Assessment of Prevalence of Chlamydia Trachomatis Infection in Primigravida in The Third Trimester

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ولقد خلقنا الانسان من سلالة من طين ﴿١٢﴾ ثم جعلناه نطفة في قرار مكين ﴿١٣﴾ ثم خلقنا النطفة علقة فخلقنا العلقة مضغة فخلقنا المضغة عظاماً فكسونا العظام لحماً ثم أنشأناه خلقاً آخر فتبارك الله أحسن الخالقين ﴿١٤﴾

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Ibrahim Seif

CONTENTS

LIST OF TABLES

LIST OF FIGURES

Introduction

INTRODUCTION

Chlamydia trachomatis is an obligatory intracellular gram-negative organism. Infection with this agent can be asymptomatic in up to 80% of women, which can make diagnosis and detection Difficult ***(Gaydos et al., 1998).***

Chlamydial infection of the lower genital tract occurs in the endocervix. It can cause an odorless, mucoid vaginal discharge, with no external pruritis, although many women have minimal or no symptoms. An ascending infection can result in pelvic Inflammatory disease (PID) ***(Landers et al., 2004).***

Chlamydia trachomatis is the most common bacterial sexual transmitted disease in women ***(Fitzgerald et al., 1998).***

Prevalence during pregnancy ranges from 2% to 47% ***(Miller, 1998).***

Targeted screening of young women for genital Chlamydia trachomatis infection has been shown to reduce the incidence of pelvic inflammatory disease and has been advocated as a means of preventing Chlamydia-associated reproductive Sequelae such as infertility, ectopic pregnancy and chronic pelvic pain ***(LaMontagne et al., 2004).***

Although such screening and treatment has been focused on preventing reproductive pathology and improving future fertility, Chlamydial infection in pregnancy is also associated with adverse pregnancy outcome and significant neonatal morbidity. For example, untreated Chlamydia infection in pregnancy Increases a women's risk of miscarriage, preterm prelabour rupture of membranes, preterm labour and postpartum

endometritis, while babies born to mothers with Chlamydia are more likely to be of low birth weight ***(Blas et al., 2007)***.

Both the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) advocate testing women at increased risk of Chlamydia trachomatis infection during the third trimester ***(CDC, 2002).***

The single most important determinant of infection is age, with teenagers at greatest risk. Other risk factors include having new sex partners, and other STDs, especially gonorrhea. Pregnancy itself may also be associated with greater risk of being colonized with Chlamydia. Longitudinal studies of pregnant women suggest increase in chlamydial prevalence as pregnancy advanced ***(Harrison et al., 1983).***

Hence it is essential to identify patients at risk and treat them with antichlamydial drugs to prevent any such complications. Detection of Chlamydia trachomatis antibodies by ELISA was developed as a diagnostic tool ***(Poussin et al., 1997).***

Aim Of The Work

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The aim of the study is to assess the prevalence of Chlamydia trachomatis infection in primigravida in the third trimester.

Review of Literature

Chapter 1