SUMMARY AND CONCLUSION

Genital chlamydial infections are the most common bacterial sexually transmitted disease. It produces a wide variety of diseases in women like urethritis, cervicitis, endometritis and salpingitis. If transmitted to the sexual partner they will produce urethritis, epididymitis and prostatitis and if transmitted to the newborn infant it will produce conjunctivitis and pneumonia.

This work aimed to study the prevalence of Chlamydia trachomatis among pregnant women in Qualyobia Governorate and to detect the efficacy of direct immunofluorescent test.

This study was performed on 100 pregnant women, 70 of them were Symptomatic complaining of dysuria and/or vaginal discharge and 30 were asymptomatic pregnant women. Cervical samples were taken from 45 women and urethral samples were taken from 55 women and all samples were examined by direct immunofluorescence test and then subjected to culture technique on Hela cells which was taken as a reference method.

The prevalence rate for Chlamydia trachomatis was 24.3% among symptomatic women while in the asymptomatic women, it was 10%. The difference was not statistically significant. Twelve

cases of the symptomatic group were complaining of dysuria and the incidence of Chlamydia trachomatis between them was 8.3%. Forty one cases of the symptomatic group were complaining of vaginal discharge and the incidence of Chlamydia trachomatis between them was 17.1%. Seventeen cases of the symptomatic group were complaining of dysuria and vaginal discharge and the incidence of Chlamydia trachomatis between them was 52.9%.

Statistical analysis to our results revealed that the prevalence of Chlamydia trachomatis was significantly higher in women complaining of dysuria and vaginal discharge together for long duration (more than 2 weeks) (52.9%), in women with endocervical mucopurulent discharge (35.3%), in women with cervicitis and ectopy (75%), and in samples taken from the cervix (28.9%). The relation between the chlamydial isolation rate and age, parity, dysuria, vaginal discharge, urethritis and urethral discharge, and urethral samples was insignificant.

This study compared the direct visualization of elementary bodies in urogenital smears by the direct immunofluorescence test with the isolation of Chlamydia trachomatis in Hela Cell cultures. Direct immunofluorescence test had a sensitivity, specificity, positive and negative predictive values of 88.9%, 95.1%, 80% and 97.5%, respectively.

The sequelae after complicated infection constitutes the most important reason for aggressive attempts at controlling chlamydial infection, so screening for chlamydial infection should be performed in pregnant women especially those at increased risk as recommended by the Center of Disease Control. Also, sexual partner should be sought, evaluated and treated for chlamydia. Our results indicate that the direct immuno-fluorescence test is simple, rapid and as sensitive and specific as other more expensive and lengthy procedures for chlamydial identification.