

## INTRODUCTION AND AIM OF WORK

*Chlamydia trachomatis* has long been known as the causative agent of trachoma, a disease which is hyperendemic in many developing countries and considered to be the leading preventable cause of blindness in the world (Jones, 1974). In addition, chlamydia is the pathogen long known to cause inclusion conjunctivitis in the newborn and lymphogranuloma venereum (LGV). More recently chlamydial infections of the genital tract and the consequences of perinatal exposure, both maternal and neonatal, have received considerable attention (Sweet et al., 1983).

Interest in genital chlamydial infection has been intensified in the last two decades but it is now more than seventy years since Halbersteadter and Von Prowazek demonstrated inclusion bodies in the conjunctiva of infants with neonatal conjunctivitis and in the cervixes of their mothers (Munday, 1983).

During the past decade, an increasing number of sexually transmitted infections have been attributed to *Chlamydia trachomatis* (Schachter, 1978).

*Chlamydia trachomatis* is the major aetiological agent for non-gonococcal urethritis (NGU) (Holmes et al., 1975), postgonococcal urethritis (Schachter, 1978) and epididymitis in young men (Berger et al., 1978).

Among women *Chlamydia trachomatis* has been associated with mucopurulent endocervicitis (Tait et al., 1980), endometritis (Paavonen et al., 1978), pelvic inflammatory disease (PID) (Sweet et al., 1983), infertility due to tubal factors (Gump et al., 1983) and acute urethral syndrome (Stamm et al., 1980).

Other long term consequences of chlamydial infection include infertility, ectopic pregnancy (Svensson et al., 1985), neonatal conjunctivitis and chlamydial pneumonia of newborn (Schachter and Grossman, 1983), an association of chlamydial infection with fetal wastage, premature ruptured membranes, premature labour (Martin et al., 1982, Harrison et al., 1983), and post partum infections has been suggested (Wager et al., 1980).

*Chlamydia trachomatis* is currently the most common sexually transmitted bacterial infection in the industrialized countries. In sexually active persons < 25 years of age, prevalences up to 20% have been noted (Westrom, 1990).

The aim of this work is to detect the prevalence of *Chlamydia trachomatis* among Egyptian pregnant women who are complaining of urethritis and/or vaginal discharge compared to asymptomatic pregnant women.

The efficacy of direct fluorescent monoclonal antibody test will be determined.