Results

Table 1a: Social and demographic data of participants at time of study enrollment

Variables	Study group (n= 150)	Control group (n= 150)	Test of significance	*p value*
Age (years)	20-48 (35.7±11.3)	21-50 (36.2 ± 13.3)	t = -0.351	*0.726*
Parity	1-7 (4.8 ±1.7)	1-6 (4.7 ±1.5)	t = 0.54	*0.589*
Age of marriage (years)	16-27 (21.3± 4.9)	17-28 (22.1 ± 4.4)	t = -1.488	*0.138*
Educational status				
None	35(23.33%)	39(26%)		
Primary	34(22.67%)	30(20%)	X^2= 1.75	
Middle	66(44%)	60(40%)		*0.625*
High/college	15(10%)	21(14%)		
Contraception				
None	25(16.67%)	23(15.33%)		
IUCD	92(61.33%)	95(63.34%)		
Condom	17(11.33%)	14(9.33%)	X^2= 0.546	*0.969*
Sterilization	6(4%)	7(4.67%)		
Abstinence	10(6.67%)	11(7.33%)		
Smoking				
No	*146 (97.33%)*	*144(96%)*	*X^2= 0.414*	*0.52*
Yes	*4 (2.67%)*	*6(4%)*		

Data expressed as Range (mean± SD), or number (percentage); t = unpaired t test; X^2= Chi-square test

Table (1a)shows that there were no statistically significant differences between both groups as regards social and demographic data of participants at time of study enrollment.

Figure (1a)shows colonization of 39% of the study group with U. urealyticum, 5% with M. hominis and 5% with both pathogens.

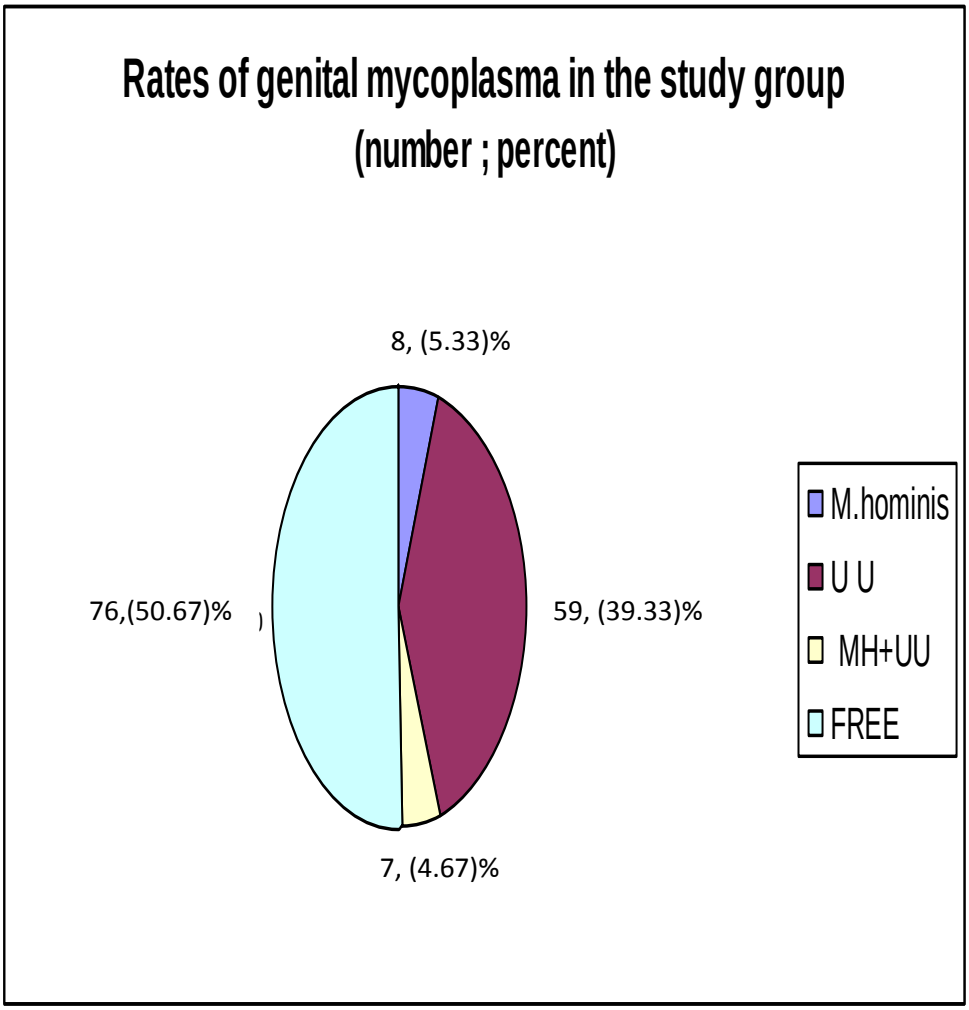

Figure (1a): Rates of genital mycoplasma in the study group

Figure (**2**a) shows colonization of 21% of the control group with U. urealyticum, 3% with M. hominis and 4% with both pathogens.

