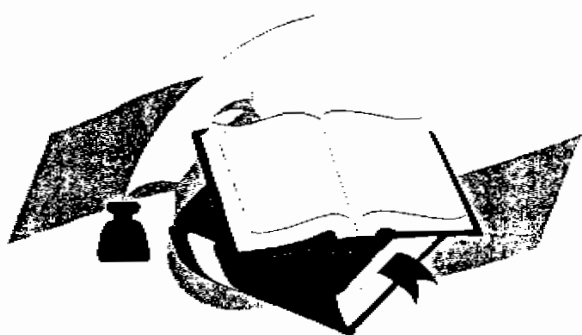
This study is designed to estimate how many patients, diagnosed to have chlamydial cervicitis, are at risk for developing chlamydial endometritis, thus they are liable to have PID.

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 be 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