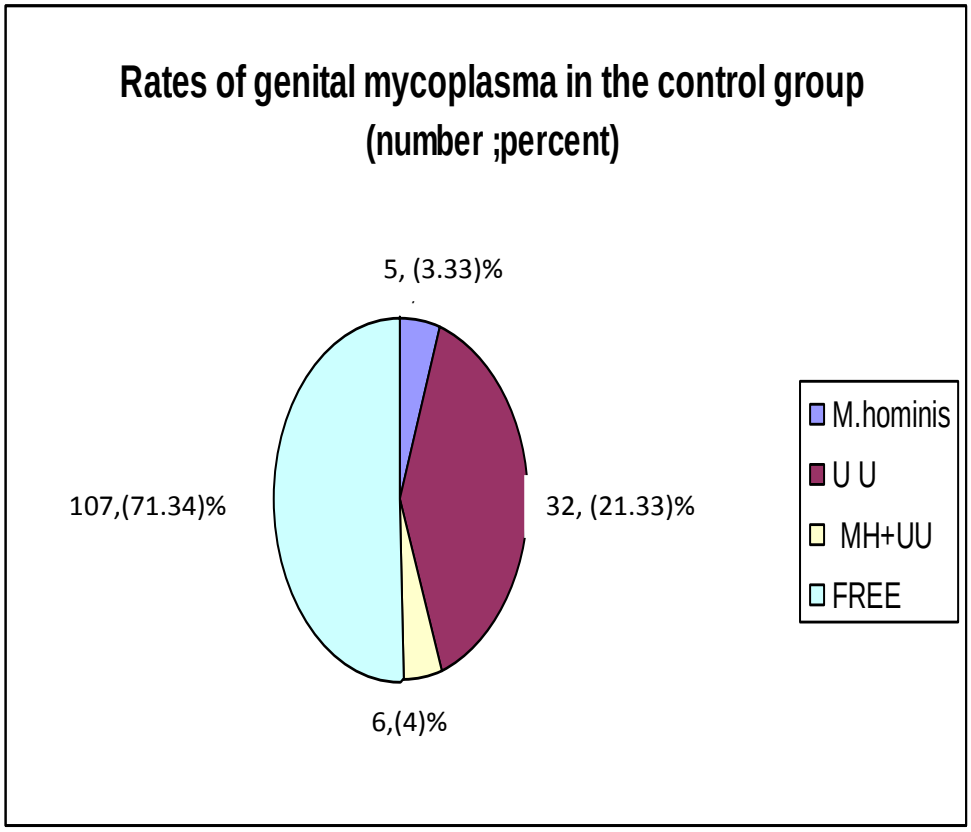

Figure 2a: Rates of genital mycoplasma in the control group

Figure3ashows that 69 out of 150cases(46%)showed abnormal pap smear(ASCUS group),40 out of 150cases (26.33%)showedabnormal pap smear (HSILgroup) and 41 casesout of 150cases (27.67%) showedabnormal pap smear (LSILgroup)

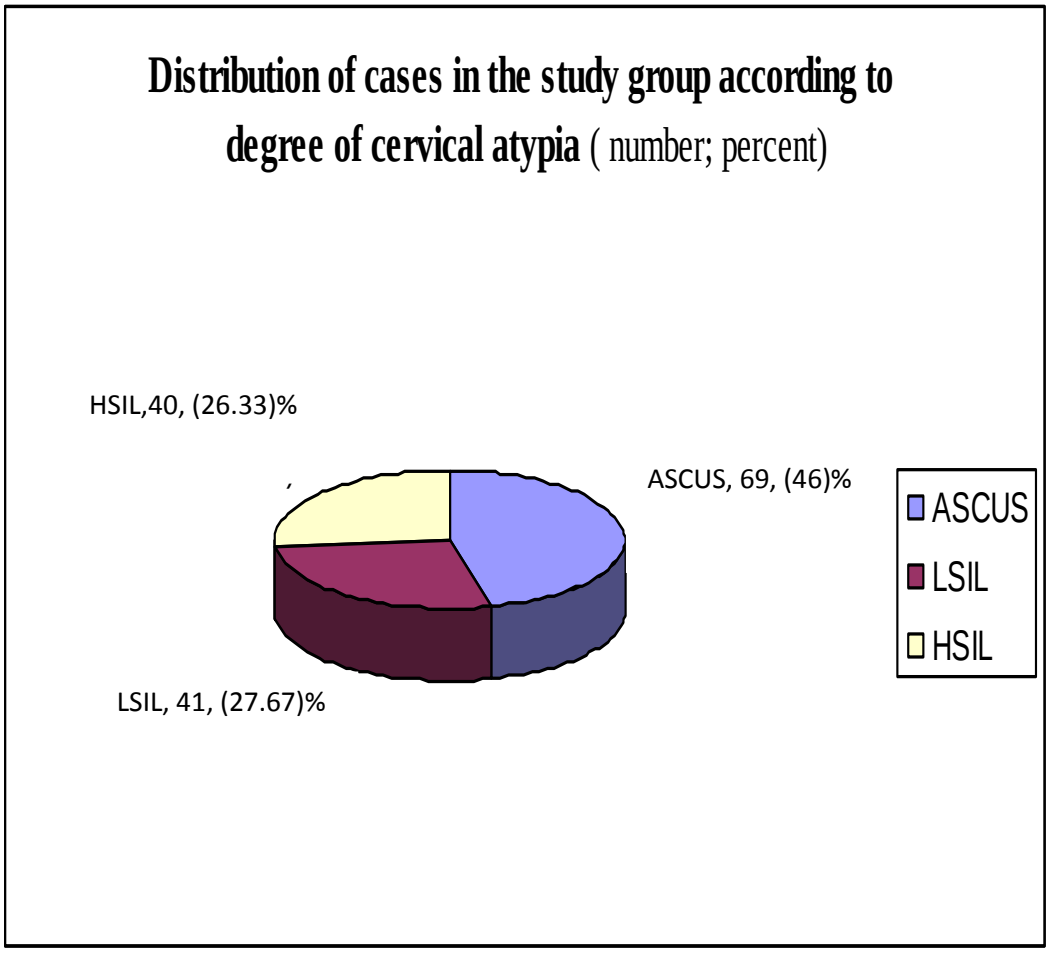

Figure 3a: Distribution of cases in the study group according to the degree of cervical atypia

Table 2a: Occurrence of genital mycoplasmas in study and control groups (number and percentage of positive cases)

Group / Pathogens	Study group (Squamous cell abnormalities) (n=150)				Control group (Negative for intraepithelial lesions) (n=150)
	ASCUS n=69	LSIL n=41	HSIL n=40	Total	
	n (%)	n (%)	n (%)	n (%)	n (%)
M. hominis	2 (2.9%)	3 (7.32%	3 (7.5%)	8 (5.33%)	5 (3.33%)
Statistics	X^2 =1.86 ; *P* =0.601			X^2 =0.724; *P* =0.395	
U. urealyticum	21 (30.43%)	15 (36.59%	23 (57.5%)	59 (39.33%)	32 (21.33%)
Statistics	X^2 =7.952; *P* =0.019*			X^2 =11.49; *P* =0.001*	
M. hominis + U. urealyticum	3 (4.35%)	2 (4.88%	2 (5%)	7 (4, 67%)	6 (4%)
Statistics	X^2 =0.212; *P* =0.976			X^2 =0.08; *P* =0.777	
Total	26 (37.68%)	20 (48.79%)	28 (70%)	74 (49.33%)	43 (28.67%)

Data expressed as number (percentage); X^2= Chi-square test; * Significant difference as P<0.05.

Table 2a revealed that59 out of 150cases (39.33%) showed positive growthfor *U. urealyticum.* In ASCUS group, *only* 21 out of 69 cases (30.43%),in LSIL group 15 out of41 cases (36.59%) and in HSIL group 23out of 40(57.5%) showed positive growth for *U. urealyticum*.from these data there is highly significant correlation between *U. urealyticum* and cervical atypia.while other data in table 2 revealed that non-significantcorrelation betweenM. hominis and(M. hominis + U. urealyticum) growth in study group